

## Questions

Please check the appropriate box and include all necessary details and documentation .

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	p	p
If yes, explain: _____		
Did your address change from last year?	p	p
Can you be claimed as a dependent by another taxpayer?	p	p
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	p	p
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	p	p
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1,900?	p	p
Do you have dependents who must file a tax return?	p	p
Did you provide over half the support for any other person(s) during the year?	p	p
Did you pay for child care while you worked or looked for work?	p	p
Did you pay any expenses related to the adoption of a child during the year?	p	p
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	p	p
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	p	p
Did you acquire a new or additional interest in a partnership or S corporation?	p	p
Did you sell, exchange, or purchase any real estate during the year?	p	p
Did you purchase or sell a principal residence during the year?	p	p
Did you foreclose or abandon a principal residence or real property during the year?	p	p
Did you acquire or dispose of any stock during the year?	p	p
Did you take out a home equity loan this year?	p	p
Did you refinance a principal residence or second home this year?	p	p
Did you sell an existing business, rental, or other property this year?	p	p
Did you incur any non-business bad debts this year?	p	p
Did you have any debts canceled or forgiven this year?	p	p
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	p	p
Did you pay any student loan interest this year?	p	p
<b>Income Information</b>		
Did you have any foreign income or pay any foreign taxes during the year?	p	p
Did you receive any income from property sold prior to this year?	p	p
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	p	p
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	p	p
Did you make any withdrawals from an education savings or 529 Plan account?	p	p
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	p	p
Did you receive any Social Security benefits during the year?	p	p
Did you receive any unemployment benefits during the year?	p	p

Did you receive any disability income during the year?	p	p
Did you receive tip income not reported to your employer this year?	p	p
Did any of your life insurance policies mature, or did you surrender any policies?	p	p
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	p	p

**Itemized Deduction Information**

Did you incur a casualty or theft loss during the year?	p	p
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	p	p
Do you have evidence to substantiate charitable contributions?	p	p
Did you make any noncash charitable contributions (clothes, furniture, etc.)?	p	p
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.	p	p
Did you have an expense account or allowance during the year?	p	p
Did you use your car on the job, for other than commuting?	p	p
Did you work out of town for part of the year?	p	p
Did you have any expenses related to seeking a new job during the year?	p	p
Did you make any major purchases during the year (cars, boats, etc.)?	p	p
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?	p	p

**Miscellaneous Information**

Did you make gifts of more than \$13,000 to any individual?	p	p
Did you have any educational expenses during the year?	p	p
Did you make any contributions to an education savings or 529 Plan account?	p	p
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	p	p
Did you pay long-term health care premiums for yourself or your family?	p	p
Did you pay any COBRA health care coverage continuation premiums?	p	p
If you are a business owner, did you pay health insurance premiums for your employees this year?	p	p
Did you utilize an area of your home for business purposes?	p	p
Did you engage in any bartering transactions?	p	p
Are you an active participant in a pension or retirement plan?	p	p
Did you retire or change jobs this year?	p	p
Did you incur moving costs because of a job change?	p	p
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	p	p
Did you pay any individual as a household employee during the year?	p	p
Did you make energy efficient improvements to your main home this year?	p	p
Were you a grantor or transferor for a foreign trust, or do you have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	p	p
Did you receive correspondence from the State or the Internal Revenue Service? If yes, explain: _____	p	p
Do you want to designate \$3 to the Presidential Election Campaign Fund?		
If you check yes, it will not change your tax or reduce your refund.	p	p

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

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**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**



**Client Contact Information****Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) ( Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer****Spouse**

Car telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Fax telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact \_\_\_\_\_ [18] \_\_\_\_\_ [26]  
Email, Work phone, Home phone, Fax, Mobile phone, Car phone**NOTES/QUESTIONS:**

**Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

## Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [4]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [5]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [6]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [7] or Percent (xxx.xx) \_\_\_\_\_ [8]

## Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [23]  
 Name of financial institution \_\_\_\_\_ [24]  
 Your account number \_\_\_\_\_ [25]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [26]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [27]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [28]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

## Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [29]  
 Name of financial institution \_\_\_\_\_ [30]  
 Your account number \_\_\_\_\_ [31]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [32]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [33]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [34]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**Refund - U.S. Series I Savings Bond Purchases**

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]  
 Owner's name (First Last) \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [45]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N) \_\_\_\_\_[2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[4]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[5]

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**NOTES/QUESTIONS:**

## Estimated Taxes

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded \_\_\_\_\_ [43]

Applied to 2012 estimated tax liability \_\_\_\_\_ [44]

Do you expect a considerable change in your 2012 income? (Y, N) \_\_\_\_\_ [45]

If yes, please explain any differences:

\_\_\_\_\_ [46]

\_\_\_\_\_ [47]

\_\_\_\_\_ [48]

\_\_\_\_\_ [49]

Do you expect a considerable change in your deductions for 2012? (Y, N) \_\_\_\_\_ [50]

If yes, please explain any differences:

\_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

\_\_\_\_\_ [54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) \_\_\_\_\_ [55]

If yes, please explain any differences:

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

\_\_\_\_\_ [59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) \_\_\_\_\_ [60]

If yes, please explain any differences:

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

\_\_\_\_\_ [64]

### 2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/11	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/11	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/17/12	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

**NOTES/QUESTIONS:**

## 2011 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2010 return	+	_____ [3]
2010 overpayment applied to '11 estimates	+	_____ [4]
Treat calculated amounts as paid		_____ [8]

	Date Paid		Amount Paid						
1st quarter payment	_____ [9]	+	_____ [10]	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> <tr><td style="text-align: right;">_____</td></tr> </table>	_____	_____	_____	_____	_____
_____									
_____									
_____									
_____									
_____									
2nd quarter payment	_____ [11]	+	_____ [12]						
3rd quarter payment	_____ [13]	+	_____ [14]						
4th quarter payment	_____ [15]	+	_____ [16]						
Additional payment	_____ [17]	+	_____ [18]						

## 2011 City Estimated Tax Payments

City #1			City #2		
City name	_____ [28]		City name	_____ [50]	
Amount paid with 2010 return	+ _____ [31]		Amount paid with 2010 return	+ _____ [53]	
2010 overpayment applied to '11 estimates	+ _____ [32]		2010 overpayment applied to '11 estimates	+ _____ [54]	
Treat calculated amounts as paid	_____ [36]		Treat calculated amounts as paid	_____ [58]	

Date Paid		Amount Paid	
1st quarter payment	_____ [37]	+	_____ [38]
2nd quarter payment	_____ [39]	+	_____ [40]
3rd quarter payment	_____ [41]	+	_____ [42]
4th quarter payment	_____ [43]	+	_____ [44]

Date Paid		Amount Paid	
1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [65]	+	_____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**City #3**

City name \_\_\_\_\_ [72]  
 Amount paid with 2010 return + \_\_\_\_\_ [75]  
 2010 overpayment applied to '11 estimates + \_\_\_\_\_ [76]  
 Treat calculated amounts as paid \_\_\_\_\_ [80]

**City #4**

City name \_\_\_\_\_ [94]  
 Amount paid with 2010 return + \_\_\_\_\_ [97]  
 2010 overpayment applied to '11 estimates + \_\_\_\_\_ [98]  
 Treat calculated amounts as paid \_\_\_\_\_ [102]

Date Paid		Amount Paid	
1st quarter payment	_____ [81]	+	_____ [82]
2nd quarter payment	_____ [83]	+	_____ [84]
3rd quarter payment	_____ [85]	+	_____ [86]
4th quarter payment	_____ [87]	+	_____ [88]

Date Paid		Amount Paid	
1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [109]	+	_____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

# Wages and Salaries #1

Please provide all copies of Form W-2.

**2011 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		__[5]	
Mark if this is your current employer		__[6]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[20]	
SS tips (Box 7)	+ _____	[22]	
Allocated tips (Box 8)	+ _____	[24]	
Dependent care benefits (Box 10)	+ _____	[26]	
<b>Box 13 -</b>			
Statutory employee		__[28]	
Retirement plan		__[29]	
Third-party sick pay		__[30]	
State postal code (Box 15)	_____	[31]	
State wages (Box 16) (If different than federal wages)	+ _____	[33]	
State tax withheld (Box 17)	+ _____	[35]	
Local wages (Box 18)	+ _____	[37]	
Local tax withheld (Box 19)	_____	[39]	
Name of locality (Box 20)	_____	[42]	

	<b>Control Totals +</b>	
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# Wages and Salaries #2

Please provide all copies of Form W-2.

**2011 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		__[5]	
Mark if this your current employer		__[6]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[20]	
SS tips (Box 7)	+ _____	[22]	
Allocated tips (Box 8)	+ _____	[24]	
Dependent care benefits (Box 10)	+ _____	[26]	
<b>Box 13 -</b>			
Statutory employee		__[28]	
Retirement plan		__[29]	
Third-party sick pay		__[30]	
State postal code (Box 15)	_____	[31]	
State wages (Box 16) (If different than federal wages)	+ _____	[33]	
State tax withheld (Box 17)	+ _____	[35]	
Local wages (Box 18)	+ _____	[37]	
Local tax withheld (Box 19)	_____	[39]	
Name of locality (Box 20)	_____	[42]	

	<b>Control Totals +</b>	
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# Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +	<b>Income</b>	Form ID: B-1
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## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code	(**See codes below)	Ordinary <sup>[1]</sup> Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

# Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

### 2011 Information

### Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2011 + \_\_\_\_\_ [1]



## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2011 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code			[5]
Gross distributions received <b>(Box 1)</b>	+		[7]
Taxable amount received <b>(Box 2a)</b>	+		[9]
Federal withholding <b>(Box 4)</b>	+		[11]
Distribution code <b>(Box 7)</b>			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding <b>(Box 12)</b>	+		[15]
Local withholding <b>(Box 15)</b>	+		[17]
Amount of rollover	+		[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

	<b>Control Totals +</b>	
--	-------------------------	--

## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2011 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code			[5]
Gross distributions received <b>(Box 1)</b>	+		[7]
Taxable amount received <b>(Box 2a)</b>	+		[9]
Federal withholding <b>(Box 4)</b>	+		[11]
Distribution code <b>(Box 7)</b>			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding <b>(Box 12)</b>	+		[15]
Local withholding <b>(Box 15)</b>	+		[17]
Amount of rollover	+		[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2011 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code			[5]
Gross distributions received <b>(Box 1)</b>	+		[7]
Taxable amount received <b>(Box 2a)</b>	+		[9]
Federal withholding <b>(Box 4)</b>	+		[11]
Distribution code <b>(Box 7)</b>			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding <b>(Box 12)</b>	+		[15]
Local withholding <b>(Box 15)</b>	+		[17]
Amount of rollover	+		[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

	<b>Control Totals +</b>	
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## Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_ [1]  
 State postal code \_\_ [2]

### Social Security Benefits

	2011 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2011 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

### Tier 1 Railroad Benefits

	2011 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2011 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

**NOTES/QUESTIONS:**



Form ID: 1099M

### Miscellaneous Income #1

17a

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[11]
Royalties (Box 2)	+ _____	[13]
Other income (Box 3)	+ _____	[15]
Federal income tax withheld (Box 4)	+ _____	[17]
Fishing boat proceeds (Box 5)	+ _____	[19]
Medical and health care payments (Box 6)	+ _____	[21]
Nonemployee compensation (Box 7)	+ _____	[23]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[25]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[27]
Crop Insurance proceeds (Box 10)	+ _____	[29]
Excess golden parachute payments (Box 13)	+ _____	[31]
Gross proceeds paid to an attorney (Box 14)	+ _____	[33]
Section 409A deferrals (Box 15a)	+ _____	[35]
Section 409A income (Box 15b)	+ _____	[37]
State tax withheld (Box 16)	+ _____	[39]
State/Payer's state no. (Box 17)	_____	[41]
State income (Box 18)	+ _____	[42]

**Control Totals +**

### Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[11]
Royalties (Box 2)	+ _____	[13]
Other income (Box 3)	+ _____	[15]
Federal income tax withheld (Box 4)	+ _____	[17]
Fishing boat proceeds (Box 5)	+ _____	[19]
Medical and health care payments (Box 6)	+ _____	[21]
Nonemployee compensation (Box 7)	+ _____	[23]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[25]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[27]
Crop Insurance proceeds (Box 10)	+ _____	[29]
Excess golden parachute payments (Box 13)	+ _____	[31]
Gross proceeds paid to an attorney (Box 14)	+ _____	[33]
Section 409A deferrals (Box 15a)	+ _____	[35]
Section 409A income (Box 15b)	+ _____	[37]
State tax withheld (Box 16)	+ _____	[39]
State/Payer's state no. (Box 17)	_____	[41]
State income (Box 18)	+ _____	[42]

**Control Totals +**

**NOTES/QUESTIONS:**

Form ID: 1099C

## Cancellation of Debt, Abandonment #1

18

Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor/lender \_\_\_\_\_ [4]  
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [12]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [13]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [14]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [15]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [16]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [17]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [18]

	<b>Control Totals +</b>	
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## Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor \_\_\_\_\_ [4]  
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [12]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [13]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [14]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [15]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [16]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [17]  
 Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [18]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**



### Schedule C - General Information

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [11]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [14]	
City/State/Zip	_____ [15]    _____ [16]    _____ [17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [18]	
If other:	_____ [20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [21]	
If other enter explanation:	_____ [23]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [24]	
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____ [25]	
If not, number of hours you did significantly participate	_____ [27]	
Mark if you began or acquired this business in 2011	_____ [29]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N)	_____ [30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [31]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [32]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [34]	
Medical insurance premiums paid by this activity	+ _____ [37]	
Long-term care premiums paid by this activity	+ _____ [39]	
Amount of wages received as a statutory employee	+ _____ [42]	

### Business Income

	2011 Information	Prior Year Information
Merchant card and third party network receipts and sales (from Form 1099-K)		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
Gross receipts and sales not from merchant cards and third party networks	+ _____ [49]	
Returns and allowances	+ _____ [52]	
Other income:		
_____	+ _____ [54]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

### Cost of Goods Sold

	2011 Information	Prior Year Information
Beginning inventory	+ _____ [56]	
Purchases	+ _____ [58]	
Labor:		
_____	+ _____ [60]	
_____	+ _____	
Materials	+ _____ [62]	
Other costs:		
_____	+ _____ [64]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [66]	

Control Totals +

**Business**

### Schedule C - Expenses

**Preparer use only**

Principal business or profession \_\_\_\_\_

	2011 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):		_____
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		_____
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		_____
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		_____
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		_____
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		_____
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		_____
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		_____
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only				
Carryovers		Regular		AMT
Operating	+	_____ [61]	+	_____ [62]
Schedule D - Short-term	+	_____ [63]	+	_____ [64]
Schedule D - Long-term	+	_____ [65]	+	_____ [66]
Schedule D - 28% rate	+	_____ [67]	+	_____ [68]
Form 4797 - Part I	+	_____ [69]	+	_____ [70]
Form 4797 - Part II	+	_____ [71]	+	_____ [72]
Section 179	+	_____ [75]		

**Control Totals +**

Form ID: Rent

## Rent and Royalty Property - General Information

25

Preparer use only	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
Description	_____ [2]	
Address	_____ [8]	
State postal code	_____ [4]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	_____ [9]	
Description of other type (Type code #8)	_____ [10]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [11]	
Percentage of ownership if not 100%	_____ [13]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [15]	_____

### Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)	+ _____ [23]	
Rents and royalties NOT from merchant cards/third party payments	+ _____ [25]	

### Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [28]	_____ [29]	
Auto	+ _____ [31]	_____ [32]	
Travel	+ _____ [34]	_____ [35]	
Cleaning and maintenance	+ _____ [37]	_____ [38]	
Commissions:			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [46]	_____ [47]	
Management fees:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [52]	_____ [53]	
Other mortgage interest	+ _____ [55]	_____ [57]	
Qualified mortgage insurance premiums	+ _____ [58]	_____ [59]	
Other interest:			
_____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Repairs	+ _____ [64]	_____ [65]	
Supplies	+ _____ [67]	_____ [68]	
Taxes:			
_____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [73]	_____ [74]	
Depreciation	+ _____ [76]	_____ [77]	
Depletion	+ _____ [79]	_____ [80]	
Other expenses:			
_____	+ _____ [82]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [86]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2011	

**Control Totals +**

**Rent & Royalty**

Form ID: Rent

**Preparer use only**  
Description \_\_\_\_\_

**Vacation Home Information**

	<b>2011 Information</b>	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2011	+ _____	[20]
Carryover of disallowed depreciation expenses into 2011	+ _____	[21]

**Prior Year Information**

_____
_____
_____

**Passive and Other Information**

<b>Preparer use only</b>				
<b>Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
Operating	+	[27]	+	[28]
Schedule D - Short-term	+	[29]	+	[30]
Schedule D - Long-term	+	[31]	+	[32]
Schedule D - 28% rate	+	[33]	+	[34]
Form 4797 - Part I	+	[35]	+	[36]
Form 4797 - Part II	+	[37]	+	[38]
Comm revitalization	+	[39]	+	[40]
Section 179	+	[41]		

**NOTES/QUESTIONS:**

## Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [15]	
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [16]	
Medical insurance premiums paid by this activity	+ _____ [19]	
Long-term care premiums paid by this activity	+ _____ [21]	

### Schedule F Income

		2011 Information	Prior Year Information
<b>Sales Code**</b>			
	Specified income (from Form 1099-K)		
—	_____	+ _____ [31]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
	Non-specified income (not from Form 1099-K)		
—	_____	+ _____ [33]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**\*\* Sales Codes**

1 = Cash sales of items bought for resale

2 = Cash sales of items raised

3 = Accrual sales

4 = Custom hire (machine work)

5 = Other income

### Cash Income Items

	2011 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale	+ _____ [35]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxable crop insurance proceeds received in 2011	+ _____ [37]	
Mark if electing to defer crop insurance proceeds to 2012	_____ [39]	
Crop insurance proceeds deferred from 2010	+ _____ [41]	

### Accrual Income Items

	2011 Information	Prior Year Information
Beginning inventory of livestock and other items	+ _____ [43]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [45]	
Ending Inventory of livestock and other items	+ _____ [47]	

# Farm Income and Expenses

Preparer use only

Description

## Cash and Accrual Income Items

	2011 Information	Prior Year Information
Total cooperative distributions you received	+ _____ [5]	<div style="border: 1px solid black; height: 100%;"></div>
Taxable cooperative distributions you received	+ _____ [7]	
Total agricultural program payments	+ _____ [9]	
Taxable agricultural program payments	+ _____ [11]	
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [13]	
Commodity credit loans reported under election:		
_____	+ _____ [15]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [17]	
Taxable commodity credit loans forfeited	+ _____ [19]	
Total crop insurance proceeds you received in 2011	+ _____ [21]	

## Farm Expenses

	2011 Information	Prior Year Information
Car and truck expenses	+ _____ [23]	<div style="border: 1px solid black; height: 100%;"></div>
Chemicals	+ _____ [25]	
Conservation expenses	+ _____ [27]	
Custom hire (machine work)	+ _____ [29]	
Depreciation	+ _____ [31]	
Employee benefit programs (Include Small Employer Health Insurance Premiums credit)	+ _____ [33]	
Feed purchased	+ _____ [35]	
Fertilizers and lime	+ _____ [37]	
Freight and trucking	+ _____ [39]	
Gasoline, fuel, and oil	+ _____ [41]	
Insurance (Other than health)	+ _____ [43]	
Mortgage interest (Paid to banks, etc.)	+ _____ [45]	
Other interest	+ _____ [47]	
Labor hired (Less employment credit)	+ _____ [49]	
Pension and profit sharing	+ _____ [51]	
Rent - vehicles, machinery, and equipment	+ _____ [53]	
Rent - other	+ _____ [55]	
Repairs and maintenance	+ _____ [57]	
Seed and plants purchased	+ _____ [59]	
Storage and warehousing	+ _____ [61]	
Supplies purchased	+ _____ [63]	
Taxes:		
_____	+ _____ [65]	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [67]	
Veterinary, breeding, and medicine	+ _____ [69]	
Other expenses:		
_____	+ _____ [71]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [73]	

## Farm Passive and Other Carryover Information

Preparer use only

Description \_\_\_\_\_

Preparer use only Carryovers	Regular		AMT	
Operating	+	[11]	+	[12]
Schedule D - Short-term	+	[13]	+	[14]
Schedule D - Long-term	+	[15]	+	[16]
Schedule D - 28% rate	+	[17]	+	[18]
Form 4797 - Part I	+	[19]	+	[20]
Form 4797 - Part II	+	[21]	+	[22]
Section 179	+	[23]		
Excess farm loss	+	[27]	+	[28]

Farm Rental - General Information

Preparer use only

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Description [4]
State postal code [5]
Did you "actively participate" in the operation of this business this year? (Y, N) [6]

Prior Year Information

Blank area for Prior Year Information

Income Items

2011 Information
Income from production of livestock and other items + [15]
Merchant card and third party payments (from Form 1099-K): + [17]
Total cooperative distributions you received + [19]
Taxable cooperative distributions you received + [21]
Total agricultural program payments + [23]
Taxable agricultural program payments + [25]
Commodity credit loans reported under election: + [27]
Total commodity credit loans forfeited + [29]
Taxable commodity credit loans forfeited + [31]
Total crop insurance proceeds you received in 2011 + [33]
Taxable crop insurance proceeds received in 2011 + [35]
Mark if electing to defer crop insurance proceeds to 2012 [37]
Crop insurance proceeds deferred from 2010 + [39]
Other income: + [42]

Prior Year Information

Blank area for Prior Year Information

NOTES/QUESTIONS:



# Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

## Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
<b>Enter on K1T-2</b>	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

## Sale of Principal Residence

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence + \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home + \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements + \_\_\_\_\_ [13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [20]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [28]  
 Total current year payments received + \_\_\_\_\_ [29]

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [30]  
 Address \_\_\_\_\_ [31]  
 City, State and Zip \_\_\_\_\_ [32] [33] \_\_\_\_\_ [34]  
 Identifying number of related party \_\_\_\_\_ [35]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [36]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [37]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [38]  
 Selling price of property sold by a related party + \_\_\_\_\_ [39]

**NOTES/QUESTIONS:**



## Foreign Earned Income Exclusion

Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

### Foreign Earned Income

\*Please use the Foreign Earned Income Allocation Codes located below

	Allocation Code*		Amount
<b>Noncash income:</b>			
Home (lodging) _____	[10]	+ [11]	+ _____ [12]
Meals _____	[13]	+ [14]	+ _____ [15]
Car _____	[16]	+ [17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	[19]	+ _____	+ _____ [20]
<b>Allowances, reimbursements or expenses paid on behalf:</b>			
Cost of living and overseas differential _____	[21]	+ _____	+ _____ [22]
Family _____	[23]	+ _____	+ _____ [24]
Education _____	[25]	+ _____	+ _____ [26]
Home leave _____	[27]	+ _____	+ _____ [28]
Quarters _____	[29]	+ _____	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	[31]	+ _____	+ _____ [32]
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	[33]	+ _____	+ _____ [34]
Excludable meals and lodging under section 119 _____		+ _____	+ _____ [35]

*Foreign Earned Income Allocation Codes
1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

### Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount
Other allocable deductions _____	[36]	+ _____	+ _____ [37]

### Housing Exclusion/Deduction

Qualified housing expense _____			+ _____ [46]
---------------------------------	--	--	--------------

**NOTES/QUESTIONS:**

### Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2011	+ _____[5]	+ _____[6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____[11]	+ _____[12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____[13]	+ _____[14]
Traditional IRA basis	+ _____[15]	+ _____[16]
Value of all your traditional IRA's on December 31, 2011:	+ _____[17]	+ _____[18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

