Form ID: 1040

Personal Information

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)

[46]

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	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

Client Contact Information

Preparer - Enter on Screen Contact

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

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

	Taxpayer	Spouse
Car telephone number	____________[11]	____________[19]
Fax telephone number	____________[12]	____________[20]
Mobile telephone number	____________[13]	____________[21]
Pager number	____________[14]	____________[22]
Other:	____________[15]	____________[23]
Telephone number	____________[16]	____________[24]
Extension	______[17]	______[25]
Preferred method of contact		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	____________[18]	____________[26]

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]

Electronic Filing

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:

Estimated Taxes

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

Refunded ___[43]

Applied to 2012 estimated tax liability ___[44]

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

If yes, please explain any differences:

___[46]

___[47]

___[48]

___[49]

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

If yes, please explain any differences:

___[51]

___[52]

___[53]

___[54]

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

If yes, please explain any differences:

___[56]

___[57]

___[58]

___[59]

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

If yes, please explain any differences:

___[61]

___[62]

___[63]

___[64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + ___[1]

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

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

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

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

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

State postal code ___[2]

Amount paid with 2010 return + ______ [3]

2010 overpayment applied to '11 estimates + ______ [4]

Treat calculated amounts as paid __[8]

	Date Paid	Amount Paid	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 name ______ [28]

Amount paid with 2010 return + ______ [31]

2010 overpayment applied to '11 estimates + ______ [32]

Treat calculated amounts as paid __[36]

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

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

City #2

City name ______ [50]

Amount paid with 2010 return + ______ [53]

2010 overpayment applied to '11 estimates + ______ [54]

Treat calculated amounts as paid __[58]

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

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

City #3

City name ______ [72]

Amount paid with 2010 return + ______ [75]

2010 overpayment applied to '11 estimates + ______ [76]

Treat calculated amounts as paid __[80]

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

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

City #4

City name ______ [94]

Amount paid with 2010 return + ______ [97]

2010 overpayment applied to '11 estimates + ______ [98]

Treat calculated amounts as paid __[102]

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

Calculated Amount

1st quarter payment

2nd quarter payment

3rd quarter payment

4th quarter payment

Wages and Salaries #1

Please provide all copies of Form W-2.

	2011 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this is your current employer		[6]	
Federal wages and salaries **(Box 1)**	+	[10]	
Federal tax withheld **(Box 2)**	+	[12]	
Social security wages **(Box 3)** (If different than federal wages)	+	[14]	
Social security tax withheld **(Box 4)**	+	[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+	[18]	
Medicare tax withheld **(Box 6)**	+	[20]	
SS tips **(Box 7)**	+	[22]	
Allocated tips **(Box 8)**	+	[24]	
Dependent care benefits **(Box 10)**	+	[26]	
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 [1] Income	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

	Control Totals +		Form ID: B-1

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 J	Type 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

	Control Totals +		Form ID: B-2

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

14

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2011? (Y, N) __[10]

Did you have any debts become uncollectible during 2011? (Y, N) __[11]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[12]

Did you exchange any securities or investments for something other than cash? (Y, N) __[14]

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+ [1]	+ [2]
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals+		Form ID: D

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of payer		__[3]	
State postal code		__[5]	
Gross distributions received **(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+

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) __ [1]

State postal code ___ [2]

Social Security Benefits

		2011 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2011 (Box 3 minus Box 4) **(Box 5)**	+	________ [8]	________
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:			
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:

	Control Totals +		Form ID: SSA-1099

Other Income

		2011 Information	Prior Year Information
State and local income tax refunds		+ ________ [1]	________
	Taxpayer	**Spouse**	
Alimony received	+ ________ [3]	+ ________ [4]	________
Unemployment compensation	+ ________ [8]	+ ________ [9]	________
Unemployment compensation federal withholding	+ ________ [8]	+ ________ [9]	________
Unemployment compensation state withholding	+ ________ [8]	+ ________ [9]	________
Unemployment compensation repaid	+ ________ [11]	+ ________ [12]	________
Alaska Permanent Fund dividends	+ ________ [19]	+ ________ [20]	________

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2011 Information	Prior Year Information
_	_	________	+ ________ [14]	________
_	_	________	+ ________	________
_	_	________	+ ________	________
_	_	________	+ ________	________
_	_	________	+ ________	________
_	_	________	+ ________	________
_	_	________	+ ________	________
_	_	________	+ ________	________
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_	_	________	+ ________	________
_	_	________	+ ________	________

NOTES/QUESTIONS:

	Control Totals +		Form ID: Income

Cancellation of Debt, Abandonment #1

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+	

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

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

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

______ [67]

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

Form 1099-C Cancellation of Debt

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

Form 1099-A Acquisition or Abandonment of Secured Property

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

	Control Totals+	

NOTES/QUESTIONS:

