

Prepared By:

ROSENTHAL & KAPLIN, P.C.
1117 Perimeter Ctr W Ste E201
Atlanta, GA 30338

Prepared For:

,

2011 Client Organizer

ROSENTHAL & KAPLIN, P.C.
1117 Perimeter Ctr W Ste E201
Atlanta, GA 30338
770-551-8665

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (***_**_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

ROSENTHAL & KAPLIN, P.C.

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
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 \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year other than your children?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for wo	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

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

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- 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?

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- Are you a business owner and have paid health insurance premiums for your employees this year?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- 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.
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

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.

Topic	Page	Topic	Page
Adoption expenses	72	Fuel tax credit	73, 74, 75
Alaska Permanent Fund dividends	17, 66	Gambling winnings	7, 17, 19
Alimony paid	45	Gambling losses	51
Alimony received	17	Health savings account (HSA)	41, 42
Annuity payments received	7, 15, 22	Household employee taxes	67
Automobile information -		Installment sales	35, 36
Business or profession	62	Interest income	8, 10
Employee business expense	54	Interest paid	50
Farm	62	Investment expenses	51
Farm rental	62	Investment interest expenses	50
Rent and royalty	62	IRA contributions	40
Bank account information	3	IRA distributions	7, 15
Business income and expenses	23, 24	Like-kind exchange of property	37
Business use of home	61	Long-term care services and contracts (LTC)	42
Cancellation of debt	18	Medical and dental expenses	49
Casualty and theft losses, business	57, 59	Medical savings account (MSA)	41, 42
Casualty and theft losses, personal	58, 60	Minister earnings and expenses	9, 23, 53, 64
Child and dependent care expenses	68	Miscellaneous income	17, 17a
Children's interest and dividend	65, 66	Miscellaneous adjustments	45
Charitable contributions	51, 55, 56	Miscellaneous itemized deductions	51
Contracts and straddles	21	Mortgage interest expense	50, 52
Dependent care benefits received	9	Moving expenses	43
Dependent information	1, 5	Partnership income	7, 32
Depreciable asset acquisitions and dispositions -		Payments from Qualified Education Programs (1099-Q)	7, 48
Business or profession	83, 84	Pension distributions	7, 15, 22
Employee business expense	83, 84	Personal property taxes paid	49
Farm	83, 84	Railroad retirement benefits	16
Farm rental	83, 84	Real estate taxes	49
Rent and royalty	83, 84	REMIC's	13
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	25, 26
Disability income	15, 69	Residential energy credit	70
Dividend income	8, 11	Roth IRA contributions	40
Early withdrawal penalty	10	S corporation income	7, 20, 32
Education Credits and tuition and fees deduction	47	Sale of business property	35, 36
Education Savings Account & Qualified Tuition Programs	48	Sale of personal residence	34
Electronic filing	4	Sale of stock, securities, and other capital assets	14, 14a
Email address	2	Self-employed health insurance premiums	23, 27, 45
Employee business expenses	53	Self-employed Keogh and SEP plan contributions	44
Estate income	7, 33	Seller-financed mortgage interest received	12
Excess farm losses	80	Social security benefits received	16
Farm income and expenses	27, 28, 29	State and local income tax refunds	17
Farm rental income and expenses	30, 31	State & local estimate payments	6
Federal estimate payments	5	State & local withholding	9, 15, 19
Federal withholding	9, 15, 16, 19	Statutory employee	9, 23
First-time homebuyer	71	Student loan interest paid	47
Foreign bank accounts	81	Taxes paid	49
Foreign dividend income	11	Trust income	33
Foreign earned income	38, 39	Unemployment compensation	17
Foreign housing deduction	38, 39	Unreported tip or unreported wage income	63
Foreign interest income	10	U.S. savings bonds educational exclusion	46
Foreign taxes paid	76, 77	Wages and salaries	7, 9

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.

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [23]
Date of death	_____ [24]	_____ [25]
Work/daytime telephone number/ext number	_____ [26] _____ [27]	_____ [28] _____ [29]
Home/evening telephone number	_____ [30]	_____ [31]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [32]	

Present Mailing Address

Address _____ [36]
 Apartment number _____ [37]
 City, state postal code, zip code _____ [38] _____ [39] _____ [40]
 Foreign country name _____ [42]
 In care of addressee _____ [45]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name [46]	Last Name	Date of Birth	Social Security No.	Relationship	Months in home ***	Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [47]
 Social security number of qualifying person _____ [48]

Dependent Codes	
*Basic 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 4 = Claimed under pre-1985 agreement 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	**Other 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
***Months 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return	

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]

NOTES/QUESTIONS:

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:

Form ID: St Pmt	2011 State Estimated Tax Payments	6
-----------------	--	----------

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		Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____	
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		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	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 #4
City name	_____ [72]	City name	_____ [94]
Amount paid with 2010 return	+ _____ [75]	Amount paid with 2010 return	+ _____ [97]
2010 overpayment applied to '11 estimates	+ _____ [76]	2010 overpayment applied to '11 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	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	_____

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]
Box 13 -
 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]

	Control Totals+	
--	------------------------	--

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]
Box 13 -
 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]

	Control Totals+	
--	------------------------	--

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	(**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	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	+						

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

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 ^[1] 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 +											

****Dividend Codes**

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]

Control Totals+

Income

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 (**Box 1**) + _____ [7]
 Taxable amount received (**Box 2a**) + _____ [9]
 Federal withholding (**Box 4**) + _____ [11]
 Distribution code (**Box 7**) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (**Box 12**) + _____ [15]
 Local withholding (**Box 15**) + _____ [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]

Control Totals+

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 (**Box 1**) + _____ [7]
 Taxable amount received (**Box 2a**) + _____ [9]
 Federal withholding (**Box 4**) + _____ [11]
 Distribution code (**Box 7**) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (**Box 12**) + _____ [15]
 Local withholding (**Box 15**) + _____ [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]

Control Totals+

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 (**Box 1**) + _____ [7]
 Taxable amount received (**Box 2a**) + _____ [9]
 Federal withholding (**Box 4**) + _____ [11]
 Distribution code (**Box 7**) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (**Box 12**) + _____ [15]
 Local withholding (**Box 15**) + _____ [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]

Control Totals+

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) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [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: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2011 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [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:

	2011 Information		[1]	Prior Year Information
	Taxpayer	Spouse		
State and local income tax refunds		+	_____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Alimony received	+ _____	[3]	+ _____	
Unemployment compensation	+ _____	[8]	+ _____	
Unemployment compensation federal withholding	+ _____	[8]	+ _____	
Unemployment compensation state withholding	+ _____	[8]	+ _____	
Unemployment compensation repaid	+ _____	[11]	+ _____	
Alaska Permanent Fund dividends	+ _____	[19]	+ _____	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2011 Information		[14]	Prior Year Information
—	—	_____	+	_____	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>	
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		
—	—	_____	+	_____		

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:

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]

	Control Totals+	
--	------------------------	--

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]

	Control Totals+	
--	------------------------	--

NOTES/QUESTIONS:

Please provide all copies of Form W-2G.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Mark if professional gambler _____ [9]
 Gross winnings (Box 1) + _____ [11]
 Federal withholding (Box 2) + _____ [13]
 Type of wager (Box 3) _____ [15]
 Date won (Box 4) _____ [17]
 Transaction (Box 5) _____ [19]
 Race (Box 6) _____ [21]
 Identical wager winnings (Box 7) + _____ [23]
 Cashier (Box 8) _____ [25]
 Taxpayer identification number (Box 9) _____ [27]
 Window (Box 10) _____ [28]
 First ID (Box 11) _____ [30]
 Second ID (Box 12) _____ [31]
 Payer's state ID no. (Box 13) _____ [32]
 State withholding (Box 14) + _____ [33]
 Name of locality _____ [36]
 Local withholding _____ [37]

Control Totals+

Gambling Winnings #2

Please provide all copies of Form W-2G.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Mark if professional gambler _____ [9]
 Gross winnings (Box 1) + _____ [11]
 Federal withholding (Box 2) + _____ [13]
 Type of wager (Box 3) _____ [15]
 Date won (Box 4) _____ [17]
 Transaction (Box 5) _____ [19]
 Race (Box 6) _____ [21]
 Identical wager winnings (Box 7) + _____ [23]
 Cashier (Box 8) _____ [25]
 Taxpayer identification number (Box 9) _____ [27]
 Window (Box 10) _____ [28]
 First ID (Box 11) _____ [30]
 Second ID (Box 12) _____ [31]
 Payer's state ID no. (Box 13) _____ [32]
 State withholding (Box 14) + _____ [33]
 Name of locality _____ [36]
 Local withholding _____ [37]

Control Totals+

NOTES/QUESTIONS:

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]	_____

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]			

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 _____	Total # Payments	Reported on 1098 in 2011	

Form ID: Rent-2 **Rent and Royalty Properties - Vacation Home, Passive and Other Information** 26

Preparer use only

Description _____

Vacation Home Information

	2011 Information	Prior Year Information				
Number of days home was used personally	_____ [6]	<table border="1" style="width: 100%; height: 100%;"> <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>	_____	_____	_____	_____

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]					

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
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:

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]

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
Enter on K1T-2	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
Enter on K1T-2	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
Enter on K1T-2	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
Enter on K1T-2	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]

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:

--	--

Preparer use only

	2011 Information	Prior Year Information															
Description _____	[3]	<table border="1" style="width: 100%; height: 100%;"> <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> <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>															
Taxpayer/Spouse/Joint (T, S, J) _____	[7]																
State postal code _____	[8]																
Date acquired _____	[16]																
Date sold _____	[17]																
Gross sales price of property sold + _____	[18]																
Mortgage and other debts the buyer assumed + _____	[20]																
Cost or other basis + _____	[22]																
Commissions and other expenses of the sale + _____	[24]																
Gross profit percentage _____	[26]																
Total current year principal payments received + _____	[32]																
Prior year principal payments received + _____	[34]																
Total ordinary income to recapture + _____	[36]																
Total ordinary income previously recaptured + _____	[38]																

	Control Totals+		
--	------------------------	--	--

Prior Year Installment Sale

--	--

Preparer use only

	2011 Information	Prior Year Information															
Description _____	[3]	<table border="1" style="width: 100%; height: 100%;"> <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> <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>															
Taxpayer/Spouse/Joint (T, S, J) _____	[7]																
State postal code _____	[8]																
Date acquired _____	[16]																
Date sold _____	[17]																
Gross sales price of property sold + _____	[18]																
Mortgage and other debts the buyer assumed + _____	[20]																
Cost or other basis + _____	[22]																
Commissions and other expenses of the sale + _____	[24]																
Gross profit percentage _____	[26]																
Total current year principal payments received + _____	[32]																
Prior year principal payments received + _____	[34]																
Total ordinary income to recapture + _____	[36]																
Total ordinary income previously recaptured + _____	[38]																

	Control Totals+		
--	------------------------	--	--

NOTES/QUESTIONS:

Form ID: IRA	Traditional IRA	40
--------------	------------------------	-----------

	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:

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 (Box 1)	+ _____ [6]	
Total contributions made in 2011 (Box 2)	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2012 for 2011 (Box 3)	+ _____ [10]	
Rollover contribution (Box 4)	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [15]	
Box 6 -		
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:

Please provide all Forms 1099-SA.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Gross distributions received **(Box 1)** + _____ [7]
 Earnings on excess contributions **(Box 2)** + _____ [9]
 Distribution code **(Box 3)** _____ [11]
 Fair Market Value on date of death **(Box 4)** + _____ [12]
Box 5 -
 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]
 Social security number of insured _____ [43]
 Gross long-term care (LTC) benefits paid **(Box 1)** + _____ [45]
 Accelerated death benefits paid **(Box 2)** + _____ [47]
 Check one **(Box 3)**
 Per diem _____ [49]
 Reimbursed amount _____ [50]
 Qualified contract **(Box 4)** _____ [51]
 Check, if applicable **(Box 5)**
 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:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home		
1/1/11 to 6/30/11	_____	[13]
7/1/11 to 12/31/11	_____	[14]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2011 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2011 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2011 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2011 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2011 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2011 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2011 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2011 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2011 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2011 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2011 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2011 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2011 + _____ [20]

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2011 Information	Prior Year Information
			+ _____ [1]	_____ _____ _____
Address			+ _____	
			+ _____	
Address			+ _____	

	2011 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [3]	+ _____ [4]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	+ _____	+ _____	
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:

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.

TS	Qualified loan interest you paid	2011 Information	Prior Year Information
—	_____	+ _____ [1]	_____
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

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.

