

UNIFIRST CLIENT TAX ORGANIZER

(Please read carefully and fill-up only the items that are applicable to you. Your contact information and signature(s) in blue ink are required on this form. The services fee, other information and mailing instruction are indicated on the last page of this organizer. If there are no significant changes in your circumstances from last year, indicate on page 5 – (Other Information). If you are a new client, please attach a complete photocopy of last year's tax return)

FOR TAX YEAR 2011

Your Name	S.S. # - -	Birthdate / /
Spouses Name	S.S. # - -	Birthdate / /
Mailing Address	Home Phone Number () - () -	Work or Cell Phone Number () -
	Personal E-mail Address	

DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

CHILD OR DEPENDENT CARE

NAME OF SITTER	S.S. #	ADDRESS	AMT. PD.
			\$
			\$

INCOME

Wages, Salaries, Tips, Etc. (Attach all Form W-2s/Statements of Wages from Employers)

Interest income from Seller-Financed Mortgages & Individuals: _____

Interests from Banks & Financial Institutions (Attach 1099 Int) _____

Include all that have your Social Security number on them.

NAME	AMOUNT	NAME	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you sell or turn in any U.S. Savings Bonds? YES NO

If yes, Please list information: _____

Nontaxable Interest: (Attach Information)

Did you have any foreign bank accounts? YES NO

If yes, please explain _____

Did you have any penalties on Early Withdrawal of Savings Certificates? YES NO

If yes, list or attach information _____

Dividends: (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

Nontaxable Distributions: (Attach 1099s) **Pensions:** (Attach 1099Rs)

Exclusions of Reinvested Dividends from Public Utility: Attach Information. Did you serve in a **Combat Zone?** _____

Did you **Contribute** to your pension plan? _____ If yes, have you already recovered your contribution? _____

Did you have any **Rollovers?** _____ If yes, Attach 1099 Distribution & Rollover papers **Alimony:** How much did you receive? \$ _____

OTHER INCOME

Estate & Trusts	\$ _____	(Attach K-1s)	Jury Duty	\$ _____
S-Corporations	\$ _____	(Attach K-1s)	Other	\$ _____
Partnerships	\$ _____	(Attach K-1s)	Other	\$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ _____

Prizes & Awards \$ _____ State Tax Refund \$ _____ Unemployment Compensation \$ _____

Lump Sum Distributions \$ _____ (Attach 1099R's) Gambling Winnings (Attach W-2 G's) \$ _____

Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____

SALE OF RESIDENCE - Please send or bring escrows of purchase & sale of new house. Also list improvements on old house.

DID YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE?

Source _____	Amount \$ _____
Source _____	Amount \$ _____
Source _____	Amount \$ _____

SOCIAL SECURITY

How much did you receive? \$ _____ How much did your spouse receive? \$ _____ (Attach SSA 1099s)

BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is the main business activity? _____

Business Name _____

Business Address _____

HOW MUCH IS YOUR GROSS BUSINESS INCOME ? \$ _____ (Attach 1099 Miscs)

HOW MANY MILES DID YOU DRIVE FOR BUSINESS PURPOSES? _____

Merchandise	\$ _____	Real Estate Taxes	\$ _____
Costs of Goods	\$ _____	Other Taxes & Licenses	\$ _____
Materials & Supplies	\$ _____	Travel (no meals)	\$ _____
Advertising	\$ _____	Meals & Entertainment	\$ _____
Bad Debts	\$ _____	Utilities & Telephone	\$ _____
Car & Truck Expense	\$ _____	Wages & Salaries	\$ _____
Commissions	\$ _____	Bank Service Charges	\$ _____
Insurance (other than health)	\$ _____	Tools	\$ _____
Mortgage Interest	\$ _____	Uniforms	\$ _____
Other Interest Paid	\$ _____	Safety Items	\$ _____
Legal & Professional Fees	\$ _____	Freight & Shipping	\$ _____
Office Expenses	\$ _____	Dues & Publications	\$ _____
Rent on Business Property	\$ _____	Laundry & Cleaning	\$ _____
Equipment Rentals	\$ _____	(other)	\$ _____
Repairs	\$ _____	(other)	\$ _____
Supplies	\$ _____	(other)	\$ _____

INCOME FROM PROPERTY RENTAL

	RENTAL 1	RENTAL 2	RENTAL 3
Rents Received (Attach all 1099s)	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Gardening	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____

Cleaning Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

What type of property is the rental? (i.e. four bedroom house, warehouse, trailer park, etc.)
 RENTAL 1 _____ RENTAL 2 _____ RENTAL 3 _____
 When did you purchase your rental property? (Mm/Yy)
 RENTAL 1..... / _____ RENTAL 2..... / _____ RENTAL 3 / _____
 How much did the rental property cost you?
 RENTAL 1 \$ _____ RENTAL 2 \$ _____ RENTAL 3 \$ _____

DEDUCTIONS

MEDICAL

Medicines	\$ _____
NAME	Amount Paid After Insurance Reimbursement
Doctors: _____	\$ _____
Dentists: _____	\$ _____
Orthodontists: _____	\$ _____
Practitioners: _____	\$ _____
Transportation & Lodging_	\$ _____
Prenatal Care	\$ _____
Eyeglasses	\$ _____
X-Rays	\$ _____
Medical Lodging	\$ _____
Therapy Equipment	\$ _____
Medical Supplies & Appliances	\$ _____
Prosthesis Expense	\$ _____
Required Air Conditioning Expense	\$ _____
Repairs & Filters	\$ _____

Drugs	\$ _____
NAME	Amount Paid After Insurance Reimbursements
Specialists: _____	\$ _____
Chiropractors: _____	\$ _____
Clinics: _____	\$ _____
Hospitals: _____	\$ _____
Insurance Premiums (include Medicare)	\$ _____
Postnatal	\$ _____
Hearing Aids	\$ _____
Lab Fees	\$ _____
Bandages	\$ _____
Crutches	\$ _____
Diabetic Expense	\$ _____
Therapy Pool	\$ _____
Electrical Expense	\$ _____
Stop Smoking Expense	\$ _____

TAXES

Did you pay State Taxes last year? _____ How much? \$ _____ Did you pay State Taxes last year for prior years? _____ How much? \$ _____
 Did you pay Sales Taxes on Major Purchases last Year? _____ How much? \$ _____

Auto License Fees	\$ _____	Auto Sales Tax	\$ _____
Real Estate Taxes	\$ _____	Property Taxes	\$ _____
Irrigation Taxes	\$ _____	Personal Property Taxes	\$ _____
Boat Taxes	\$ _____	Other Taxes	\$ _____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? _____ (Attach Information.)

INTEREST: (Attach all 1098s)

1ST HOME	NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgages.....	_____	\$ _____	Mortgages.....	_____	\$ _____
2nd Home Mortgage..	_____	\$ _____	2nd Home Mortgage...	_____	\$ _____
Late Charges.....	_____	\$ _____	F.H.A. Charges	_____	\$ _____
Mortgage Insurance...	_____	\$ _____	Real Estate Loan Fees	_____	\$ _____
College Loan Interest	_____	\$ _____	Points	_____	\$ _____
College Loan Interest	_____	\$ _____	College Loan Interest	_____	\$ _____

CONTRIBUTIONS

Churches	\$ _____	\$ _____
	\$ _____	\$ _____

MISCELLANEOUS

Union Dues \$ _____
 Tax Preparer Fee \$ _____
 Extension Fees \$ _____
 Books & Publications \$ _____
 Fire Retardant Clothing \$ _____
 Protective Eye Wear \$ _____
 Gloves \$ _____
 Tools \$ _____
 Batteries \$ _____
 Uniforms \$ _____
 Cleaning \$ _____
 Investment Expense \$ _____
 Adoption Expense \$ _____
 Record Keeping Costs \$ _____
 Other (list) \$ _____

Spouse Dues \$ _____
 Audit Fees \$ _____
 Business Dues \$ _____
 Safety Items \$ _____
 Safety Boots \$ _____
 Mosquito Spray \$ _____
 Work Watch \$ _____
 Flashlights \$ _____
 Water Jugs \$ _____
 Telephone for Business \$ _____
 Protective Headgear \$ _____
 Sales & Promo Costume \$ _____
 Safety Deposit Box \$ _____
 Safety Glasses \$ _____
 Other (list) \$ _____

CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT

Name of Student _____
 Name of Institution _____
 Education Purpose _____
 Dates Attended _____

Travel Expense \$ _____
 Tuition Expense \$ _____
 Supplies Expense \$ _____

Name of Student _____
 Name of Institution _____
 Education Purpose _____
 Dates Attended _____

Travel Expense \$ _____
 Tuition Expense \$ _____
 Supplies Expense \$ _____

EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.
 Please explain : _____

How many miles did you drive for the year ? _____ How many miles did you drive for business ? _____
 Description of vehicle: Make _____ Model _____ Year _____

Did you purchase an automobile last year ? _____ Please enclose purchase papers.

Auto License Fee \$ _____
 Auto Interest \$ _____

Auto Sales Tax \$ _____
 Parking & Tolls \$ _____

OPTIONAL

Oil & Lubrication \$ _____
 Washing & Polishing \$ _____
 Repairs \$ _____
 Fuel \$ _____

Auto Club \$ _____
 Tires, Batteries, Etc. \$ _____
 Insurance \$ _____
 Other (list) \$ _____

TRAVEL & EXPENSES OTHER THAN AUTO

Plane & Rail Fares \$ _____
 Taxi & Public Transit \$ _____
 Lodging \$ _____
 Telephone, Fax, Postage \$ _____
 Laundry & Cleaning \$ _____

Bus Fares \$ _____
 Car Rentals \$ _____
 Meals \$ _____
 Tips & Baggage Charge \$ _____
 Other (list) \$ _____

SALES EXPENSE

Lunches, Dinners, Etc. \$ _____
 Organization Dues \$ _____
 Stationary & Postage \$ _____
 Long Distance Phone \$ _____

Show & Event Tickets \$ _____
 Gifts \$ _____
 Basic Phone \$ _____
 Other (list) \$ _____

Did you make any modifications to your home for the handicapped ? Please Describe : _____
Cost of modifications \$ _____

Did you move last year? _____ How many miles did you move? _____ Date Moved ____/____/____
Transportation Cost \$ _____ Storage Cost \$ _____ Travel & Lodging \$ _____
How much were you reimbursed that was not included in your wages? \$ _____

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH ? \$ _____

Do you or your spouse have a retirement plan at work ? _____

Did you pay alimony ? _____ How much ? _____

Recipients Name & S. S. # _____

BANK INFORMATION FOR DIRECT DEPOSIT OF REFUNDS USE, IF ANY.

Bank Routing Number _____ Bank Account Number _____

SERVICE FEES:

Standard Income Tax Preparation (Federal & Single State), E-File Transmission & Direct Deposit Refund	-	\$ 100.00
Itemized Income Tax Preparation (Federal & Single State), E-File Transmission & Direct Deposit Refund	-	\$ 125.00
Business Income Tax Preparation (Federal & Single State), E-File Transmission & Direct Deposit Refund	-	\$ 150.00
Tax Return Amendment (up to three (3) years prior)	-	\$ 100.00
Individual Tax Identification Number (ITIN) or Employer Identification Number (EIN)	-	\$ 75.00

ADDITIONAL FEES:

Auto-deduct of Service Fee from anticipated refund	-	\$ 50.00
Additional State Filing	-	\$ 30.00
Audit Shield (up to \$2500 coverage for fees and charges for 3 years)	-	\$ 30.00

OTHER INFORMATION: If there are no significant changes from last year, indicate here and sign this form.

DECLARATION :

We / I have provided the information on this form to the best of my knowledge and hereby declare it as complete and ready for the preparation of my/our income tax return(s). Where there are deduction(s) shown, we / I acknowledge having spent these amounts and have kept records of such to substantiate such deductions. We hold Unifirst Finance & Tax Services and its staff free from liabilities from the information we declare/provide in this tax organizer. Furthermore, we / I give permission and consent to use our information for purposes of E-file Transmission of our Federal & State Tax Returns, Claim of Refunds by Direct Deposit and/or Payment of Service Fee through Auto-Deduct through a Third Party Bank Service.

PRINTED NAME & SIGNATURE – TAXPAYER – DATE SIGNED

PRINTED NAME & SIGNATURE – SPOUSE – DATE SIGNED

**Please mail this tax organizer and all required documents with the service fee/check payable to UNIFIRST TAX to:
Unifirst Finance & Tax Services (Attn: Percival Abu) – 3312 Hill Haven Ct, Herndon VA 20171**