Gambling Winnings #1

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:

Schedule C - General Information

Preparer use only

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

Business Income

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

Cost of Goods Sold

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

	Control Totals +		Form ID: C-1

Schedule C - Expenses

Preparer use only

Principal business or profession ____________________

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

Preparer use only

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

Control Totals +

Rent and Royalty Property - General Information

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

	Control Totals+		Form ID: Rent

Rent and Royalty Properties - Vacation Home, Passive and Other Information

Preparer use only

Description

Vacation Home Information

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

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:

Partnerships and S Corporations

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

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

Preparer use only

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

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

Preparer use only

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

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

Preparer use only

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

Estates and Trusts

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

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

	Preparer use only Carryovers	Regular	AMT
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]

Sale of Principal Residence

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

Exclusion Information

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

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

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2011	+ ____[5]	+ ____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ ____[11]	+ ____[12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ ____[13]	+ ____[14]
Traditional IRA basis	+ ____[15]	+ ____[16]
Value of all your traditional IRA's on December 31, 2011:		
____	+ ____[17]	+ ____[18]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____

Roth IRA

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

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

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2011 Information		Prior Year Information
Taxpayer/Spouse (T, S)		__	[1]	
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]	
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]	____
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]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+	____	[43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+	____	[45]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
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:

Keogh, SEP, SIMPLE Contributions

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:

Student Loan Interest Paid

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

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:

Qualified Education Programs

Please provide all copies of Form 1099Q

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

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number	____[11]
First name	____[12]
Last name	____[13]

	2011 Information	Prior Year Information
Amount contributed in current year	+ ____[14]	____
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]	____
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:

Schedule A - Medical and Dental Expenses

T/S/J		2011 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__[1]		+ [2]	
__		+	
__		+	
__		+	
__		+	
__		+	
	Medical insurance premiums you paid*:		
__[4]		+ [5]	
__		+	
__		+	
__		+	
	Long-term care premiums you paid*:		
__[7]		+ [8]	
__		+	
	Prescription medicines and drugs:		
__[10]		+ [11]	
__		+	
__		+	
__[13]	Miles driven for medical items (1/1/11 to 6/30/11)__________[14]	(7/1/11 to 12/31/11)__________[17]	

*Not entered elsewhere

Schedule A - Tax Expenses

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

	Control Totals+		Form ID: A-1

Interest Expenses

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

***Mortgage Types**

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

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

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

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

Refinancing Points paid in 2011 -

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

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

	Control Totals +		Form ID: A-2

Charitable Contributions

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]	
__		+	

Employee Business Expenses

Preparer use only

		2011 Information		Prior Year Information
Taxpayer/Spouse (T, S)			[2]	
Occupation in which expenses were incurred			[3]	
State postal code			[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official			[6]	
Mark if these employee expenses are related to qualified services as a minister or religious worker			[10]	
Parking fees and tolls	+		[17]	
Local transportation	+		[19]	
Travel expenses	+		[22]	
Other business expenses:				
	+		[25]	
	+			
	+			
	+			
	+			
	+			
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	+			
	+			
Nonvehicle depreciation	+		[27]	
Meals and entertainment	+		[29]	
Meals for individuals subject to DOT hours of service limitation	+		[31]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2011 Information		Prior Year Information
Reimbursements for other expenses not included on Form W-2	+		[58]	
Reimbursements for meals and entertainment not included on Form W-2	+		[60]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+		[62]	

	Control Totals+		Form ID: 2106

Employee Business Expenses

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:

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 +	

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:

Home Office General Information

Preparer use only

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

Business Use of Home

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

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

	2011 Information: Direct Expenses		2011 Information: Indirect Expenses		Prior Year Information
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:

	Control Totals+		**Form ID: 8829**

Form ID: Auto

Auto Worksheet

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]	

Child and Dependent Care Expenses

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

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

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______ [7]

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______

Name of provider ______
Street address of provider ______
City, state, and zip code ______
Social security number OR Employer identification number ______
Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _
Amount paid to care provider in 2011 + ______

	Control Totals +		Form ID: 2441

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:

First-Time Homebuyer Credit

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

- **Served in U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty beginning after December 31, 2008, and ending before May 1, 2010, and purchased a home by May 1, 2011**

AND

- **Purchased a home located in the United States after December 31, 2010 and before May 1, 2011, OR**
- **Signed a binding contract before May 1, 2011 to close on a home before July 1, 2010, OR**
- **Lived in a previous home for five consecutive years within an eight year period and purchased a new home**

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

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

Address ____ [1]

City/State/Zip code ____ [2] ____ [3] ____ [4]

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

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

Purchase price of the home ____ [7]

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

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

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

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

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

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

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

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

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

Other owner name ____ [18]

Allocation percentage ____

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

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

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

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

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

NOTES/QUESTIONS: