



Prepare Returns for:

# FERRIN ACCOUNTING

Tax Year 2011

- Federal
- State
- City
- Other State

600 Main Street - Platte City, Mo. 64079  
 FAX (816) 858-2199  
 K.C. or P.C. (816) 858-5100

E-Mail: \_\_\_\_\_

Your Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Your Occupation \_\_\_\_\_

Address \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Lived Within City Limits of: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Filing Status	Birthdate very important	Children & Other Dependents		In Home	Name	Relationship
		Birthdate	Social Security Number			
<input type="checkbox"/> You	D.O.B. _____	Married- file joint	_____	_____	_____	_____
<input type="checkbox"/> Spouse	D.O.B. _____	Single	_____	_____	_____	_____
<input type="checkbox"/> Not married and dependent child	_____	Blind	_____	_____	_____	_____
<input type="checkbox"/> Widow with dependent child	_____	Spouse died	_____	_____	_____	_____
<input type="checkbox"/> Married, but file separate	_____	Claimed by Parent	_____	_____	_____	_____

W-2 WAGE INCOME (attach all W-2's)	
ck.O box, if spouse's	Gross Wages
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Dividend Income (attach 1099 forms)	
ck.O box, if spouse's	Amount
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Interest Income: (attach 1099 forms)	
ck.O box, if spouse's	Amount
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

\* List Payor's Soc.Sec.Number, if paid by individual

ITEMIZED DEDUCTIONS:

Medical Expenses you paid	Amount
Prescription Medicine	_____
Medical Insurance	_____
Doctors & Hospitals	_____
Lab Fees & Tests	_____
Eyeglasses	_____
Medical Mileage Miles driven	_____

Subject to 7.5% Gross Income Exclusion

Social Security Payments Received	
<input type="checkbox"/> Your Social Security	_____
<input type="checkbox"/> Spouse Social Security	_____
<input type="checkbox"/> State Tax Refund	_____
<input type="checkbox"/> Unemployment Comp.	_____
<input type="checkbox"/> Alimony Received	_____

Pension Funds Received	
<input type="checkbox"/> Your Pension Distributions	_____
<input type="checkbox"/> Spouse Pension Distributions	_____
<input type="checkbox"/> Partnerships & S- Corporations	_____

Taxes you paid	
Real Estate Taxes	_____
Personal Property Tax	_____
City Income Tax	_____
New car cost _____ Sales Tax paid _____	
If age 65, need copy of RE tax receipt for Mo tax credit	

Alimony Payments	
<input type="checkbox"/> Paid to Name: _____	
Soc. Security Number _____	
Amount Paid _____	

Other Payments you paid in 2011	
<input type="checkbox"/> IRA Contributions	_____
<input type="checkbox"/> Pension rollovers made	_____
<input type="checkbox"/> Early IRA/Pension draws	_____

Interest you paid Please provide 1098 statement	
Home Mortgage Interest	_____
Mort. Int. Paid to Individuals	_____
Name _____ S.S. # _____	
Address _____	
Investment Interest: _____	
Auto & credit card interest is not deductible	

Contributions MUST HAVE RECEIPTS	
Church _____	
_____	
_____	
_____	
I have receipts for above contributions	
Signed X _____	

Income Tax ESTIMATES you paid for Tax yr 2011	
Date _____ Fed. Est. #1 _____	
Date _____ Fed. Est. #2 _____	
Date _____ Fed. Est. #3 _____	
Date _____ Fed. Est. #4 _____	
Date _____ State Est. #1 _____	
Date _____ State Est. #2 _____	
Date _____ State Est. #3 _____	
Date _____ State Est. #4 _____	

With the information listed on this form, we guarantee the quality and accuracy of your income tax returns. There is no guarantee possible if this form or your detailed list is not provided to us.  
 To claim contributions, we must have your signature to confirm that you have the required receipts. If you have business travel expenses, we need you to verify that you have mileage logs

Miscellaneous deductions Subject to 2% Gross Income Exclusion	
Union Dues _____	
Trade Publications _____	
Tax Preparation _____	
Safe Deposit Box _____	
Work Safety Equip. _____	

Subject to .2% Gr. Income Exclusion

Education Exp. (Identify your school & purpose)	
Purpose of Course _____	
School Name _____	
Tuition & Fees Paid _____	
Books & Supplies Purchased _____	
Other Expense Incurred _____	