### Roth IRA

**Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office**

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[27]	__[28]
Enter the total Roth IRA contributions made for use in 2011	+ _____[29]	+ _____[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2011	+ _____[37]	+ _____[38]
Enter the total contribution Roth IRA basis on December 31, 2010	+ _____[45]	+ _____[46]
Enter the total Roth IRA contribution recharacterizations for 2011	+ _____[47]	+ _____[48]
Enter the Roth conversion IRA basis on December 31, 2010	+ _____[49]	+ _____[50]
Value of all your Roth IRA's on December 31, 2011:	+ _____[51]	+ _____[52]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

# Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Archer MSA contributions made in 2011 and 2012 for 2011 <b>(Box 1)</b>	+ _____[6]	
Total contributions made in 2011 <b>(Box 2)</b>	+ _____[8]	
Total HSA or Archer MSA contributions made in 2012 for 2011 <b>(Box 3)</b>	+ _____[10]	
Rollover contribution <b>(Box 4)</b>	+ _____[13]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____[15]	
<b>Box 6 -</b>		
HSA	_____[17]	
Archer MSA	_____[18]	
MA (Medicare Advantage) MSA	_____[19]	

## Additional Information

	2011 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____[20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2011	_____[21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____[22]	
Total HSA/MSA contribution to be made for 2011	+ _____[23]	
Excess contributions for 2010 taken as constructive contributions for 2011	+ _____[25]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____[32]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____[35]	
If self-employed, enter earned income from business under which plan was established +	_____ [39]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2011? (Y, N)	_____[41]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____[43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____[45]	

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S) _____	___[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	___[4]	
State postal code _____	___[2]	
Gross distributions received <b>(Box 1)</b>	+ _____[7]	
Earnings on excess contributions <b>(Box 2)</b>	+ _____[9]	
Distribution code <b>(Box 3)</b>	___[11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____[12]	
<b>Box 5 -</b>		
HSA	___[13]	
Archer MSA	___[14]	
MA MSA	___[15]	
Unreimbursed qualified medical expenses for 2011	+ _____[17]	
Withdrawal of excess contributions by the due date of the return	+ _____[19]	
Amount of distribution rolled over for 2011	+ _____[21]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[24]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+ _____[25]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)	___[31]	
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)	___[32]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2011 Information	Prior Year Information
Name of the insured chronically ill individual _____	___[42]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	___[43]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____[45]	
Accelerated death benefits paid <b>(Box 2)</b>	+ _____[47]	
Check one <b>(Box 3)</b>		
Per diem	___[49]	
Reimbursed amount	___[50]	
Qualified contract <b>(Box 4)</b>	___[51]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	___[52]	
Terminally ill	___[53]	
Are there other individuals who received LTC payments during 2011? (Y, N)	___[55]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	___[56]	
Number of days during the long-term care period _____	___[57]	
Cost incurred for qualified long-term care services during the long-term care period + _____	___[58]	

**NOTES/QUESTIONS:**

# Other Adjustments

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2011 Information	Prior Year Information
			+ _____ [1]	<div style="border: 1px solid black; height: 100%;"></div>
<b>Address</b>				
			+ _____	
<b>Address</b>				
			+ _____	
<b>Address</b>				

	2011 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; height: 100%;"></div>
	+ _____	+ _____	
Self-employed health insurance premiums: (Not entered elsewhere)	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Self-employed long-term care premiums: (Not entered elsewhere)	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
Other adjustments:	+ _____ [14]	+ _____ [15]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

**NOTES/QUESTIONS:**

## Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

**Complete if you cashed qualified U.S. Savings bonds in 2011 that were issued after 1989, and you paid qualified higher education expenses in 2011 for yourself, your spouse, or your dependents.**

Taxpayer/Spouse/Joint	(T, S, J)		—
Name of person who was enrolled at eligible educational institution		_____	
Name of eligible educational institution		_____	
Address of eligible educational institution		_____	
Qualified higher education expenses you paid in 2011 for person listed above		+ _____	[1]
Enter any nontaxable educational benefits received for 2011 for person listed above		+ _____	
Taxpayer/Spouse/Joint	(T, S, J)		—
Name of person who was enrolled at eligible educational institution		_____	
Name of eligible educational institution		_____	
Address of eligible educational institution		_____	
Qualified higher education expenses you paid in 2011 for person listed above		+ _____	[1]
Enter any nontaxable educational benefits received for 2011 for person listed above		+ _____	
Taxpayer/Spouse/Joint	(T, S, J)		—
Name of person who was enrolled at eligible educational institution		_____	
Name of eligible educational institution		_____	
Address of eligible educational institution		_____	
Qualified higher education expenses you paid in 2011 for person listed above		+ _____	[1]
Enter any nontaxable educational benefits received for 2011 for person listed above		+ _____	
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2011		+ _____	[3]

**NOTES/QUESTIONS:**

## Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

	Qualified loan interest you paid		2011 Information	Prior Year Information
TS	_____	+	_____ [1]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                 </div>
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

## Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
TS	—	_____	_____	_____	+ _____ [7]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                 </div>
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

**Important: You cannot claim the following for the same student in the same year:**

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

**NOTES/QUESTIONS:**

## Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2011 Information	
Amount contributed in current year	+ _____ [14]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Basis of this account at 12/31/10	+ _____ [17]	
Value of this account at 12/31/11	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

### Payments from Qualified Education Programs

	2011 Information	
Gross distribution <b>(Box 1)</b>	+ _____ [30]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Earnings <b>(Box 2)</b>	+ _____ [32]	
Basis <b>(Box 3)</b>	+ _____ [34]	
Trustee-to-trustee rollover <b>(Box 4)</b>	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary <b>(Box 6)</b>	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

**NOTES/QUESTIONS:**

### Schedule A - Medical and Dental Expenses

T/S/J	2011 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__ [1] _____	+ _____ [2]	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
Medical insurance premiums you paid*:		
__ [4] _____	+ _____ [5]	
____	+ _____	
____	+ _____	
____	+ _____	
Long-term care premiums you paid*:		
__ [7] _____	+ _____ [8]	
____	+ _____	
Prescription medicines and drugs:		
__ [10] _____	+ _____ [11]	
____	+ _____	
____	+ _____	
__ [13] Miles driven for medical items (1/1/11 to 6/30/11) _____ [14] (7/1/11 to 12/31/11) _____ [17]		
*Not entered elsewhere		

### Schedule A - Tax Expenses

T/S/J	2011 Information	Prior Year Information
State/local income taxes paid:		
__ [18] _____	+ _____ [19]	
____	+ _____	
____	+ _____	
____	+ _____	
____	+ _____	
2010 state and local income taxes paid in 2011:		
__ [21] _____	+ _____ [22]	
____	+ _____	
____	+ _____	
Real estate taxes paid:		
__ [24] _____	+ _____ [25]	
____	+ _____	
____	+ _____	
Personal property taxes:		
__ [27] _____	+ _____ [28]	
____	+ _____	
Other taxes, such as: foreign taxes and State disability taxes		
__ [30] _____	+ _____ [31]	
____	+ _____	
____	+ _____	
Sales tax paid on major purchases:		
__ [36] _____	+ _____ [37]	
____	+ _____	
Sales tax paid on actual expenses:		
__ [39] _____	+ _____ [40]	
____	+ _____	
____	+ _____	

# Interest Expenses

T/S/J	2011 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	+	[2]		+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	
	+			+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 — Street Address \_\_\_\_\_  
 — City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2011 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2011 **(Preparer use only)** + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2011 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2011 **(Preparer use only)** + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2011 \_\_\_\_\_

T/S/J	2011 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	

## Charitable Contributions

T/S/J	2011 Information	Prior Year Information										
Contributions made by cash or check (including out-of-pocket expenses)												
__ [2] _____	+ _____ [3]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
__ [5] Volunteer miles driven _____	_____ [6]											
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods												
__ [8] _____	+ _____ [9]											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											

## Miscellaneous Deductions

T/S/J	2011 Information	Prior Year Information										
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses												
__ [11] _____	+ _____ [12]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
Union dues:												
__ [14] _____	+ _____ [15]											
____	+ _____											
__ [17] Tax preparation fees _____	+ _____ [18]											
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees												
__ [20] _____	+ _____ [21]											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
__ [23] Safe deposit box rental _____	+ _____ [24]											
Investment expenses, other than on Schedule(s) K-1:												
__ [26] _____	+ _____ [27]											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
Other expenses, not subject to the 2% AGI limitation:												
__ [30] _____	+ _____ [31]											
____	+ _____											
____	+ _____											
____	+ _____											
____	+ _____											
Gambling losses: (Enter only if you have gambling income)												
__ [33] _____	+ _____ [34]											
____	+ _____											



## Employee Business Expenses

**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_

Occupation in which expenses were incurred \_\_\_\_\_

State postal code \_\_\_\_\_

### Vehicle Questions

	<b>2011 Information</b>	<b>Prior Year Information</b>
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	____[7]	____
Was another vehicle available for personal use? (Y, N)	____[9]	____
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	____[11]	____

### Vehicles #1 and #2 Actual Expenses

Vehicle 1 description \_\_\_\_\_ [15]

Comments \_\_\_\_\_

Vehicle 2 description \_\_\_\_\_ [44]

Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	____ [18]		____ [47]	
Total mileage	____ [20]		____ [49]	
Business mileage from 1/1/11 to 6/30/11	____ [22]		____ [51]	
Business mileage from 7/1/11 to 12/31/11	____ [24]		____ [53]	
Average daily round trip commuting mileage	____ [25]		____ [54]	
Total commuting mileage	____ [27]		____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ ____ [29]		+ ____ [58]	
Vehicle rentals	+ ____ [31]		+ ____ [60]	
Inclusion amount ( <b>Preparer use only</b> )	+ ____ [33]		+ ____ [62]	
Value of employer-provided vehicle	+ ____ [39]		+ ____ [68]	
Depreciation	+ ____ [41]		+ ____ [70]	

### Vehicles #3 and #4 Actual Expenses

Vehicle 3 description \_\_\_\_\_ [75]

Comments \_\_\_\_\_

Vehicle 4 description \_\_\_\_\_ [103]

Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	____ [78]		____ [106]	
Total mileage	____ [80]		____ [108]	
Business mileage from 1/1/11 to 6/30/11	____ [82]		____ [110]	
Business mileage from 7/1/11 to 12/31/11	____ [84]		____ [112]	
Average daily round trip commuting mileage	____ [85]		____ [113]	
Total commuting mileage	____ [87]		____ [116]	
Gasoline, oil, repairs, insurance, etc.	+ ____ [89]		+ ____ [117]	
Vehicle rentals	+ ____ [91]		+ ____ [119]	
Inclusion amount ( <b>Preparer use only</b> )	+ ____ [93]		+ ____ [121]	
Value of employer-provided vehicle	+ ____ [99]		+ ____ [127]	
Depreciation	+ ____ [101]		+ ____ [129]	

**NOTES/QUESTIONS:**

Form ID: 8283

### Noncash Contributions Exceeding \$500

55

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

**NOTES/QUESTIONS:**

## Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution **(Box 1)** \_\_\_\_\_ [7]

Make and model of vehicle **(Box 2)** \_\_\_\_\_ [8]

Year of vehicle **(Box 2)** \_\_\_\_\_ [9]

Vehicle or other identification number **(Box 3)** \_\_\_\_\_ [10]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** \_\_\_\_\_ [11]

Date of sale **(Box 4b)** \_\_\_\_\_ [12]

Gross proceeds from sale **(Box 4c)** + \_\_\_\_\_ [13]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** \_\_\_\_\_ [14]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** \_\_\_\_\_ [15]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** \_\_\_\_\_ [16]

\_\_\_\_\_ [16]

\_\_\_\_\_ [16]

\_\_\_\_\_ [16]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes \_\_\_ [17] No \_\_\_ [18]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + \_\_\_\_\_ [19]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** \_\_\_\_\_ [20]

Description of goods and services **(Box 6c)** \_\_\_\_\_ [21]

\_\_\_\_\_ [21]

\_\_\_\_\_ [21]

\_\_\_\_\_ [21]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** \_\_\_\_\_ [22]

### Other Information for Donated Property

Overall physical condition of property \_\_\_\_\_ [27]

Vehicle mileage on date of contribution \_\_\_\_\_ [28]

Date property was acquired by donor \_\_\_\_\_ [29]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [30]

Donor's cost or basis + \_\_\_\_\_ [31]

Fair market value on date of contribution + \_\_\_\_\_ [32]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [33]

If other: \_\_\_\_\_ [34]

Bargain sale amount received \_\_\_\_\_ [35]

Donee's address, and ZIP code \_\_\_\_\_ [40]

\_\_\_\_\_ [41] \_\_\_\_\_ [42] \_\_\_\_\_ [43]

Donee's telephone number \_\_\_\_\_ [44]

**NOTES/QUESTIONS:**

## Casualty and Theft - Business/Income Producing Properties

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]

## Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A \_\_\_\_\_ [10]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [36]  
 Description of casualty or theft - Property D \_\_\_\_\_ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [13]	___ [26]	___ [39]	___ [52]
Date acquired	___ [17]	___ [30]	___ [43]	___ [56]
Cost or other basis of property	+ ___ [18]	+ ___ [31]	+ ___ [44]	+ ___ [57]
Insurance or other reimbursement	+ ___ [19]	+ ___ [32]	+ ___ [45]	+ ___ [58]
Fair market value before casualty	+ ___ [20]	+ ___ [33]	+ ___ [46]	+ ___ [59]
Fair market value after casualty	+ ___ [21]	+ ___ [34]	+ ___ [47]	+ ___ [60]

## Business/Income Use Replacement Information

Description of replacement property A \_\_\_\_\_ [61]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [69]  
 Description of replacement property D \_\_\_\_\_ [73]

	A	B	C	D
Mark if property was acquired from a related party	___ [62]	___ [66]	___ [70]	___ [74]
Date acquired	___ [63]	___ [67]	___ [71]	___ [75]
Cost of replacement property	+ ___ [64]	+ ___ [68]	+ ___ [72]	+ ___ [76]

**NOTES/QUESTIONS:**

## Casualty and Theft - Personal Use Properties

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [8]

## Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A \_\_\_\_\_ [17]  
 Description of casualty or theft - Property B \_\_\_\_\_ [28]  
 Description of casualty or theft - Property C \_\_\_\_\_ [39]  
 Description of casualty or theft - Property D \_\_\_\_\_ [50]

	A	B	C	D
Date acquired	_____ [23]	_____ [34]	_____ [45]	_____ [56]
Cost or other basis of property	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]
Insurance or other reimbursement	+ _____ [25]	+ _____ [36]	+ _____ [47]	+ _____ [58]
Fair market value before casualty	+ _____ [26]	+ _____ [37]	+ _____ [48]	+ _____ [59]
Fair market value after casualty	+ _____ [27]	+ _____ [38]	+ _____ [49]	+ _____ [60]

## Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [61]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [69]  
 Description of replacement property D \_\_\_\_\_ [73]

	A	B	C	D
Mark if property was acquired from a related party	_____ [62]	_____ [66]	_____ [70]	_____ [74]
Date acquired	_____ [63]	_____ [67]	_____ [71]	_____ [75]
Cost of replacement property	+ _____ [64]	+ _____ [68]	+ _____ [72]	+ _____ [76]

**NOTES/QUESTIONS:**

# Home Office General Information

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

## Business Use of Home

	2011 Information	Prior Year Information
Total area of home	_____ [11]	_____
Area used exclusively for business	_____ [13]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [15]	_____
Total hours used this year, if less than 8,760	_____ [17]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [19]	_____
Area used partly for day-care business	_____ [21]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2011 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [26]	+ _____ [27]	_____
Mortgage insurance premiums	+ _____ [29]	+ _____ [30]	_____
Real estate taxes	+ _____ [32]	+ _____ [33]	_____
Excess mortgage interest and insurance premiums	+ _____ [35]	+ _____ [36]	_____
Insurance	+ _____ [38]	+ _____ [39]	_____
Rent	+ _____ [41]	+ _____ [42]	_____
Repairs & maintenance	+ _____ [44]	+ _____ [45]	_____
Utilities	+ _____ [47]	+ _____ [48]	_____
Other expenses, such as: Supplies & Security system	+ _____ [50]	+ _____ [51]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [53]	_____
Carryovers:			
Operating expenses		+ _____ [54]	_____
Casualty losses		+ _____ [55]	_____
Depreciation		+ _____ [57]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [58]	_____
Depreciation		+ _____ [62]	_____

**NOTES/QUESTIONS:**

# Household Employment Tax

**Complete if you paid cash wages of \$1,000 or more to any household employee.**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Employer identification number \_\_\_\_\_ [2]

Total cash wages subject to social security taxes + \_\_\_\_\_ [4]  
 Total cash wages subject to Medicare taxes + \_\_\_\_\_ [5]  
 Federal income tax withheld + \_\_\_\_\_ [6]  
 State disability plan social security & Medicare withheld + \_\_\_\_\_ [7]

Did you:  
 (A) pay any household employee cash wages of \$1,700 or more in 2011? (Y, N) \_\_\_\_\_ [8]  
 (B) withhold Federal income tax for any household employee? (Y, N) \_\_\_\_\_ [9]  
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2010 or 2011? (Y, N) \_\_\_\_\_ [10]

## Federal Unemployment (FUTA) Tax

**If you answered "Yes" to question (C) above, complete the following information.**

**Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax paid before 7/1/11 \* + \_\_\_\_\_ [11]  
 Total cash wages subject to FUTA tax paid after 6/30/11 \* + \_\_\_\_\_ [12]  
 Did you pay all state unemployment contributions for 2011 by 4/17/12? (Y, N) \* \_\_\_\_\_ [13]

**State #1 information**

State postal code where you have to pay unemployment contributions \* \_\_\_\_\_ [14]  
 State reporting number as shown on state unemployment tax return \_\_\_\_\_ [15]  
 Taxable wages (as defined in state act) + \_\_\_\_\_ [16]  
 State experience rate period:  
 From \_\_\_\_\_ [17]  
 To \_\_\_\_\_ [18]  
 State experience rate (xxx.xx) \_\_\_\_\_ [19]  
 Contributions paid to state unemployment fund \* + \_\_\_\_\_ [20]

**State #2 information**

State postal code where you have to pay unemployment contributions \_\_\_\_\_ [21]  
 State reporting number as shown on state unemployment tax return \_\_\_\_\_ [22]  
 Taxable wages (as defined in state act) + \_\_\_\_\_ [23]  
 State experience rate period:  
 From \_\_\_\_\_ [24]  
 To \_\_\_\_\_ [25]  
 State experience rate (xxx.xx) \_\_\_\_\_ [26]  
 Contributions paid to state unemployment fund + \_\_\_\_\_ [27]

**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2011 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2010 employer-provided dependent care benefits used during 2011 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2011	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2011		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_ [7]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2011 + \_\_\_\_\_

**First-Time Homebuyer Credit**

**You may qualify for the First-Time Homebuyer credit in 2011, only if you:**

- Served in U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty beginning after December 31, 2008, and ending before May 1, 2010, and purchased a home by May 1, 2011
- AND**
- Purchased a home located in the United States after December 31, 2010 and before May 1, 2011, OR
- Signed a binding contract before May 1, 2011 to close on a home before July 1, 2010, OR
- Lived in a previous home for five consecutive years within an eight year period and purchased a new home

**You may be required to repay the First-Time Homebuyer credit if you claimed the credit in 2008, 2009, or 2010 and the home is no longer used as your main residence.**

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_ [1]

City/State/Zip code \_\_\_\_\_ [2] \_\_\_\_\_ [3] \_\_\_\_\_ [4]

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2010 \_\_\_\_\_ [5]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_ [6]

Purchase price of the home \_\_\_\_\_ [7]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N) \_\_\_\_\_ [9]

Spouse owned a home or had ownership interest in a home? (Y, N) \_\_\_\_\_ [10]

If you were an owner of a home and purchased a new home:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N) \_\_\_\_\_ [11]

Spouse used the same residence as home for 5 consecutive years? (Y, N) \_\_\_\_\_ [12]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance \_\_\_\_\_ [13]

Mark if you or your spouse signed a binding contract before 5/1/11 to close on a home before 7/1/11 \_\_\_\_\_ [14]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name \_\_\_\_\_ [18]

Allocation percentage \_\_\_\_\_

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [26]

If you sold your home, enter the selling price \_\_\_\_\_ [27]

If you sold your home, enter the expense of sale \_\_\_\_\_ [28]

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_\_ [31]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name \_\_\_\_\_ [32]

**NOTES/QUESTIONS:**

## Foreign Tax Credit

**Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2011.**

**Preparer use only**

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [3]  
 Taxes claimed (1 = Paid, 2 = Accrued) \_\_\_\_\_ [6]  
 Category of income\* \_\_\_\_\_ [7]  
 Country of residence \_\_\_\_\_ [8]  
 Description of income \_\_\_\_\_ [9]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

### Foreign Income or Loss

	A	B	C
Name of country	_____ [13]	_____ [14]	_____ [15]
Foreign gross income	+ _____ [16]	+ _____ [17]	+ _____ [18]
Definitely related expenses:			
_____	+ _____ [19]	+ _____ [20]	+ _____ [21]
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____ [22]	+ _____ [23]	+ _____ [24]

### Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____ [25]	_____ [26]	_____ [27]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [28]	+ _____ [29]	+ _____ [30]
Rents & royalties	+ _____ [31]	+ _____ [32]	+ _____ [33]
Interest	+ _____ [34]	+ _____ [35]	+ _____ [36]
Other foreign taxes	+ _____ [37]	+ _____ [38]	+ _____ [39]
In US dollars - taxes withheld on:			
Dividends	+ _____ [43]	+ _____ [44]	+ _____ [45]
Rents & Royalties	+ _____ [46]	+ _____ [47]	+ _____ [48]
Interest	+ _____ [49]	+ _____ [50]	+ _____ [51]
Other foreign taxes	+ _____ [52]	+ _____ [53]	+ _____ [54]

**NOTES/QUESTIONS:**

Form ID: ME

## Maine General Information

Property tax and rent refund application needed next year \_\_\_\_\_[1]

## Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) \_\_\_\_\_[2]

Out of state purchases (Enter total if not using table or enter purchases > \$999 per purchase if also using table) \_\_\_\_\_[3]

Use tax already paid to another jurisdiction \_\_\_\_\_[4]

## Contributions

**Amount of contribution you wish to make to:** (\$1, \$5, \$10, or Other, unless otherwise stated)

### Political contributions allowed for residents only

#### Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) \_\_\_\_\_[5]

Democratic party \_\_\_\_\_[6]

Green party \_\_\_\_\_[7]

Republican party \_\_\_\_\_[8]

#### Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" \_\_\_\_\_[9]

Maine Children's Trust \_\_\_\_\_[10]

Bone Marrow Screening Fund \_\_\_\_\_[11]

Companion Animal Sterilization Fund \_\_\_\_\_[12]

Maine Military Family Relief Fund \_\_\_\_\_[13]

Maine Veterans' Memorial Cemetery Maintenance Fund \_\_\_\_\_[14]

Maine Asthma and Lung Research Fund \_\_\_\_\_[15]

#### State Park Passes

Number of individual park passes \_\_\_\_\_[16]

Number of vehicle passes \_\_\_\_\_[17]

## Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [18]	_____ [20]
To	_____ [19]	_____ [21]
State where stationed	_____ [22]	_____ [23]
State of prior residency	_____ [24]	_____ [25]
Nonresident state of residence	_____ [26]	_____ [27]
Number of days in Maine for any reason	_____ [28]	_____ [29]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [30]	
Municipality where owned, spouse		_____ [31]

**NOTES/QUESTIONS:**

Form ID: Notes

## Client Notes

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_