The Aldenderfer Group PC
555 Sun Valley Dr Unit F3
Roswell, GA 30076
770-650-8989

Dear Client:

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.

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,

The Aldenderfer Group PC

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)

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**

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 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

	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: InfoD

Sales of Stocks, Securities, and Other Investment Property

14a

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

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

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:

Other Income

	2011 Information		Prior Year Information
		Taxpayer	Spouse	
State and local income tax refunds		+ _____ [1]		_____
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)		2011 Information	Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
__	__	_____	+ _____ [14]	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
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__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____
__	__	_____	+ _____	_____

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:

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:

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]	

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]		

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

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]	_____
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]

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:

Other Adjustments

Alimony Paid:

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

	2011 Information Taxpayer	2011 Information Spouse	Prior Year Information
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:

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:

Schedule A - Medical and Dental Expenses

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

*Not entered elsewhere

Schedule A - Tax Expenses

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

Interest Expenses

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

***Mortgage Types**

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

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

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

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

Refinancing Points paid in 2011 -

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

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

	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]	
		+	

Home Mortgage Interest Subject To Limitations #1

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+		**Form ID: MortgInt**

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		[6]	
1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official			
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]	
	+		
	+		
	+

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:

Home Office General Information

Preparer use only

Principal business or profession _____ [3]

Taxpayer/Spouse/Joint (T, S, J) __ [4]

State postal code ___ [5]

Business Use of Home

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

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

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

NOTES/QUESTIONS:

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 + _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2011, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2011	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2011	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

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: