

ROBERT R. DYLLA, SR., C.P.A., P.C.
INDIVIDUAL INCOME TAX DATA SHEET
2011

All DATA SHEETS enclosed are requested to be completed as a time saving, organizational tool. There is no right or wrong method of completion. However, if you need additional information, please contact our office at (630)852-3700 or (630)810-1040.

TAXPAYER:

SPOUSE:

NAME:
SOCIAL SEC. #:
OCCUPATION:
BIRTH DATE:
WORK TELEPHONE: ( )
CELL PHONE: ( )

NAME:
SOCIAL SEC. #:
OCCUPATION:
BIRTH DATE:
WORK TELEPHONE: ( )
CELL PHONE: ( )

PRINCIPAL RESIDENCE: ADDRESS:
CITY: STATE: ZIP:
HOME TELEPHONE NUMBER: ( )

NON-ILLINOIS TAXPAYERS MUST COMPLETE:

COUNTY TOWNSHIP: SCHOOL DISTRICT:

DEPENDENTS (Please complete pages 13 and/or 14, if applicable):

Table with columns: Did You Provide More Than 50% of Support, Name, Social Sec. #, Birthdate, Relationship, Number of Months in Home During 2011. Includes YES/NO checkboxes and blank rows for data entry.



**INCOME:** Please check which types of income you had during 2011. **IMPORTANT: PLEASE ATTACH ALL W-2'S, 1099'S, SCHEDULES K-1'S AND ILLINOIS SCHEDULES K-1-P OR K-1-T, IF APPLICABLE.**

Taxpayer's Wages (# of W-2s \_\_\_)

IRA Distributions (Attach 1099-R's)

Spouse's Wages (# of W-2s \_\_\_)

Pension/Profit Sharing Distributions (Attach 1099-R's)

Interest (List on Pg 4)

Social Security (Attach 1099-SS)

Dividends (List on Pg 5)

Annuities Received (Attached 1099-R's)

Rental Income (# of Prop. \_\_\_)  
(Complete separate schedules)

Royalties

Personal Business(see Schedule C1-3)  
(# of Different Activities \_\_\_)

S-Corporations #\_\_\_ (Attach K-1's)

Unemployment Compensation  
(Attach 1099-UC)

Partnerships #\_\_\_ (Attach K-1's)

Prize Winnings  
Amount \$ \_\_\_\_\_  
Source \_\_\_\_\_

Estates/Trusts #\_\_\_ (Attach K-1's)

Alimony Received  
\$ \_\_\_\_\_ Amount

Expenses Related to Winnings  
\$ \_\_\_\_\_

Tips Not Reported to Employer

Lottery Winnings  
Amount Rec'd \$ \_\_\_\_\_

\$ \_\_\_\_\_ Amount  
\_\_\_\_\_ Employer's Name

Amount Spent \$ \_\_\_\_\_

Sales of Residence  
(Please complete separate Schedule)

Other Income: **COMPLETE BELOW**

Farm Income (see Schedule F-1)

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

2010 (and prior) State Income Tax Refund received in 2011.  
\$ \_\_\_\_\_

Foreign Bank Accounts (See Form FB-1)



**DIVIDENDS:**

(Please enclose **FORMS 1099-DIV**) Stock, Mutual Funds, Etc. Do Not List Dividends Credited or Paid on Life Insurance Policies.

PAYOR	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	CAPITAL GAINS DISTRIBUTIONS	NON - DIVIDEND DISTRIBUTIONS	FEDERAL INCOME TAX WITHHELD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Per Attached 5A	_____	_____	_____	_____	_____

**ADJUSTMENTS TO INCOME:**

INDIVIDUAL RETIREMENT ACCOUNTS - (IRA's)

Deposits made for calendar year 2011 (If non-deductible, please complete schedule below).

TAXPAYER: Date Deposited \_\_\_\_\_ Amount \$ \_\_\_\_\_

SPOUSE Date Deposited \_\_\_\_\_ Amount \$ \_\_\_\_\_

If you have not made an IRA deposit, but plan to before April 15, 2012, please fill in amount only if deductible. (If you want us to calculate the maximum amount and you will make the contribution prior to 4/15/12, write "Maximum.")

TAXPAYER: \$ \_\_\_\_\_ SPOUSE: \$ \_\_\_\_\_

FOR ALL NON-DEDUCTIBLE IRA'S - Please complete and enclose bank's Form 5498. All IRA's held as of December 31, 2011.

<u>CUSTODIAN</u>	<u>OWNER*</u>	<u>TYPE**</u>	<u>VALUE ON 12/31/11</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*T-TAXPAYER/S-SPOUSE

\*\*C-CASH/MM-MONEY MARKET/MF-MUTUAL FUND  
A-ANNUITY/CD-CERTIFICATE OF DEPOSIT/O-OTHER

CHECK ALL ITEMS below which you believe you are entitled to deduct or claim as a tax credit for 2011. Complete items noted and attach pertinent documentation:

- Child Care Credit (Please complete page 14)
- Disability Income Payor: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Early Withdrawal of Savings Penalty  
Bank: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Foreign Tax Credit Country: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Alimony Paid  
Payee: \_\_\_\_\_  
SSN: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Self-Employed Health Insurance (See Medical Expenses Page 7)
- Certain Business Expenses of Reservists, Etc. Amount \$ \_\_\_\_\_
- Simplified Employer's Pension/and Simple Plans\*\*\*Amount \$ \_\_\_\_\_

\*\*\* (If you want us to calculate the maximum amount, please show "Maximum" under amount or "Maximum, but limited to \$ \_\_\_\_\_.")

- Low Income Housing and/or Rehabilitation Expenditures (Attach Documentation)
- Energy Credits (Form EC-1)
- Educational Credits (Complete Page 15)
- Adoption Credits (Please call our office)
- Interest on student loans paid during 2011  
Lending Institution: \_\_\_\_\_ Interest Paid: \_\_\_\_\_
- Health Savings Accounts (Please call our office for required information.)
- Educator's Expenses (K-12) (2011 Last year) Total Spent \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS:**

**MEDICAL EXPENSES:** Subject to 7.5% exclusion. (List only those expenses which exceed insurance reimbursements. Self-employed individuals - (List totals even if included under Adjustments To Income on page 6.)

Prescription Drugs \$ \_\_\_\_\_

Doctors, Dentists, Nurses, Etc. \$ \_\_\_\_\_

Hearing Aids/Eyeglasses/Contacts \$ \_\_\_\_\_

Hospitals and Nursing Homes \$ \_\_\_\_\_

Medical Insurance Premiums \$ \_\_\_\_\_

    Non-Self Employed Individual Co. \_\_\_\_\_ \$ \_\_\_\_\_

    Self-Employed Individual Co. \_\_\_\_\_ \$ \_\_\_\_\_

Long Term Care Insurance Premiums

    Taxpayer: Company \_\_\_\_\_ \$ \_\_\_\_\_

    Spouse: Company \_\_\_\_\_ \$ \_\_\_\_\_

Total Miles Driven for Medical Care

    1/01/11-6/30/11 \_\_\_\_\_ Miles

    7/01/11-12/31/11 \_\_\_\_\_ Miles \$ \_\_\_\_\_

Other Medical Transportation Expenses: (Itemize)

    \_\_\_\_\_ \$ \_\_\_\_\_

    \_\_\_\_\_ \$ \_\_\_\_\_

**TAXES:** (Do Not Include Real Estate Taxes on Rental Property)

Real Estate Taxes on Personal Residence **(PIN Required)** \$ \_\_\_\_\_

Property Identification Number: \_\_\_\_\_

**(NOTE: PLEASE complete even if you do not itemize.)**

Real Estate Taxes on Other Property

    Property Location:

    \_\_\_\_\_ \$ \_\_\_\_\_

    \_\_\_\_\_ \$ \_\_\_\_\_

Other Taxes:

    \_\_\_\_\_ \$ \_\_\_\_\_

    \_\_\_\_\_ \$ \_\_\_\_\_

Sales Tax On Major Purchases Paid In 2011 \$ \_\_\_\_\_

    Automobile \_\_\_\_\_ \$ \_\_\_\_\_

    Other (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

**GENERAL INFORMATION FOR QUALIFIED RESIDENCE INTEREST:**

Loans which are secured by your home(s)

**PRINCIPAL RESIDENCE LOAN INFORMATION:**

Home's Original Cost \$ \_\_\_\_\_

Original Loan Balance as of 12/31/11: \_\_\_\_\_

Did You Refinance Your Home At Any Time:

Date Acquired: \_\_\_\_\_

Original Loan Amount \$ \_\_\_\_\_

\$ \_\_\_\_\_

YES  NO

If Yes, Date Refinanced: \_\_\_\_\_

Balance as of 12/31/11: \_\_\_\_\_

Points Paid: \_\_\_\_\_

Amount \$ \_\_\_\_\_

\$ \_\_\_\_\_

Term of Loan: \_\_\_\_\_

**2ND PRINCIPAL RESIDENCE LOAN INFORMATION:**

Original Cost \$ \_\_\_\_\_

Original Loan Amount \$ \_\_\_\_\_

Did You Refinance This Home:  YES  NO

If Yes, Date Refinanced: \_\_\_\_\_

Balance at 12/31/11: \_\_\_\_\_

If Not Applicable, Check Box

Date Acquired: \_\_\_\_\_

Balance at 12/31/11: \$ \_\_\_\_\_

Amount \$ \_\_\_\_\_

\$ \_\_\_\_\_

Points Paid: \_\_\_\_\_

Term of Loan: \_\_\_\_\_

Did You Take a 2<sup>nd</sup> Mortgage or Home Equity Loan to Substantially Improve Your Home?  YES  NO

If Yes, Date of Loan: \_\_\_\_\_

Balance as of 12/31/11: \_\_\_\_\_

Improvements Made

Amount \$ \_\_\_\_\_

\$ \_\_\_\_\_

Date

Cost

\$ \_\_\_\_\_

Did You Take a Home Equity Loan for Other Purposes?  YES  NO

If Yes, Date of Loan: \_\_\_\_\_

Balance as of 12/31/11: \_\_\_\_\_

Amount/Limit \$ \_\_\_\_\_

\$ \_\_\_\_\_

**INTEREST PAID:** (PLEASE ENCLOSE FORMS 1098)

Principal Residence: \$ \_\_\_\_\_

2nd Prin. Residence: \$ \_\_\_\_\_

Home Equity Loans:

For Improvements: \_\_\_\_\_

For Other Purposes: \_\_\_\_\_

**INVESTMENT INTEREST:** Please complete If You Borrowed Funds For Specific Investments:

Lender	Purpose of Loan	Balance 12/31/11	Interest Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ITEMIZED DEDUCTIONS:**

**CHARITABLE CONTRIBUTIONS:** Note: in order to be deductible all contributions must be substantiated by a bank draft, credit card receipt or a letter from the organization. You must have a letter from the organization for any individual contribution of \$ 250.00 or more.

<u>Organization</u>	<u>Amount</u>	<u>Organization</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Cash Contributions: All items must be in good condition or better. Documentation is a must.

<u>Organization</u>	<u>Date</u>	<u>Items Donated</u>	<u>Original Cost</u>	<u>Contribution Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total miles driven for charitable purposes: \_\_\_\_\_ Miles

**OTHER DEDUCTIONS: (Include Proprietorship Expenses On Business Worksheet)**

Tax Prep Fees: _____	Investment Expenses: _____	
Professional Dues: _____	(Please Itemize)	
Prof. Subscriptions: _____	<u>Type</u>	<u>Amount</u>
Work Required Equip.: _____	<u>Safe Deposit Box</u>	_____
Safety Shoes: _____	_____	_____
Protective Clothing: _____	_____	_____
Telephone(% of use ____): _____	_____	_____
Uniforms: _____	_____	_____
Union Dues: _____	_____	_____

**JOB SEARCH EXPENSES AND/OR JOB RELATED EXPENSES:**

Resume Printing	_____
Postage	_____
Travel	_____
_____	_____
_____	_____
_____	_____

**EMPLOYEE MOVING EXPENSES:**

Please Complete Separate Sheet.

**EMPLOYEE BUSINESS EXPENSES:**

Please Complete Separate Sheet.



**ILLINOIS USE TAX: (6.25% of all untaxed purchases)**

Total Purchases made on the internet or while out of state on which no sales taxes were paid:

\$ \_\_\_\_\_  
2011 Gross Purchases

I(We) attest that these purchases are the only purchases I(We) made during 2011 on which no sales tax was paid.

PLEASE CONTACT OUR OFFICE FOR ANY SCHEDULES WHICH ARE RELEVANT TO YOUR 2011 TAX YEAR, BUT ARE NOT INCLUDED IN YOUR TAX PACKAGE.

Use space below for additional information or questions.

**IRS AUTHORIZATION:**

I authorize the IRS to discuss this return with Robert R. Dylla, Sr., C.P.A., P.C.  
 NO  YES

**DO YOU WANT TO USE DIRECT DEPOSIT:**

NO  YES - **Attach a copy of voided check. Complete Page EF-1**

**ELECTRONIC FILING ELECTION:** Since our Firm prepares over 10 Personal Income Tax returns, electronic filing is mandatory. Please complete the items below.

Taxpayer - Name: \_\_\_\_\_ Spouse - Name: \_\_\_\_\_  
\*PIN : \_ \_ \_ \_ \_ \*PIN : \_ \_ \_ \_ \_

\* PINS are any 5 numeric characters determined by the Taxpayer/Spouse

**METHOD OF TAX RETURN DELIVERY ELECTION:**

I would prefer that R.R.Dylla, Sr., C.P.A., P.C. deliver my return by:

U.S. Mail  I will Pick Up  UPS (Ground Trac Service)

**TAXPAYER REPRESENTATION:** (Please read and sign)

I (We) have examined the information included on this and the attached data sheets and represent that this information is for the calendar year 2011. Under penalties of perjury, I (we) declare that to the best of my (our) knowledge and belief, this information is true, correct and complete. It is understood that this information is being provided to the firm of Robert R. Dylla, Sr., C.P.A., P.C., for the completion of my (our) 2011 personal income tax returns.

I (We) understand and agree to the charges for preparing this return at the following rate: \$140.00/hr. C.P.A./Accountant, \$80.00/hr. clerical support time and a \$30.00 processing fee. In the event that my (our) account is not paid within 30 days of receipt of this tax return, I (we) acknowledge that a \$25.00 re-billing charge will be added to my (our) account for the next and each subsequent re-billing period thereafter, until all fees are paid.

TAXPAYER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