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____ [7]	_____
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

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:

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	Prior Year Information			
Amount contributed in current year	+ _____ [14]	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> </table>			
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	Prior Year Information										
Gross distribution (Box 1)	+ _____ [30]	<table style="width:100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> <tr><td style="border-bottom: 1px solid black; height: 15px;"> </td></tr> </table>										
Earnings (Box 2)	+ _____ [32]											
Basis (Box 3)	+ _____ [34]											
Trustee-to-trustee rollover (Box 4)	_____ [36]											
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]											
Box 5 -												
Private QTP	_____ [39]											
State QTP	_____ [40]											
Coverdell ESA	_____ [41]											
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]											
Qualified education expenses	+ _____ [43]											
Elementary and secondary education expenses	+ _____ [45]											

NOTES/QUESTIONS:

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]
_____	+ _____
_____	+ _____

T/S/J	2011 Information	Percentage Type* (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]
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J

2011 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

[2]	_____	+ _____ [3]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

[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]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

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]	
—	_____	+ _____	

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2011 Information	Prior Year Information
Description of loan/property	_____ [2]	
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
Loan origination date	_____ [4]	
Fair market value of home	+ _____ [5]	
Number of months loan was outstanding in 2011, if not 12	_____ [7]	
Principal paid in 2011	+ _____ [9]	
Interest paid during 2011	+ _____ [11]	
Points reported on Form 1098 for 2011	+ _____ [13]	
Grandfather debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____ [20]	
Grandfather debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____ [22]	
Home acquisition/improvement debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____ [24]	
Home acquisition/improvement debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____ [26]	
Home equity debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____ [28]	
Home equity debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____ [30]	
Average balance in 2011 of grandfather debt	+ _____ [33]	
Average balance in 2011 of home acquisition/improvement debt	+ _____ [35]	
Average balance for 2011 all types of debt	+ _____ [37]	

	Control Totals+	
--	------------------------	--

Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2011 Information	Prior Year Information
Description of loan/property	_____ [2]	
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
Loan origination date	_____ [4]	
Fair market value of home	+ _____ [5]	
Number of months loan was outstanding in 2011, if not 12	_____ [7]	
Principal paid in 2011	+ _____ [9]	
Interest paid during 2011	+ _____ [11]	
Points reported on Form 1098 for 2011	+ _____ [13]	
Grandfather debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____ [20]	
Grandfather debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____ [22]	
Home acquisition/improvement debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____ [24]	
Home acquisition/improvement debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____ [26]	
Home equity debt as of 12/31/10 (or first day mortgage was outstanding)	+ _____ [28]	
Home equity debt as of 12/31/11 (or last day mortgage was outstanding)	+ _____ [30]	
Average balance in 2011 of grandfather debt	+ _____ [33]	
Average balance in 2011 of home acquisition/improvement debt	+ _____ [35]	
Average balance for 2011 all types of debt	+ _____ [37]	

NOTES/QUESTIONS:

	Control Totals+	Itemized Deductions	Form ID: MortgInt
--	------------------------	----------------------------	-------------------

Preparer use only
 Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

	2011 Information	Prior Year Information
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 (Preparer use only)	+ _____ [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 (Preparer use only)	+ _____ [93]		+ _____ [121]	
Value of employer-provided vehicle	+ _____ [99]		+ _____ [127]	
Depreciation	+ _____ [101]		+ _____ [129]	

NOTES/QUESTIONS:

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:

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:

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:

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:

		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:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [4]
 Description _____ [5]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [9]		_____ [46]	
Commuting miles	_____ [11]		_____ [48]	
Business miles from 1/1/11 to 6/30/11	_____ [13]		_____ [50]	
Business miles from 7/1/11 to 12/31/11	_____ [15]		_____ [52]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [16]	---	_____ [53]	---
Was another vehicle available for personal use? (Y, N)	_____ [18]	---	_____ [55]	---
Do you have evidence to support your deduction? (Y, N)	_____ [20]	---	_____ [57]	---
Is this evidence written? (Y, N)	_____ [22]	---	_____ [59]	---
Parking, fees and tolls	+ _____ [24]		+ _____ [61]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [26]		+ _____ [63]	
Interest	+ _____ [28]		+ _____ [65]	
Registration	+ _____ [30]		+ _____ [67]	
Property taxes	+ _____ [32]		+ _____ [69]	
Vehicle rentals	+ _____ [34]		+ _____ [71]	
Inclusion amount (Preparer use only)	+ _____ [36]		+ _____ [73]	
Depreciation	+ _____ [38]		+ _____ [75]	

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [78]
 Description _____ [79]
 Comments _____

Vehicle 4 - Date placed in service _____ [115]
 Description _____ [116]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [83]		_____ [120]	
Commuting miles	_____ [85]		_____ [122]	
Business miles from 1/1/11 to 6/30/11	_____ [87]		_____ [124]	
Business miles from 7/1/11 to 12/31/11	_____ [89]		_____ [126]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [90]	---	_____ [127]	---
Was another vehicle available for personal use? (Y, N)	_____ [92]	---	_____ [129]	---
Do you have evidence to support your deduction? (Y, N)	_____ [94]	---	_____ [131]	---
Is this evidence written? (Y, N)	_____ [96]	---	_____ [133]	---
Parking, fees and tolls	+ _____ [98]		+ _____ [135]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [100]		+ _____ [137]	
Interest	+ _____ [102]		+ _____ [139]	
Registration	+ _____ [104]		+ _____ [141]	
Property taxes	+ _____ [106]		+ _____ [143]	
Vehicle rentals	+ _____ [108]		+ _____ [145]	
Inclusion amount (Preparer use only)	+ _____ [110]		+ _____ [147]	
Depreciation	+ _____ [112]		+ _____ [149]	

Tax for Children with Investment Income**Enter parent's information for children under age 19 on 1/1/12 or a full-time student under age 24 who have investment income of more than \$1,900**

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]

Parent's first name _____ [5]

Parent's last name _____ [6]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information**Enter information for each child with investment income of more than \$1,900.**

Child #1 social security number _____ [25]

Child #1 first name _____ [26]

Child #1 last name _____ [27]

Child #1 birthdate (mm/dd/yyyy) _____ [28]

Child #2 social security number _____ [38]

Child #2 first name _____ [39]

Child #2 last name _____ [40]

Child #2 birthdate (mm/dd/yyyy) _____ [41]

Child #3 social security number _____ [51]

Child #3 first name _____ [52]

Child #3 last name _____ [53]

Child #3 birthdate (mm/dd/yyyy) _____ [54]

Child #4 social security number _____ [64]

Child #4 first name _____ [65]

Child #4 last name _____ [66]

Child #4 birthdate (mm/dd/yyyy) _____ [67]

Child #5 social security number _____ [77]

Child #5 first name _____ [78]

Child #5 last name _____ [79]

Child #5 birthdate (mm/dd/yyyy) _____ [80]

Child #6 social security number _____ [90]

Child #6 first name _____ [91]

Child #6 last name _____ [92]

Child #6 birthdate (mm/dd/yyyy) _____ [93]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.

Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer		Interest ^[6] Income	Tax Exempt Income	U.S. Obligations* Tax Exempt* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	_____ _____ _____ _____ _____ _____
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

Children's Dividend Income

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

Type Code (** See codes below)	1	Payer	Ordinary ^[8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:		2011 Information ^[10]	Prior Year Information
_____	+	_____	_____ _____
_____	+	_____	

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:

**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 + _____

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, or 2010 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	_____	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	_____	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

NOTES/QUESTIONS:

Control Totals+

Credits

Form ID: 5695

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:

Complete this form if you paid qualified adoption expenses in 2011. Indicate if the adoption was final in or before 2011. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 ^[1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '94 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2010 for this child	_____	_____	_____
Employer-provided benefits received in 2010 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2011 for this child	_____	_____	_____
Employer-provided benefits received in 2011 for this child	_____	_____	_____
Adoption final in (1 = '11, 2 = Pre '11)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '94 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2010 for this child	_____	_____	_____
Employer-provided benefits received in 2010 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2011 for this child	_____	_____	_____
Employer-provided benefits received in 2011 for this child	_____	_____	_____
Adoption final in (1 = '11, 2 = Pre '11)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

_____ [10]

_____ [11]

_____ [12]

NOTES/QUESTIONS:

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:

Instructions
 Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.
 Enter carrybacks as reductions of loss in the year the loss was created, rather than as utilizations in carryback years.

