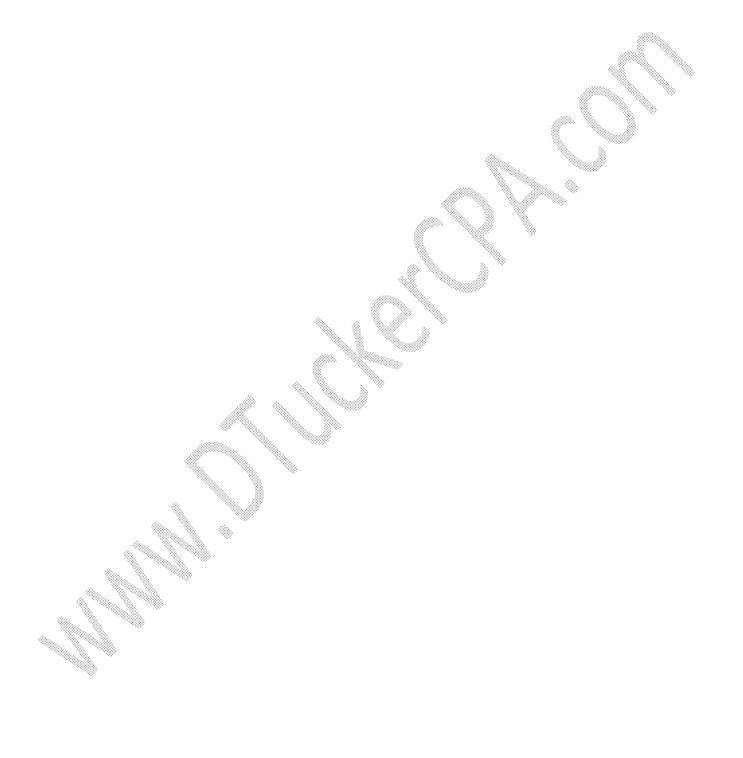
2011	TAXPAYER INFO	RMATION	SPO	USE INFORMA	TION		
2011	First Name	Initial	First Name		Initial		
		IIIIuai					
Tox	Last Name						
Tax	SSN						
Organizer	Occupation						
Organizer	Date of Birth						
	Telephone: Home ()		Telephone: Hom	e	·		
David Tucker	Work ()		Wor	k			
Principal CD 1 DC	Cell ( )		Call				
David C Tucker CPA PC http://www.dtuckercpa.com	,						
(512) 462-3656 Work			Email Address		· · · · · · · · · · · · · · · · · · ·		
(512) 462-2715 Fax (512) 844-1003 Mobile	Street Address						
9200 N. Lamar Blvd, Suite 103	City	State		Zip			
Austin, TX 78753			OFFICE U	SE ONLY:			
tuckercpapc@austin.rr.com							
			Date in:_	Quote:\$TP:			
	FIL	ING STATUS					
Cincle	D Marriad D	Head of Household		Associate Filips Cons			
Single	Married I	Head of Household		Narried Filing Sepa	rate		
	SALARIES AND WA	AGES (enclose al	ll W-2 forms)				
W-2 Gross Incom	ne Federal Withheld	FICA	Medicare	Other (code)	Other \$		
1			~~~~	, ,	·		
2							
3			•				
4							
				I			
	REFUND		ADJUST	MENTS TO INC	COME		
Automatic deposit?	Yes (attach a VOID check)	∐ No	ALIMONY PAID				
				Payee			
DEPENDENTS			Payee's SSN				
			Amount				
Name							
Date of Birth							
SSN			IRA CONTRIBUTIO	NS, ETC.			
Relationship			IRA Deduction				
Months Lived at Home				SIMPLE Plan Deduction			
			Keogh/SEP Deduct	ion			
Name			Education IRA Deduction				
Date of Birth		Penalty on Early W	ithdrawal				
SSN		<u> </u>					
Months Lived at Home				TED TAX PAYM			
			FEDERAL	Date Paid	l Amount		
Name			Overpayment-Prior	r Year			
Date of Birth			1 <sup>st</sup> Quarter				
			2 <sup>nd</sup> Quarter				
			3 <sup>rd</sup> Quarter				
ivionths Lived at Home			4 <sup>th</sup> Quarter				
			STATE	Date Paid	l Amount		
Name		Overpayment-Prior	ryear I	I			

Date of Birth	_
SSN	
Relationship	
Months Lived at Home	

1 <sup>st</sup> Quarter	
2 <sup>nd</sup> Quarter	
3 <sup>rd</sup> Quarter	
4 <sup>th</sup> Quarter	



OTHER INCOME					OTHER INCO	ME (CONTINU	J <b>ED</b> )	
INTEREST — Attac	ch Forms 1099IN	Т				INCOME FROM PARTNERS	SHIPS, ESTATES, L	LCS, T
Dev	Payor Amount					AND S CORPORATIONS		4
Рау	/or		Amou	int		Attach Forms K-1 and list o	any not receivea y	et.
<b>DIVIDENDS</b> — Atta		DIV	Amou	ınt		OTHER INCOME Including jury duty fees, fir fees, prizes, gambling winr payments, unreported tip	nings, disability	tor's
						other income (whether tax Attach detailed schedule	2000 20000 20	ble)
STATE TAX REFUN	<b>ID</b> — Attach Fori	ms 1099G						
Amount Received:	:						-	
Check if you d	id not itemize in	prior year						
CAPITAL GAINS —	· Attach Forms 1	099B and 1	1099\$			RENTAL INCO	OME & EXPEN	NSES
	Date	Date	Sales	Cost or		Property	# 1	
Description	Acquired	Sold	Price	Basis			=	
•	·					INCOME	_	
					. ***	Rents Received		
						ÿ		
			- 4		٠,	EXPENSES		
			) (A)			Advertising		
PENSIONS/IRA/AN		E — Attach	X 7000X	SSSSS.		Association Dues		
Payo	or		An	nount		Auto & Travel		
						Cleaning/Maintenance		
						Insurance		
			*			Labor Professional Fees		
	<u> </u>		#			Miscellaneous		
ALIMONY RECEIVED					Mortgage Interest			
		*				Other Interest		
Payor		****				Repairs & Maintenance		
Payor's SSN		Amour	nt			Supplies		
						Taxes		
		•				Telephone		
UNEMPLOYMENT BENEFITS RECEIVED — Attach Forms 1099G				s 1099G		Utilities		
					Improvements			
Taxpayer Amount					Other:			
Spouse Amount								
COCIAL CECURIES	DENIFFITO DECE	VED 4		CCA 4000				
SOCIAL SECURITY	REWFLILZ KECEI	<b>VED</b> — Att	ach Forms	SSA-1099				
Taypayor Amount								
Taxpayer Amount Spouse Amount								_
Spouse Amount _								

`
ME FROM PARTNERSHIPS, ESTATES, LLCS, TRUSTS,
CORPORATIONS
n Forms K-1 and list any not received yet.

Actual Forms & Land list any not received yet.	

## ИE duty fees, finder's fees, director's ambling winnings, disability reported tip income and any (whether taxable or non-taxable)

		. "	.635.		
	***.	<b>V.</b> 20	W. W.		
		- 787			

## NTAL INCOME & EXPENSES

# 1	# 2
# 1	# 2

## INCOME FROM BUSINESS OR PROFESSION ITEMIZED DEDUCTIONS **MEDICAL & DENTAL EXPENSES GENERAL INFORMATION** Attach detailed schedule Insurance Premiums \_\_\_\_\_ Cash Basis Accrual Basis First Year Doctors, Dentists, etc. (Net) \_\_\_\_\_ Taxpayer Principal Business/Profession \_\_\_\_\_ Business Name Business Address City, State, Zip \_\_\_\_\_ **TAXES PAID** INCOME Gross Receipts or Sales \_\_\_\_\_ State & Local Income Tax Real Estate Taxes – Residence \_\_\_\_\_ Returns and Allowances Real Estate Taxes – Other Property \_\_\_\_\_ Other Income \_\_\_\_\_ Other Taxes \_\_\_\_\_ COST OF GOODS SOLD – If Applicable Inventory at Beginning of the Year Purchases Cost of Labor Materials & Supplies \_\_\_\_\_ Other Costs Inventory at End of the Year **INTEREST PAID** – Attach Forms 1098 **EXPENSES** Home Mortgage (1st) \_\_\_ Advertising \_\_\_ Home Mortgage (2<sup>nd</sup>) Car & Truck Expenses\* Or Miles Driven: Total Bus Home Mortgage (Equity Line) \_\_\_\_\_ Commissions Employee Benefit Programs Student Loan Interest \_\_\_\_\_ Insurance (other than health) \_\_\_\_\_ Health Insurance Premiums for Self\* Interest Legal & Professional \_\_\_\_\_ Office Expense \_\_\_\_ **CONTRIBUTIONS** – Attach Detailed Schedule Pension & Profit Sharing Plans Rent – Vehicles, Machinery & Equipment Rent – Business Property \_\_\_\_\_ Contributions by Cash or Check \_\_\_\_\_ Contributions Other than Cash \_\_\_\_\_ Repairs & Maintenance \_\_\_\_\_ Supplies \_\_\_\_\_ Taxes – Property \_\_\_\_\_ Taxes – Other \_\_\_\_\_ MISCELLANOUS DEDUCTIONS Travel Total Meals & Entertainment\* Union/Professional Dues \_\_\_\_\_ Wages \_\_\_\_\_Other\* \_\_\_\_ Investment Expenses \_\_\_\_\_ Tax Return Preparation Fees \_\_\_\_\_ Safe Deposit Box Rental \_\_\_\_\_ \*Attach detailed schedules Unreimbursed Employee

Business Expenses*	HOME OFFICE
Other:	Did you have a home office during the year?
	Yes No
*Attach detailed schedule	If yes, attach detailed schedule of expenses including mortgage interest
	(or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

## Please provide your 2010 Tax return