Indefinite Carryovers	2010 to 2011 Amounts
Excess section 179 for Sch A	+ _____ [1]
Minimum tax credit	+ _____ [2]
Investment interest	+ _____ [3]
Investment interest - AMT	+ _____ [4]
Short-term capital loss	+ _____ [5]
Short-term capital loss - AMT	+ _____ [6]
Long-term capital loss	+ _____ [7]
Long-term capital loss - AMT	+ _____ [8]
Residential energy credit	+ _____ [9]
D.C. first-time homebuyer credit	+ _____ [10]
Tax credit bonds	+ _____ [11]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2006	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]	+ _____ [52]	+ _____ [62]
2007	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [53]	+ _____ [63]
2008	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [54]	+ _____ [64]
2009	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [55]	+ _____ [65]
2010	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [56]	+ _____ [66]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2006	+ _____ [32]	+ _____ [37]	+ _____ [42]	+ _____ [47]	+ _____ [57]	+ _____ [67]
2007	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [58]	+ _____ [68]
2008	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [59]	+ _____ [69]
2009	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [60]	+ _____ [70]
2010	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [61]	+ _____ [71]

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
1996	+ _____ [82]	+ _____ [97]		
1997	+ _____ [83]	+ _____ [98]		
1998	+ _____ [84]	+ _____ [99]		
1999	+ _____ [85]	+ _____ [100]		
2000	+ _____ [86]	+ _____ [101]		
2001	+ _____ [87]	+ _____ [102]		
2002	+ _____ [88]	+ _____ [103]		
2003	+ _____ [89]	+ _____ [104]		
2004	+ _____ [90]	+ _____ [105]		
2005	+ _____ [91]	+ _____ [106]		
2006	+ _____ [92]	+ _____ [107]	+ _____ [72]	+ _____ [77]
2007	+ _____ [93]	+ _____ [108]	+ _____ [73]	+ _____ [78]
2008	+ _____ [94]	+ _____ [109]	+ _____ [74]	+ _____ [79]
2009	+ _____ [95]	+ _____ [110]	+ _____ [75]	+ _____ [80]
2010	+ _____ [96]	+ _____ [111]	+ _____ [76]	+ _____ [81]

Description

A	_____	[3]
B	_____	[3]
C	_____	[3]
D	_____	[3]

Prior C/O Year	A _____ [1]	B _____ [1]	C _____ [1]	D _____ [1]
1996	+ _____ [4]	+ _____ [4]	+ _____ [4]	+ _____ [4]
1997	+ _____ [5]	+ _____ [5]	+ _____ [5]	+ _____ [5]
1998	+ _____ [6]	+ _____ [6]	+ _____ [6]	+ _____ [6]
1999	+ _____ [7]	+ _____ [7]	+ _____ [7]	+ _____ [7]
2000	+ _____ [8]	+ _____ [8]	+ _____ [8]	+ _____ [8]
2001	+ _____ [9]	+ _____ [9]	+ _____ [9]	+ _____ [9]
2002	+ _____ [10]	+ _____ [10]	+ _____ [10]	+ _____ [10]
2003	+ _____ [11]	+ _____ [11]	+ _____ [11]	+ _____ [11]
2004	+ _____ [12]	+ _____ [12]	+ _____ [12]	+ _____ [12]
2005	+ _____ [14]	+ _____ [14]	+ _____ [14]	+ _____ [14]
2006	+ _____ [16]	+ _____ [16]	+ _____ [16]	+ _____ [16]
2007	+ _____ [18]	+ _____ [18]	+ _____ [18]	+ _____ [18]
2008	+ _____ [20]	+ _____ [20]	+ _____ [20]	+ _____ [20]
2009	+ _____ [23]	+ _____ [23]	+ _____ [23]	+ _____ [23]
2010	+ _____ [24]	+ _____ [24]	+ _____ [24]	+ _____ [24]

NOTES/QUESTIONS:

Form ID: GA **Georgia General Information**

Taxpayer **Spouse**

If disabled, enter the following:

Type of disability _____ [1] _____ [2]
Date of disability _____ [3] _____ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund _____ [5]
Children and Elderly Fund _____ [6]
Cancer Research Fund _____ [7]
Statewide Land Conservation Program _____ [8]
National Guard Foundation _____ [9]
Dog and Cat Sterilization Fund _____ [10]
Save the Cure Fund _____ [11]
Student Finance Authority Fund _____ [12]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

Taxpayer **Spouse**

Part-year residency dates:

From _____ [13] _____ [15]
To _____ [14] _____ [16]

NOTES/QUESTIONS: