

Client Organizer Topical Index

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

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

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

<p>*Basic</p> <ul style="list-style-type: none"> 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 <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return 	<p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
--	---

Client Contact Information

Preparer - Enter on Screen Contact

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

Taxpayer email address _____[9]

Spouse email address _____[10]

Taxpayer

Spouse

Car telephone number _____[11] _____[19]

Fax telephone number _____[12] _____[20]

Mobile telephone number _____[13] _____[21]

Pager number _____[14] _____[22]

Other: _____[15] _____[23]

 Telephone number _____[16] _____[24]

 Extension _____[17] _____[25]

Preferred method of contact _____[18] _____[26]

 Email, Work phone, Home phone, Fax, Mobile phone, Car phone

NOTES/QUESTIONS:

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 Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

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

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

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

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

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

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

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

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

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

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

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

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

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

NOTES/QUESTIONS:

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

<p>City #1</p> <p>City name _____ [28]</p> <p>Amount paid with 2010 return + _____ [31]</p> <p>2010 overpayment applied to '11 estimates + _____ [32]</p> <p>Treat calculated amounts as paid _____ [36]</p>	<p>City #2</p> <p>City name _____ [50]</p> <p>Amount paid with 2010 return + _____ [53]</p> <p>2010 overpayment applied to '11 estimates + _____ [54]</p> <p>Treat calculated amounts as paid _____ [58]</p>
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1st quarter payment	_____ [59]	+	_____ [60]																																						
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3rd quarter payment	_____ [63]	+	_____ [64]																																						
4th quarter payment	_____ [65]	+	_____ [66]																																						

Calculated Amount

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

Calculated Amount

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

<p>City #3</p> <p>City name _____ [72]</p> <p>Amount paid with 2010 return + _____ [75]</p> <p>2010 overpayment applied to '11 estimates + _____ [76]</p> <p>Treat calculated amounts as paid _____ [80]</p>	<p>City #4</p> <p>City name _____ [94]</p> <p>Amount paid with 2010 return + _____ [97]</p> <p>2010 overpayment applied to '11 estimates + _____ [98]</p> <p>Treat calculated amounts as paid _____ [102]</p>
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4th quarter payment	_____ [87]	+	_____ [88]																																						
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1st quarter payment	_____ [103]	+	_____ [104]																																						
2nd quarter payment	_____ [105]	+	_____ [106]																																						
3rd quarter payment	_____ [107]	+	_____ [108]																																						
4th quarter payment	_____ [109]	+	_____ [110]																																						

Calculated Amount

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

Calculated Amount

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

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[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 +

Dividend Income

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

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

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

****Dividend Codes**

Blank = Other 3 = Nominee

Seller Financed Mortgage Interest Income

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

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2011 + _____ [1]

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

Taxpayer/Spouse/Joint (T, S, J)

__[1]

Name of activity

Employer identification number

State postal code

NOTES/QUESTIONS:

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

If you received a Form SSA - 1099, please complete the following information:

	2011 Information	
Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="text-align: center; font-weight: bold; font-size: small;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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

If you received a Form RRB - 1099, please complete the following information:

	2011 Information	
Net Social Security Equivalent Benefit:		<div style="text-align: center; font-weight: bold; font-size: small;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Portion of Tier 1 Paid in 2011 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

_____ [38]

_____ [39]

_____ [40]

_____ [41]

_____ [42]

NOTES/QUESTIONS:

	2011 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]	+ _____ [1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
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—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

NOTES/QUESTIONS:

Miscellaneous Income #1

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 +	
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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 +	
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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:

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:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
RIC or REIT name	_____	[3]	
State postal code	_____	[4]	
Total undistributed long-term capital gains (Box 1a)	+ _____	[9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____	[11]	
Section 1202 gain (Box 1c)	+ _____	[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)			
	_____	[15]	_____
Collectibles (28%) gain (Box 1d)	+ _____	[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	[19]	

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

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
RIC or REIT name	_____	[3]	
State postal code	_____	[4]	
Total undistributed long-term capital gains (Box 1a)	+ _____	[9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____	[11]	
Section 1202 gain (Box 1c)	+ _____	[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)			
	_____	[15]	_____
Collectibles (28%) gain (Box 1d)	+ _____	[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	[19]	

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

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
RIC or REIT name	_____	[3]	
State postal code	_____	[4]	
Total undistributed long-term capital gains (Box 1a)	+ _____	[9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____	[11]	
Section 1202 gain (Box 1c)	+ _____	[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)			
	_____	[15]	_____
Collectibles (28%) gain (Box 1d)	+ _____	[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____	[19]	

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

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____[1]

Mark to indicate all the elections that apply:

Mixed straddle election _____[2] Straddle-by-straddle identification election _____[5]
 Mixed straddle account election _____[4] Net section 1256 contracts loss election _____[6]

Section 1256 Contracts Marked to Market

Identification of Account A _____[7]
 Identification of Account B _____
 Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	_____	_____	_____
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____[9]
 Description of Property B _____
 Description of Property C _____
 Description of Property D _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Force period	—	—	—	—
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____[10]
 Description of Property B _____
 Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Canadian Registered Retirement Plans #1

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	
Name of custodian _____	_____ [2]	
State postal code _____	_____ [3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	_____ [14]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	_____ [15]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	_____ [16]	
Year election was made _____	_____ [17]	
Mark if you are electing for this year and subsequent years	_____ [18]	
Distributions received from the plan in 2011	+ _____ [21]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2011 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____ [38]	
Ordinary dividends	+ _____ [40]	
Qualified dividends	+ _____ [42]	
Total capital gains	+ _____ [44]	
Other income:		
_____	+ _____ [46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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

Canadian Registered Retirement Plans #2

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	
Name of custodian _____	_____ [2]	
State postal code _____	_____ [3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	_____ [14]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	_____ [15]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	_____ [16]	
Year election was made _____	_____ [17]	
Mark if you are electing for this year and subsequent years	_____ [18]	
Distributions received from the plan in 2011	+ _____ [21]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2011 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____ [38]	
Ordinary dividends	+ _____ [40]	
Qualified dividends	+ _____ [42]	
Total capital gains	+ _____ [44]	
Other income:		
_____	+ _____ [46]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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

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 +

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]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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]	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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 +

Preparer use only
Description _____

Vacation Home Information

	2011 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]

Prior Year Information

Passive and Other Information

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

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

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

Schedule F Income

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

**** Sales Codes**

1 = Cash sales of items bought for resale
 2 = Cash sales of items raised
 3 = Accrual sales
 4 = Custom hire (machine work)
 5 = Other income

Cash Income Items

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

Accrual Income Items

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

Control Totals +

Preparer use only

Description

Cash and Accrual Income Items

2011 Information

Prior Year Information

Table with 3 columns: Description, 2011 Information, and Prior Year Information. Rows include Total cooperative distributions you received, Taxable cooperative distributions you received, Total agricultural program payments, Taxable agricultural program payments, CRP payments received while enrolled to receive social security or disability benefits, Commodity credit loans reported under election, Total commodity credit loans forfeited, Taxable commodity credit loans forfeited, and Total crop insurance proceeds you received in 2011.

Farm Expenses

2011 Information

Prior Year Information

Table with 3 columns: Description, 2011 Information, and Prior Year Information. Rows include Car and truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Depreciation, Employee benefit programs, Feed purchased, Fertilizers and lime, Freight and trucking, Gasoline, fuel, and oil, Insurance (Other than health), Mortgage interest (Paid to banks, etc.), Other interest, Labor hired (Less employment credit), Pension and profit sharing, Rent - vehicles, machinery, and equipment, Rent - other, Repairs and maintenance, Seed and plants purchased, Storage and warehousing, Supplies purchased, Taxes, Utilities, Veterinary, breeding, and medicine, Other expenses, and Preproductive period expenses.

Control Totals +

Farm Passive and Other Carryover Information

Preparer use only

Description _____

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

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____[2]	
Employer identification number	_____[3]	
Description	_____[4]	
State postal code	_____[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____[6]	

Income Items

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

NOTES/QUESTIONS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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:

Prior Year Installment Sale

Preparer use only

2011 Information

Prior Year Information

Description			[3]
Taxpayer/Spouse/Joint (T, S, J)			[7]
State postal code			[8]
Date acquired			[16]
Date sold			[17]
Gross sales price of property sold	+		[18]
Mortgage and other debts the buyer assumed	+		[20]
Cost or other basis	+		[22]
Commissions and other expenses of the sale	+		[24]
Gross profit percentage			[26]
Total current year principal payments received	+		[32]
Prior year principal payments received	+		[34]
Total ordinary income to recapture	+		[36]
Total ordinary income previously recaptured	+		[38]

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

Prior Year Installment Sale

Preparer use only

2011 Information

Prior Year Information

Description			[3]
Taxpayer/Spouse/Joint (T, S, J)			[7]
State postal code			[8]
Date acquired			[16]
Date sold			[17]
Gross sales price of property sold	+		[18]
Mortgage and other debts the buyer assumed	+		[20]
Cost or other basis	+		[22]
Commissions and other expenses of the sale	+		[24]
Gross profit percentage			[26]
Total current year principal payments received	+		[32]
Prior year principal payments received	+		[34]
Total ordinary income to recapture	+		[36]
Total ordinary income previously recaptured	+		[38]

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

NOTES/QUESTIONS:

Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [9]
 State postal code _____ [10]
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 _____ [14]
 Mark if disposition is due to casualty or theft _____ [18]
 Mark if disposition was to a related party _____ [20]

Sale Information

Date acquired _____ [22]
 Date sold _____ [23]
 Gross sales price or insurance proceeds received + _____ [24]
 Cost or other basis + _____ [25]
 Commissions and other expenses of sale + _____ [26]
 Depreciation allowed or allowable + _____ [27]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + _____ [29]
 Applicable percentage (if not 100%) (Section 1250) _____ [30]
 Additional depreciation after 1969 (Section 1250) + _____ [31]
 Soil, water and land clearing expenses (Section 1252) + _____ [32]
 Applicable percentage (if not 100%) (Section 1252) _____ [33]
 Intangible drilling and development costs (Section 1254) + _____ [34]
 Applicable payments excluded from income under sec. 126 (Section 1255) + _____ [35]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [36]
 Total current year payments received + _____ [37]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [38]
 Address _____ [39]
 State, City and Zip _____ [40] _____ [41] _____ [42]
 Identifying number of related party _____ [43]
 Was the property sold as a marketable security? (Y, N) _____ [44]
 Enter date of second sale _____ [45]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [46]
 Selling price of property sold by a related party + _____ [48]

NOTES/QUESTIONS:

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [10]
 _____ [11]

Date Information

Date the like-kind property given up was acquired _____ [16]
 Date you transferred your property to the other party _____ [17]
 Date the like-kind property received was identified _____ [18]
 Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

Fair market value of other property given up + _____ [20]
 Adjusted basis of other property given up + _____ [21]
 Cash received + _____ [22]
 Fair market value of other (not like-kind) property received + _____ [23]
 Installment obligation received in like-kind exchange + _____ [24]
 Fair market value of like-kind property you received + _____ [25]
 Fair market value of non-section 1245 property you received + _____ [26]
 Liabilities, including mortgages, assumed by you + _____ [27]
 Cash paid + _____ [28]
 Adjusted basis of like-kind property given up + _____ [29]
 Adjusted basis of like-kind property from pass through entity
 Cost or other basis + _____ [30]
 Depreciation allowed or allowable excluding Section 179 + _____ [31]
 Section 179 expense deduction passed through + _____ [32]
 Section 179 carryover + _____ [33]
 Liabilities, including mortgages, assumed by the other party + _____ [34]
 Exchange expenses incurred by you + _____ [35]

Related Party Exchange Information

Name of related party _____ [38]
 Address of related party _____ [39]
 City _____ [40]
 State _____ [41]
 Zip code _____ [42]
 Identifying number of related party _____ [43]
 Relationship to you _____ [44]
 During this tax year, did the related party sell or dispose of the property received? (Y, N) _____ [45]
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____ [46]
 Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [47]
 Mark if this exchange is a prior year like-kind exchange _____ [49]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

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

Foreign Earned Income

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

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

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

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

Housing Exclusion/Deduction

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

NOTES/QUESTIONS:

Traditional IRA

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

Roth IRA

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

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

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

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

Additional Information

	2011 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____	___ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2011 _____	___ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount _____	___ [22]	
Total HSA/MSA contribution to be made for 2011	+ _____ [23]	
Excess contributions for 2010 taken as constructive contributions for 2011	+ _____ [25]	
Complete this section if your account is an Archer MSA or MA MSA		
Amount of annual deductible _____	+ _____ [32]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan _____	+ _____ [35]	
If self-employed, enter earned income from business under which plan was established + _____	___ [39]	
Complete this section if your account is an HSA		
Was the high deductible health plan in effect for December 2011? (Y, N) _____	___ [41]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA) + _____	___ [43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA) + _____	___ [45]	

NOTES/QUESTIONS:

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:

Preparer use only

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

NOTES/QUESTIONS:

Preparer use only

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

Catch-up Contributions

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

Elective Deferrals

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

NOTES/QUESTIONS:

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

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

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

NOTES/QUESTIONS:

Student Loan Interest Paid

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

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

Education Credits and Tuition and Fees Deduction

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

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

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

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

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

Payments from Qualified Education Programs

	2011 Information	
Gross distribution (Box 1)	+ _____ [30]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
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:

Interest Expenses

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

***Mortgage Types**

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

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

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

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

Refinancing Points paid in 2011 -

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

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

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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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 +	
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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]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
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 +	
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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 +	
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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 +	
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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 +	
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NOTES/QUESTIONS:

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

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

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution **(Box 1)** _____ [7]

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

Year of vehicle **(Box 2)** _____ [9]

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

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

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

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

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

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

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

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

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

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

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

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

Other Information for Donated Property

Overall physical condition of property _____ [27]

Vehicle mileage on date of contribution _____ [28]

Date property was acquired by donor _____ [29]

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

Donor's cost or basis + _____ [31]

Fair market value on date of contribution + _____ [32]

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

If other: _____ [34]

Bargain sale amount received _____ [35]

Donee's address, and ZIP code _____ [40]

_____ [41] _____ [42] _____ [43]

Donee's telephone number _____ [44]

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

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

Casualty and Theft - Business/Income Producing Properties

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

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

Business/Income Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

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

Casualty and Theft - Personal Use Properties

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

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

Personal Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Personal Use Properties

Occurrence description		[1]
Taxpayer/Spouse/Joint (T, S, J)		[2]
State postal code		[3]
Date of casualty or theft		[4]
Damage to personal residence from corrosive drywall		[5]
Amount paid to repair damage to home or household appliances	+	[6]
25% loss available from 2010	+	[7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A		[14]
Description of casualty or theft - Property B		[21]
Description of casualty or theft - Property C		[28]
Description of casualty or theft - Property D		[35]

	A	B	C	D	
Date acquired	[16]	[23]	[30]	[37]	
Cost or other basis of property	+ [17]	+ [24]	+ [31]	+ [38]	
Insurance or other reimbursement	+ [18]	+ [25]	+ [32]	+ [39]	
Fair market value before casualty	+ [19]	+ [26]	+ [33]	+ [40]	
Fair market value after casualty	+ [20]	+ [27]	+ [34]	+ [41]	

Personal Use Replacement Information

Description of replacement property A		[42]
Description of replacement property B		[48]
Description of replacement property C		[54]
Description of replacement property D		[60]

	A	B	C	D	
Date acquired	[43]	[49]	[55]	[61]	
Prior year cost of replacement property	+ [44]	+ [50]	+ [56]	+ [62]	
Cost of replacement property	+ [45]	+ [51]	+ [57]	+ [63]	
Postponed gain	+ [46]	+ [52]	+ [58]	+ [64]	
Adjusted basis of replacement property	+ [47]	+ [53]	+ [59]	+ [65]	

NOTES/QUESTIONS:

Preparer use only

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

Business Use of Home

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

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

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

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [4]
 Description _____ [5]
 Comments _____
 Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

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

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [78]
 Description _____ [79]
 Comments _____
 Vehicle 4 - Date placed in service _____ [115]
 Description _____ [116]
 Comments _____

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

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2011.

	2011 Information	Spouse	Prior Year Information
	Taxpayer		
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2011	Total tips reported in 2011
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

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

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
Spouse information [7]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____

**** Reason Codes**

- A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
- B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.
- C = I received other correspondence from the IRS that states I am an employee.
- D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.
- E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.
- F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.
- G = I filed Form SS-8 with the IRS and have not received a reply.
- H = I received a Form W-2 and a Form 1099-MISC from this firm for 2011. The amount on Form 1099-MISC should have been included as wages on Form W-2.

State postal code _____^[13] _____^[14]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	+ _____ ^[17]	+ _____ ^[18]	_____
Actual parsonage utilities expense	+ _____ ^[23]	+ _____ ^[24]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ _____ ^[29]	+ _____ ^[30]	_____
Actual parsonage expense	+ _____ ^[32]	+ _____ ^[33]	_____
Fair rental value of home	+ _____ ^[35]	+ _____ ^[36]	_____
Actual utilities expense	+ _____ ^[38]	+ _____ ^[39]	_____
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS	_____ ^[41]	_____ ^[42]	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ _____ ^[45]	+ _____ ^[46]	

NOTES/QUESTIONS:

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

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

Parent's first name _____ [5]

Parent's last name _____ [6]

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

All Other Children's Information

Enter information for each child with investment income of more than \$1,900.

Child #1 social security number _____ [25]

Child #1 first name _____ [26]

Child #1 last name _____ [27]

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

Child #2 social security number _____ [38]

Child #2 first name _____ [39]

Child #2 last name _____ [40]

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

Child #3 social security number _____ [51]

Child #3 first name _____ [52]

Child #3 last name _____ [53]

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

Child #4 social security number _____ [64]

Child #4 first name _____ [65]

Child #4 last name _____ [66]

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

Child #5 social security number _____ [77]

Child #5 first name _____ [78]

Child #5 last name _____ [79]

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

Child #6 social security number _____ [90]

Child #6 first name _____ [91]

Child #6 last name _____ [92]

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

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
 Complete a separate Organizer Form ID: 8814 for each child.

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

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
---	_____	+	_____	_____	_____	_____	<div style="border: 1px solid black; padding: 2px;"> _____ _____ _____ _____ _____ _____ </div>
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	

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

Children's Dividend Income

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

	+ _____	+ _____	<div style="border: 1px solid black; padding: 2px;"> _____ </div>

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

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

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

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

Federal Unemployment (FUTA) Tax

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

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

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

State #1 information
 State postal code where you have to pay unemployment contributions * _____ [14]
 State reporting number as shown on state unemployment tax return _____ [15]
 Taxable wages (as defined in state act) + _____ [16]
 State experience rate period:
 From _____ [17]
 To _____ [18]
 State experience rate (xxx.xx) _____ [19]
 Contributions paid to state unemployment fund * + _____ [20]

State #2 information
 State postal code where you have to pay unemployment contributions _____ [21]
 State reporting number as shown on state unemployment tax return _____ [22]
 Taxable wages (as defined in state act) + _____ [23]
 State experience rate period:
 From _____ [24]
 To _____ [25]
 State experience rate (xxx.xx) _____ [26]
 Contributions paid to state unemployment fund + _____ [27]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

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

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

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

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

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

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

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

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

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

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:

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:

Adoption Credit

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

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

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

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

	[10]
	[11]
	[12]

NOTES/QUESTIONS:

Fuel Tax Credit

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			
_____ [11]			

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			
_____ [18]			

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
		_____ [7]
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
Alcohol fuel mixture credit -		
Registration Number		_____ [20]
Mixtures containing ethanol	0.45	+ _____ [21]
Mixtures containing alcohol (Other than ethanol)	0.60	+ _____ [22]
Biodiesel or renewable diesel mixture credit -		
Registration Number		_____ [23]
Biodiesel mixtures	1.00	+ _____ [24]
Agri-biodiesel mixtures	1.00	+ _____ [25]
Renewable diesel mixtures	1.00	+ _____ [26]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	____ [1]	0.183	+ _____ [2]
"P Series" fuels	____ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	____ [5]	0.183	+ _____ [6]
Liquified hydrogen	____ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	____ [11]	0.243	+ _____ [12]
Liquified natural gas (LNG)	____ [13]	0.243	+ _____ [14]
Liquified gas derived from biomass	____ [15]	0.183	+ _____ [16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquified petroleum gas (LPG)		0.50	+ _____ [18]
"P Series" fuels		0.50	+ _____ [19]
Compressed natural gas		0.50	+ _____ [20]
Liquified hydrogen		0.50	+ _____ [21]
Any liquid fuel derived from coal through the Fischer-Tropsch process		0.50	+ _____ [22]
Liquid hydrocarbons derived from biomass		0.50	+ _____ [23]
Liquified natural gas (LNG)		0.50	+ _____ [24]
Liquified gas derived from biomass		0.50	+ _____ [25]
Compressed gas derived from biomass		0.50	+ _____ [26]
Registered credit card users -			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____ [28]
Kerosene for state / local government		0.243	+ _____ [29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [30]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	____ [31]	0.197	+ _____ [32]
Exported		0.198	+ _____ [33]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [34]
Blender credit		0.046	+ _____ [35]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [36]
Exported dyed kerosene		0.001	+ _____ [37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

Foreign Tax Credit

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

Preparer use only

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

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

Foreign Income or Loss

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

Foreign Taxes Paid or Accrued

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

NOTES/QUESTIONS:

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

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

AMT Foreign Income or Loss

	A	B	C
Name of country	_____	_____	_____
Foreign gross income	+ _____ [8]	+ _____ [9]	+ _____ [10]
Definitely related expenses	+ _____ [11]	+ _____ [12]	+ _____ [13]
Foreign source losses	+ _____ [14]	+ _____ [15]	+ _____ [16]

NOTES/QUESTIONS:

Instructions

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

Indefinite Carryovers

2010 to 2011 Amounts

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

Charitable Contribution Carryover Items

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

AMT Charitable Contribution Carryover Items

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

NOL and Other Carryover Items

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

Description

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

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

NOTES/QUESTIONS:

Schedule F - Farm income/-loss:

2010	+	_____	[1]
2009	+	_____	[2]
2008	+	_____	[3]
2007	+	_____	[4]
2006	+	_____	[5]

Schedule C - Farm commodity processing income/-loss:

2010	+	_____	[6]
2009	+	_____	[7]
2008	+	_____	[8]
2007	+	_____	[9]
2006	+	_____	[10]

Schedule E - Partnership/S corporation farm income/-loss:

2010	+	_____	[11]
2009	+	_____	[12]
2008	+	_____	[13]
2007	+	_____	[14]
2006	+	_____	[15]

Form 4835 - Farm rent income/-loss:

2010	+	_____	[16]
2009	+	_____	[17]
2008	+	_____	[18]
2007	+	_____	[19]
2006	+	_____	[20]

Gain/-loss on sale of farming property:

2010	+	_____	[21]
2009	+	_____	[22]
2008	+	_____	[23]
2007	+	_____	[24]
2006	+	_____	[25]

AMT Adjustments/Preferences to farm income/-loss:

2010	+	_____	[26]
2009	+	_____	[27]
2008	+	_____	[28]
2007	+	_____	[29]
2006	+	_____	[30]

NOTES/QUESTIONS:

Report of Foreign Bank Accounts #1

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Number of foreign accounts filer has a financial interest in, if 25 or more _____ [2]
 Information is reported for a financial account which is:
 (2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest) _____ [10]
 Type of Account: Bank ___ [11] Securities ___ [12] Other _____ [13]
 Maximum value of account _____ [14]
 Account number or other designation _____ [16]
 Financial institution _____ [17]
 Address of financial institution _____ [18]
 City, state, zip code _____ [19] _____ [20] _____ [21]
 Country _____ [23]
 Number of joint owners (Not including taxpayer) _____ [36]

Parts III and IV -

Joint owner is spouse _____ [24]
 Taxpayer identification number of account holder/joint owner _____ [25]
 Last name or organization name of account holder/joint owner _____ [26]
 First name and middle initial of account holder/joint owner _____ [27] _____ [28]
 Address and apartment _____ [29] _____ [30]
 City, state, zip code _____ [31] _____ [32] _____ [33]
 Country _____ [35]

Part IV -

Filer's title with this owner _____ [37]

Report of Foreign Bank Accounts #2

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Number of foreign accounts filer has a financial interest in, if 25 or more _____ [2]
 Information is reported for a financial account which is:
 (2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest) _____ [10]
 Type of Account: Bank ___ Securities ___ Other _____ [13]
 Maximum value of account _____ [14]
 Account number or other designation _____ [16]
 Financial institution _____ [17]
 Address of financial institution _____ [18]
 City, state, zip code _____ [19] _____ [20] _____ [21]
 Country _____ [23]
 Number of joint owners (Not including taxpayer) _____ [36]

Parts III and IV -

Joint owner is spouse _____ [24]
 Taxpayer identification number of account holder/joint owner _____ [25]
 Last name or organization name of account holder/joint owner _____ [26]
 First name and middle initial of account holder/joint owner _____ [27] _____ [28]
 Address and apartment _____ [29] _____ [30]
 City, state, zip code _____ [31] _____ [32] _____ [33]
 Country _____ [35]

Part IV -

Filer's title with this owner _____ [37]

NOTES/QUESTIONS:

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2007 Amounts	2008 Amounts	2009 Amounts	2010 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____	_____
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
Total income -	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
Adjusted gross income -	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
Taxable income -	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
Net tax liability -	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
Total tax -	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
Total payments -	_____	_____	_____	_____
Tax due/refund -	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
Net tax due/refund -	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

General: 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)) _____

Mark if you were married but living apart all year _____ Mark if your nonresident alien spouse does not have an ITIN _____

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

Provider information:	Provider #1	Provider #2
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2011	_____	_____
	Taxpayer	Spouse

Employer-provided dependent care benefits that were forfeited _____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*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.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____
____	_____	_____	____

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
____	_____	_____	____
____	_____	_____	____

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2010 _____
 Amount received in 2011 _____

Income: B2 **Dividend Income**

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2011 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2011 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2011 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2011

Roth IRA Contributions for 2011 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2011

Educate: Educate

Higher Education Deductions and/or Credits

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.

T/S	Qualified student loan interest paid	2011 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section 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.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2011 Information	Prior Year Information
_____	_____	_____	_____	_____
Address	_____	City	State	Zip code

Taxpayer

Spouse

Prior Year Information

Educator expenses:

_____	_____	_____	_____
-------	-------	-------	-------

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1

Medical and Dental Expenses

T/S/J		2011 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items 1/1/11 through 6/30/11 _____ 7/1/11 through 12/31/11 _____	_____	_____

Itemized: A1

Tax Expenses

T/S/J		2011 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2010 state and local income taxes paid in 2011	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2

Interest Expenses

T/S/J		2011 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2011 Information
—	_____	_____	_____
Address _____			
T/S/J		2011 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
Refinancing Information:			
	Refinance #1		Refinance #2
T/S/J	Description	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2011	_____	_____

Itemized: A3

Charitable Contributions

T/S/J		2011 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3

Miscellaneous Deductions

T/S/J		2011 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

	Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE	2011 Model T - (EXAMPLE ASSET) Comments: 22,500 job-related miles, 25,000 total miles	03/09/11	25,750
1	Comments:		
2	Comments:		
3	Comments:		
4	Comments:		
5	Comments:		
6	Comments:		
7	Comments:		
8	Comments:		
9	Comments:		
10	Comments:		
11	Comments:		
12	Comments:		
13	Comments:		
14	Comments:		
15	Comments:		
16	Comments:		
17	Comments:		
18	Comments:		
19	Comments:		
20	Comments:		
21	Comments:		
22	Comments:		
23	Comments:		
24	Comments:		
25	Comments:		

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason:

_____ [4]

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____ [5]	_____ [6]

Charitable Contributions

Neighbors Helping Neighbors	_____ [7]	Mental Health	_____ [16]
Senior Services Trust Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Arts Development Fund	_____ [9]	4-H Club Foundation	_____ [18]
Nongame Wildlife Fund	_____ [10]	Organ Center Donor Awareness	_____ [19]
Child Abuse Trust Fund	_____ [11]	National Guard Foundation	_____ [20]
Veterans' Program	_____ [12]	Cancer Research Institute	_____ [21]
Indian Children's Scholarship Fund	_____ [13]	Alternative Fuels Fund	_____ [22]
Penny Trust Fund	_____ [14]	Military Support Foundation	_____ [23]
Foster Care Trust Fund	_____ [15]		

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [24]
 To _____ [25]

If a nonresident of Alabama, enter state of legal residence _____ [26]

Credits

Basic Skills Education Credit:

Dept of Education certification number _____ [27]
 Name of sponsoring employer or firm _____ [28]
 Name of approved provider _____ [29]
 Location of provider _____ [30]
 Total expenses _____ [31]

Rural Physician Credit:

Hospital where services provided _____ [32]
 Community where services provided _____ [33]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

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

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Use Tax

Purchases subject to use tax _____ [9]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____ [10]

Name of party (1 = Democratic, 2 = Green, 3 = Libertarian, 4 = Republican) _____ [11]

Citizens Clean Election Fund _____ [12]

Charitable Contributions

Aid to Education Fund (Entire refund only) _____ [13]

Arizona Wildlife Fund _____ [14]

Child Abuse Prevention Fund _____ [15]

Domestic Violence Shelter Fund _____ [16]

I Didn't Pay Enough Fund _____ [17]

National Guard Relief Fund _____ [18]

Neighbors Helping Neighbors Fund _____ [19]

Special Olympics Fund _____ [20]

Veterans Donation Fund _____ [21]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [22]

Mark if you:

Received Title 16, SSI payments _____ [23]

Lived alone _____ [24]

Property taxes paid through rent payments _____ [25]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [26]

Social security number _____ [27]

Address _____ [28] Apartment number _____ [29]

City _____ [30] State _____ [31] Zip code _____ [32]

Income earned by other household residents _____ [33]

NOTES/QUESTIONS:

Arkansas General Information

Taxpayer deaf _____ [1]
 Spouse deaf _____ [2]
 Early childhood program - certificate number _____ [3]
 State political contributions:

Candidate/Organization	Office Sought	Amount
_____	_____	_____ [4]
_____	_____	_____
_____	_____	_____

Taxpayer

Spouse

Contributions to a long-term intergenerational trust _____ [5] _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program	_____ [7]
US Olympic Committee Program	_____ [8]
School for the Blind and Deaf	_____ [9]
Baby Sharon's Children Catastrophic Illness Program	_____ [10]
Organ Donor Awareness Education Program	_____ [11]
Area Agency on Aging	_____ [12]
Military Family Relief	_____ [13]
Newborn Umbilical Cord Blood Initiative	_____ [14]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [15]
 To _____ [16]
 State of residency if nonresident of Arkansas _____ [17]

NOTES/QUESTIONS:

California General Information

Mark if different from prior year return:

Prior year last name _____	Social security number(s) _____ [3]
Taxpayer _____ [1]	Address _____ [4]
Spouse _____ [2]	Filing status _____ [5]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [6]	Sea Otter Fund _____ [15]
Alzheimer's Disease/Related Disorders Fund _____ [7]	Municipal Shelter Spay-Neuter Fund _____ [16]
Fund for Senior Citizens _____ [8]	Cancer Research Fund _____ [17]
Rare and Endangered Species Preservation Program _____ [9]	ALS/Lou Gehrig's Disease Research Fund _____ [18]
Children's Trust Fund for the Prevention of Child Abuse _____ [10]	Arts Council Fund _____ [19]
Breast Cancer Research Fund _____ [11]	California Police Activities League Fund _____ [20]
Firefighters' Memorial Fund _____ [12]	California Veterans Homes Fund _____ [21]
Emergency Food for Families Fund _____ [13]	Safely Surrendered Baby Fund _____ [22]
Peace Officer Memorial Foundation Fund _____ [14]	Child Victims of Human Trafficking Fund _____ [23]

Renter Information

Number of months rented principal residence in California in 2011 _____	[24]
Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) _____	[25]
Property rented was exempt from property tax in 2011 _____	[26]
Taxpayer claimed homeowner's property tax exemption in 2011 _____	[27]
Spouse claimed homeowner's property tax exemption during 2011 _____	[28]
Maintained separate residences for the entire year _____	[29]

Addresses if more than one or different from mailing address

Address _____ [30]	
City _____	_____
State _____	_____
Zip Code _____	_____
Date Rented From _____	_____
Date Rented To _____	_____

Landlord information

Name _____ [31]	
Address _____	_____
City _____	_____
State _____	_____
Zip Code _____	_____
Telephone _____	_____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident only

	Taxpayer	Spouse
Enter the total number of days in California	_____ [1]	_____ [2]
Mark if owned CA home/property	_____ [3]	_____ [4]
If you became a resident:		
Enter the date of your move	_____ [5]	_____ [6]
Enter your state of prior residency	_____ [7]	_____ [8]
If you became a nonresident:		
Enter the date of your move	_____ [9]	_____ [10]
Enter your new state of residency	_____ [11]	_____ [12]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [13]	_____ [14]
Country of residence (If outside the USA)	_____ [15]	_____ [16]

Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [17]	_____ [18]
To	_____ [19]	_____ [20]
Enter the date you entered California	_____ [21]	_____ [22]
Enter the date you left California	_____ [23]	_____ [24]

Military Personnel

Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [25]	_____ [26]
Enter the state where you were stationed	_____ [27]	_____ [29]
Enter the country where stationed (If outside the USA)	_____ [28]	_____ [30]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [31]	_____ [32]
Date returned from overseas or combat zone/QHDA	_____ [33]	_____ [34]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [36]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [37]	_____ [37]
Spouse	_____ [38]	_____ [38]

NOTES/QUESTIONS:

Colorado Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Special Olympics Colorado Fund	_____	[4]
Western Slope Military Veterans Cemetery Fund	_____	[5]
Pet Overpopulation Fund	_____	[6]
Colorado Healthy Rivers Fund	_____	[7]
Alzheimer's Association Fund	_____	[8]
Military Family Relief Fund	_____	[9]
Breast and Women's Reproductive Cancer Fund	_____	[10]
Make-A-Wish Foundation of Colorado Fund	_____	[11]
Colorado 2-1-1 First Call for Help Fund	_____	[12]
Unwanted Horse Fund	_____	[13]
Goodwill Industries Fund	_____	[14]
Families in Action for Mental Health Fund	_____	[15]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____	_____
Nonresident	_____	_____
Part-year resident	_____	_____
Military nonresident	_____	_____
Part-year residency dates:		
From	_____	_____
To	_____	_____

Credits

Alternative Fuel Vehicle Credit	_____	[28]
Vehicle year	_____	[29]
Vehicle make	_____	[30]
Vehicle model	_____	[31]
Replaced power source 10 years or older	_____	[32]
New or used (1 = New, 2 = Used)	_____	[33]
Leased or purchased (1 = Leased, 2 = Purchased)	_____	[34]
Vehicle lease or purchase date	_____	[35]
Dealer invoice number	_____	[36]
Dealer name	_____	[37]

NOTES/QUESTIONS:

Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year _____ [1]

Amount of contributions you wish to make to:

AIDS Research _____ [2]	Breast Cancer Research _____ [5]
Organ Transplant _____ [3]	Safety Net Services _____ [6]
Endangered Species/Wildlife Fund _____ [4]	Military Family Relief _____ [7]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description _____	Date of purchase _____ [8]
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____
Purchase 2	Description _____	Date of purchase _____
	Retailer/Service Provider: _____	Purchase price _____
	Type Code: _____	Out of state tax paid _____

Use Tax Type Codes

1 = Computer processing	3 = General (July 1st and after)
2 = General (Pre July 1st)	4 = Luxury

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) _____ [9]

Auto 1 Description (Enter year, make and model)(Resident only) _____ [10]

Auto 2 Description (Enter year, make and model)(MFJ Resident only) _____ [11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [12]	_____ [13]	_____ [14]	
Auto 1 (Resident only)	_____ [15]	_____ [16]	_____ [17]	_____ [18]
Auto 2 (MFJ Resident only)	_____ [19]	_____ [20]	_____ [21]	_____ [22]

Part-year Resident Information

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

	Taxpayer	Spouse
Enter residency dates:		
From	_____ [23]	_____ [25]
To	_____ [24]	_____ [26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____ [27]	_____ [30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____ [28]	_____ [31]
State of prior or new residence	_____ [29]	_____ [32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	_____ [33]
Working days (or other basis) outside Connecticut	_____ [34]
Working days (or other basis) inside Connecticut	_____ [35]
Nonworking days (holidays, weekends, etc)	_____ [36]
Total income being apportioned	_____ [37]

NOTES/QUESTIONS:

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	_____ [1]	_____ [2]
Volunteer firefighter Fire Company number (Resident only)	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	_____ [5]	_____ [6]
US Olympics	_____ [7]	_____ [8]
Emergency Housing	_____ [9]	_____ [10]
Breast Cancer Education	_____ [11]	_____ [12]
Organ Donor	_____ [13]	_____ [14]
Diabetes Education	_____ [15]	_____ [16]
Veteran's Home	_____ [17]	_____ [18]
Delaware National Guard	_____ [19]	_____ [20]
Juvenile Diabetes Fund	_____ [21]	_____ [22]
Multiple Sclerosis Society	_____ [23]	_____ [24]
Ovarian Cancer Fund	_____ [25]	_____ [26]
21st Fund for Children	_____ [27]	_____ [28]
White Clay Creek	_____ [29]	_____ [30]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house) _____ [1]
 Landlord's name _____ [2]
 Landlord's address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City _____ [6]
 State _____ [7]
 Zip code _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]
 Rent supplements received _____ [11]

If property owner, enter real property information below

Square number _____ [12]
 Suffix number _____ [13]
 Lot number _____ [14]

Use Tax

Purchases subject to use tax _____ [15]
 Merchandise, services and rentals _____ [15]
 Alcoholic beverages _____ [16]
 Catered food or drink or rental of non-commercial vehicles _____ [17]
 Purchases of certain tobacco products _____ [18]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____ [19]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [20]
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____ [21]

Part-year Resident Information

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

Part-year residency dates:
 From _____ [22]
 To _____ [23]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed _____ [30]

Otherwise, enter:

Physician's name _____ [31] _____ [32] _____ [33]
 Address, apartment number _____ [34] _____ [35]
 City, state, zip code _____ [36] _____ [37] _____ [38]
 Telephone number _____ [39]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

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

Contributions

Amount of contributions you wish to make to:

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

Part-year Resident Information

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

Taxpayer

Spouse

Part-year residency dates:

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

NOTES/QUESTIONS:

Hawaii General Information

Mark if first time filer _____ [1]

Mark if address has changed from prior year _____ [2]

If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? _____ [3]

Special disability exemption: T = Taxpayer, S = Spouse, B = Both

Current year distributions from an individual housing account not used for home purchase _____ [4]

Reservist or National Guard pay included in W-2 income _____ [5]

Payments to an individual housing account _____ [6]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) _____ [7]

Election campaign fund - spouse (Y, N) _____ [8]

\$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [9]

\$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) _____ [10]

\$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) _____ [11]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy _____ Ending Month of Occupancy _____ [12]

Address _____

City, State, Zip _____

Owner Information: Name _____

Address _____

City, State, Zip _____

Tax ID # _____

Total rents received for this unit _____

Part-year Resident Information

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

Part-year residency dates:

From _____ [13]

To _____ [14]

NOTES/QUESTIONS:

Idaho General Information

Mark if:

Tax forms, instructions and booklet needed _____ [1]
 Taxpayer or spouse is a disabled veteran _____ [2]
 Receiving Idaho Public Assistance _____ [3]

Taxpayer **Spouse**

Number of days eligible for grocery credit if less than full year or total time spent as part year resident _____ [4] _____ [5]

Use Tax

Purchases subject to use tax _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund _____ [7]
 Children's Trust Fund and Child Abuse Prevention _____ [8]
 Special Olympics Idaho _____ [9]
 Idaho Guard and Reserve Family Support Fund _____ [10]
 American Red Cross of Greater Idaho Fund _____ [11]
 Veterans Support Fund (Resident Form 40 only) _____ [12]
 Idaho Food Bank _____ [13]
 Opportunity Scholarship Program Fund _____ [14]
 Donate grocery credit to the Cooperative Welfare Fund _____ [15]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____ [16]	_____ [17]
Part-year residency dates:		
From	_____ [18]	_____ [20]
To	_____ [19]	_____ [21]
State of residence	_____ [22]	_____ [23]

Adjustments and Credits

Insulation - residence _____ [24]
 Adoption expenses _____ [25]
 Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) _____ [26]

NOTES/QUESTIONS:

Illinois General Information

Use Tax

General merchandise purchases _____ [1]
 Qualifying food, non-prescription drugs and medical appliances purchases _____ [2]
 Sales tax already paid to another state _____ [3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation _____ [4]	Cancer Research _____ [8]
Child Abuse Prevention _____ [5]	Military Family Relief _____ [9]
Alzheimer's Disease Research _____ [6]	Illinois State Crime Stoppers Assoc Fund _____ [10]
Assistance to the Homeless _____ [7]	After School Rescue Fund _____ [11]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]
_____ [17]	_____ [18]	_____ [19]	_____ [20]	_____ [21]
_____ [22]	_____ [23]	_____ [24]	_____ [25]	_____ [26]
_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]
_____ [32]	_____ [33]	_____ [34]	_____ [35]	_____ [36]
_____ [37]	_____ [38]	_____ [39]	_____ [40]	_____ [41]
_____ [42]	_____ [43]	_____ [44]	_____ [45]	_____ [46]
_____ [47]	_____ [48]	_____ [49]	_____ [50]	_____ [51]

Property Taxes

Description	Property Index Number
_____	_____ [52]
_____	_____
_____	_____

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [53]	_____ [55]
To _____	_____ [54]	_____ [56]

Mark if you were a resident of any of the following states during the tax year: IA ___ [57] KY ___ [58] MI ___ [59] WI ___ [60]

In what states other than above did you reside and/or file a tax return during the tax year? [61]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

NOTES/QUESTIONS:

Indiana General Information

School corporation name (as of January 1 of tax year) _____ [1]

School corporation code (as of January 1 of tax year) _____ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

Household employment taxes:

Employee Name _____ Employee SSN _____ [7]

Income _____ State Tax Withheld _____

County Tax Withheld _____ County Code _____

Contribution

Amount of contribution you wish to make to:

Nongame and Endangered Wildlife Fund _____ [8]

College Credit

Taxpayer, Spouse (T,S) _____ Eligible institution name #1 _____ [9]

Date of contribution _____ Institution code _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #2 _____

Date of contribution _____ Institution code _____ Amount of contribution _____

Taxpayer, Spouse (T,S) _____ Eligible institution name #3 _____

Date of contribution _____ Institution code _____ Amount of contribution _____

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____ Principal address #1 _____ [10]

Landlord name and address _____

Number of months rented _____ Total rent paid _____

Taxpayer, Spouse, Joint (T,S,J) _____ Principal address #2 _____

Landlord name and address _____

Number of months rented _____ Total rent paid _____

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [15]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Taxpayer	Spouse
State of residence (Nonresidents only)	_____ [16]	_____ [17]

NOTES/QUESTIONS:

Iowa General Information

County of residence as of December 31st _____ [1]
 School district _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contribution

	Spouse	Taxpayer
Political checkoff (D = Democratic Party, R = Republican Party, C = Campaign Fund)	____ [3]	____ [4]

Charitable Contributions

Fish and Wildlife Fund	_____	_____ [5]
State Fairgrounds Renovation	_____	_____ [6]
Firefighters Fund and Veterans Trust Fund	_____	_____ [7]
Child Abuse Prevention	_____	_____ [8]

Residency Information

Residency code _____ [9]

Residency Code

Blank = Both spouses have the same residency status

1 = Taxpayer nonresident, spouse resident

4 = Taxpayer nonresident, spouse part-year resident

2 = Taxpayer resident, spouse nonresident

5 = Taxpayer resident, spouse part-year resident

3 = Taxpayer part-year resident, spouse nonresident

6 = Taxpayer part-year resident, spouse resident

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	_____ [10]	_____ [12]
Moved out of Iowa	_____ [11]	_____ [13]

Nonresident Information

Illinois residents:

Iowa wages or salary only _____ [14]

Wages or salary and other Iowa source income _____ [15]

NOTES/QUESTIONS:

Kansas General Information

County of residence _____ [1]
 School district number _____ [2]
 Mark if name or address has changed _____ [3]

Use Tax

Use Tax due but receipts or records not available _____ [4]
 Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff _____ [6]
 Senior Citizens Meals On Wheels Contribution Program _____ [7]
 Breast Cancer Research Fund _____ [8]
 Military Emergency Relief Fund _____ [9]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [10]	_____ [12]
To	_____ [11]	_____ [13]

NOTES/QUESTIONS:

Kentucky General Information

Number of additional credits for National Guard members _____ [1]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____ [2]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [3]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse _____ [4]	Taxpayer _____ [5]
---	---------------------	-----------------------

Charitable Contributions

Nature and Wildlife Fund		_____ [6]
Child Victims' Trust Fund		_____ [7]
Veterans' Program Trust Fund		_____ [8]
Breast Cancer Research and Education Trust Fund		_____ [9]

Part-year Resident Information

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

Part-year residency dates:

From		_____ [10]
To		_____ [11]
State moved from		_____ [12]
State moved to		_____ [13]

Nonresident Information

Kentucky prior year income tax return was filed (Y, N)	Spouse _____ [14]	Taxpayer _____ [15]
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [16]	_____ [17]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [18]	_____ [19]
Resident of state(s)		
IL _____ [20] IN _____ [21] MI _____ [22] OH _____ [23] VA _____ [24] WV _____ [25] WI _____ [26]		
IL _____ [27] IN _____ [28] MI _____ [29] OH _____ [30] VA _____ [31] WV _____ [32] WI _____ [33]		

NOTES/QUESTIONS:

Louisiana General Information

Mark if name has changed _____ [1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer _____ [2]

Spouse _____ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated _____ [5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid _____ [6]

Contributions

Amount this year's refund you wish to contribute to:

Military Family Assistance Fund _____ [7]	Comm Based Primary Health Care Fund _____ [13]
Coastal Protection and Restoration Fund _____ [8]	National Lung Cancer Partnership _____ [14]
National Multiple Sclerosis Fund _____ [9]	Food Bank Association _____ [15]
Wildlife Habitat and Natural Heritage Fund _____ [10]	Bicentennial Commission _____ [16]
Cancer Trust Fund - Prostate Cancer _____ [11]	Make-A-Wish of Texas Gulf Coast/Louisiana _____ [17]
Animal Welfare Commission _____ [12]	

Student Tuition Assistance and Revenue Trust (START):

Account Description	Amount
_____	_____ [18]
_____	_____
_____	_____

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [19]	_____ [19]	_____ [21]
To _____ [20]	_____ [20]	_____ [22]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee _____ [23]	_____ [23]	_____ [24]
Louisiana teacher _____ [25]	_____ [25]	_____ [26]
Federal employee _____ [27]	_____ [27]	_____ [28]

	Retirement System Name	Date Retired
Other retirement information:		
_____	_____	_____ [29]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maine General Information

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

Use Tax

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

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

Use tax already paid to another jurisdiction _____ [4]

Contributions

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

Political contributions allowed for residents only

Political Contributions

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

Democratic party _____ [6]

Green party _____ [7]

Republican party _____ [8]

Charitable Contributions

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

Maine Children's Trust _____ [10]

Bone Marrow Screening Fund _____ [11]

Companion Animal Sterilization Fund _____ [12]

Maine Military Family Relief Fund _____ [13]

Maine Veterans' Memorial Cemetery Maintenance Fund _____ [14]

Maine Asthma and Lung Research Fund _____ [15]

State Park Passes

Number of individual park passes _____ [16]

Number of vehicle passes _____ [17]

Part-year Resident Information

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

NOTES/QUESTIONS:

Maryland General Information

	Taxpayer	Spouse, if different
County of residence	_____ [1]	_____ [3]
City of residence	_____ [2]	_____ [4]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	_____ [5]
Developmental Disabilities Waiting List Equity Fund	_____ [6]
Maryland Cancer Fund	_____ [7]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From	_____ [8]
To	_____ [9]

State of legal residence (Other than Maryland) _____ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) _____ [11]

Mark if taxpayer or spouse in military (Nonresident only) _____ [12]

NOTES/QUESTIONS:

Massachusetts General Information

Mark if name and address have changed since last year _____ [1]
 Mark if noncustodial parent _____ [2]
 In care of address or address of legal residence or domicile:
 Street _____ [3]
 City, state, zip code _____ [4] _____ [5] _____ [6]

Use Tax

Estimate use tax for out of state purchases less than \$1,000 _____ [7]
 Out of state purchases _____ [8] Sales tax paid to other state _____ [9]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____ [10]	_____ [11]
Organ Transplant Fund _____ [12]		_____ [15]
Endangered Wildlife Conservation _____ [13]	United States Olympic Fund _____ [15]	_____ [16]
AIDS Fund _____ [14]	Military Family Relief Fund _____ [16]	

Adjustments**Rental Deduction**

Residence #1 rented address _____ [17]		
Landlord's name and address _____		
Date from _____ Date to _____	Rent paid _____	
Residence #2 rented address _____		
Landlord's name and address _____		
Date from _____ Date to _____	Rent paid _____	

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year _____ [18]		_____ [19]
Federal identification number _____ [20]		_____ [21]
Subscriber number _____ [22]		_____ [23]
Name of insurance company (Taxpayer) _____		_____ [24]
Name of insurance company (Spouse) _____		_____ [25]

Part-year Resident Information

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

Part-year residency dates:
 From _____ [26]
 To _____ [27]

NOTES/QUESTIONS:

Michigan General Information

School district name _____ [1]
 School district code _____ [2]
 Mark if 2/3 income from seafaring _____ [3]

	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]
Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

Use Tax

Purchases subject to use tax:

Total all purchases less than \$1000 per purchase _____ [14]
 Total all purchases exceeding \$1000 per purchase _____ [15]

Contributions

Amount of charitable contribution you wish to make to:

Contributions must be a minimum of \$5, \$10 or any amount greater than \$10

Animal Welfare Fund _____ [16]		Girl Scouts of Michigan Fund _____ [19]
Children of Veteran's Tuition Grant Program _____ [17]		Military Family Relief Fund _____ [20]
Children's Trust Fund _____ [18]		United Way Fund _____ [21]

Public Contributions

Name of Organization	Amount
_____ [22]	_____ [23]
_____ [24]	_____ [25]

Homeless Shelter/Food Bank cash contributions

Name of Organization	Amount
_____ [26]	_____ [27]
_____ [28]	_____ [29]

Community Foundations

Name of Organization	Amount
_____ [30]	_____ [31]
_____ [32]	_____ [33]

Part-year Resident Information

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

	Taxpayer	Spouse
From _____ [34]	_____ [34]	_____ [36]
To _____ [35]	_____ [35]	_____ [37]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [38]

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ _____	Description _____	Amount _____ [4]
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

Rental Information [19]

Rental #1 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name/Address		City/Zip code			
Rental #2 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name/Address		City/Zip code			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments	_____ [20]
Worker's compensation and Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Other nontaxable income (Gifts and expenses paid on your behalf, inheritances, etc):	_____ [23]
_____	_____
_____	_____

College Tuition Tax Credit Information

Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person [24]

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

Student first name	Student last name	Student SSN	College code, if known	
College or University		Tuition paid	Name and address of contributor	

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer **Spouse**

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

___[1]

___[2]

Deaf

___[3]

___[4]

Mark if tax forms, instructions and booklet are not needed

___[5]

NOTES/QUESTIONS:

Minnesota General Information

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Taxpayer _____ [3] Spouse _____ [4]

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below)

Political Parties		
11 = Democratic Farm Labor	13 = Republican	15 = Grassroots
12 = Independence	14 = Green	16 = General Campaign Fund

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	_____ [37]
Class type _____ [38]	_____ [39]	_____ [40]	_____ [41]
Ind. instr name _____ [42]	_____ [43]	_____ [44]	_____ [45]
Ind. instr type _____ [46]	_____ [47]	_____ [48]	_____ [49]
Music ins type _____ [50]	_____ [51]	_____ [52]	_____ [53]
Musical ins cost _____ [54]	_____ [55]	_____ [56]	_____ [57]
Type of school attended _____ [58]	_____ [59]	_____ [60]	_____ [61]
Transp provider _____ [62]	_____ [63]	_____ [64]	_____ [65]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

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

Taxpayer _____ [58] Spouse _____ [60]

Part-year residency dates:
 From _____ [59] To _____ [61]

Other state of residence (State/Foreign country required for other nonresidents) _____ [62] _____ [63]

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund	_____	[2]
Commission for Volunteer Service Fund	_____	[3]
Wildlife Heritage Fund	_____	[4]
Educational Trust Fund	_____	[5]
Wildlife Fisheries and Parks Foundation	_____	[6]
Bicentennial Celebration Fund	_____	[7]
Mississippi Burn Care Fund	_____	[8]

NOTES/QUESTIONS:

Missouri General Information

County of residence name _____ [1]
 County of residence _____ [2]

Taxpayer **Spouse**

Mark if professional entertainer or athlete _____ [3] _____ [4]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund	_____	[5]
Veterans Trust Fund	_____	[6]
Elderly Home Delivered Meals Trust Fund	_____	[7]
Missouri National Guard Trust Fund	_____	[8]
Workers' Memorial Trust Fund	_____	[9]
Childhood Lead Testing Trust Fund	_____	[10]
Missouri Military Family Relief Trust Fund	_____	[11]
General Revenue Trust Fund	_____	[12]
After School Retreat Trust Fund	_____	[13]
Organ Donor Program Trust Fund	_____	[14]
Trust Fund	_____ [15]	[16]
Trust Fund	_____ [17]	[18]

Trust Fund Codes

01 = American Cancer Society	07 = Muscular Dystrophy Association	13 = Breast Cancer Awareness
02 = American Diabetes Association	08 = March of Dimes	14 = Adoptive Parent's Recruitment and Retention
03 = American Heart Association	09 = National Arthritis Foundation	15 = American Red Cross Trust Fund
04 = American Lung Association	10 = National Multiple Sclerosis Society	16 = Developmental Disabilities Waiting List Fund
05 = ALS (Lou Gehrig's Disease)	12 = Cervical Cancer Fund	17 = Puppy Projection Trust Fund

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Missouri residency dates:		
From	_____ [19]	_____ [20]
To	_____ [21]	_____ [22]
Other state residency dates:		
From	_____ [23]	_____ [24]
To	_____ [25]	_____ [26]
Other state of residency	_____ [27]	_____ [28]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer	_____ [29]
Spouse	_____ [30]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran	_____ [31]
Mark if you are disabled per section 135.010(2), RSMo	_____ [32]
Mark if surviving spouse social security benefits were received during the tax year	_____ [33]

NOTES/QUESTIONS:

Montana General Information

Mark if tax forms, instructions and booklet are not needed _____

[1]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [2]	_____ [3]
Child Abuse and Neglect Prevention Program	_____ [4]	_____ [5]
Agriculture in Montana Schools Program	_____ [6]	_____ [7]
Montana Military Family Relief Fund	_____ [8]	_____ [9]
Political Contributions	_____ [10]	_____ [11]

Part-year Resident Information

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

Part-year residency dates:

From _____ [12]

To _____ [13]

State moved to _____ [14]

State moved from _____ [15]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____ [16]

Taxpayer, Spouse, Joint _____ [17]

Renters:

Rent paid _____ [18]

NOTES/QUESTIONS:

County of residence _____ [1]
Public school district _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Nebraska Campaign Finance contribution _____ [3]
Wildlife Conservation Fund _____ [4]

Part-year Resident Information

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

Part-year residency dates:
From _____ [5]
To _____ [6]

NOTES/QUESTIONS:

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]
		DP-10
Name change since last filing		___[3]
Mark if address for estimated Interest and Dividends tax vouchers differs from previous year		___[4]

Part-year Resident Information

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

From		___[5]
To		___[6]

Business Tax Summary

Mark to indicate final return		___[7]
-------------------------------	--	--------

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]
 In care of address _____ [2]
 Mark if:
 Tax forms, instructions and booklet are not needed _____ [3]
 You are not eligible for the property tax deduction or credit _____ [4]
 You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

	Taxpayer	Spouse
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)	_____ [6]	_____ [7]
You want to designate \$1 to the gubernatorial election campaign fund	_____ [8]	_____ [9]

Use tax due on out-of-state purchases (Resident and part-year residents) _____ [10]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund	_____ [11]	Breast Cancer Research Fund	_____ [14]
Children's Trust Fund to prevent child abuse	_____ [12]	USS New Jersey Educational Museum Fund	_____ [15]
New Jersey Vietnam Veterans' Memorial Fund	_____ [13]	Other (see codes below)	_____ [16] _____ [17]

Other Codes

01 = Drug Abuse Ed Fund	05 = Literacy Vol	09 = Community Food Pantry Fund
02 = Korean Veterans' Fund	06 = Prostate Cancer Fund	10 = Cat and Dog Spay and Neuter Fund
03 = Organ Donor	07 = World Trade Center Fund	11 = Lung Cancer Research Fund
04 = AIDS Services	08 = Veterans Haven Support Fund	

Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

Homeowner Information:

Street _____ [18]
 City _____ [19]
 Block number _____ [20] _____ [21] Lot number _____ [22] _____ [23]
 Qualifier number (Condos) _____ [24] Mobile home park site # _____ [25]
 Your share of property owned _____ [26] Number of days as an owner _____ [27]
 Total property taxes paid (mobile home site fees) _____ [28] Share used as principal residence _____ [29]
 Co-op or continuing care retirement facility resident _____ [30] Your share of property taxes _____ [31]

Renter Information:

Street _____ [32]
 Apt # _____ [33] City _____ [34]
 Days as a tenant _____ [35] Total number of tenants _____ [36]
 Total rent paid _____ [37] Your share of rent paid _____ [38]

Tenant Information:

First name of other tenant _____ [39] Middle initial of other tenant _____
 Last name of other tenant _____ SSN of other tenant _____

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____ [40]
 To _____ [41]
 State of residency (Nonresidents only) _____ [42]

New Mexico General Information

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

First year resident _____ [1]

From

To

Part-year residency dates:

Taxpayer _____ [2] _____ [3]

Spouse _____ [4] _____ [5]

Do NOT have a commercial domicile in New Mexico _____ [6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political party (1 = Democratic, 2 = Republican)

Taxpayer

Spouse

_____ [7]

_____ [8]

Charitable Contributions

Share with Wildlife _____ [9]

Veteran's National Cemetery Fund _____ [10]

Substance Abuse Education Fund _____ [11]

Forest Re-Leaf Program _____ [12]

National Guard Member and Family Assistance _____ [13]

Kids in Parks Education Program _____ [14]

Amyotrophic Lateral Sclerosis Research Fund _____ [15]

Vietnam Veterans' Memorial State Park _____ [16]

Additions and Deductions

Income of an Indian _____ [17]

Name of the taxpayer's Indian nation, tribe, or pueblo _____ [18]

Name of the spouse's Indian nation, tribe, or pueblo _____ [19]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____ [20]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____ [21]

Supplemental security income (SSI) _____ [22]

Amount of rent paid during the tax year on principal place of residence _____ [23]

Mark if rent includes amount paid on your behalf by a government entity _____ [24]

Resident county (1 = Los Alamos, 2 = Santa Fe) _____ [25]

NOTES/QUESTIONS:

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	____[1]	____[2]
Mark if you were a resident of Yonkers at any time during the current tax year	____[3]	____[4]
County of residence	_____ [5]	
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available _____ [7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	____[8]	Olympic Fund (Maximum \$2 per filer)	____[12]
Missing or Exploited Children Fund	____[9]	Prostate cancer research fund	____[13]
Breast Cancer Research Fund	____[10]	9/11 Memorial	____[14]
Alzheimer's Fund	____[11]	Volunteer Firefighting and EMS Recruitment Fund	____[15]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [16]

Mark if you lived in a nursing home and qualify for credit _____ [17]

Enter amounts received for cash public assistance and relief _____ [18]

Enter any other income not reported elsewhere _____ [19]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [20]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [21]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____ [22]

Rent includes charges for (Specify) _____ [23]

50 = Heat, gas, electricity, furnishings and board	20 = Heat, gas and electricity
25 = Heat, gas, electricity and furnishings	15 = Heat or heat and gas

Part-year Resident and Nonresident Information

	New York State	New York City	Yonkers	New York City	Yonkers
		Taxpayer		Spouse	
Part-year residency dates:					
From	____[24]	____[26]	____[28]	____[30]	____[32]
To	____[25]	____[27]	____[29]	____[31]	____[33]
County of residence while a nonresident of New York City	_____ [34]		_____ [35]		

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you _____ [36]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you _____

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

North Carolina General Information

County of residence _____ [1]

Mark if:

Taxpayer qualifies as disabled (Y, N) _____ [2]

Spouse or dependent qualifies as disabled (Y, N) _____ [3]

	Taxpayer	Spouse
Unpaid volunteer firefighter or rescue squad worker	_____ [4]	_____ [5]

Designations and Contributions

Amount of political designations and charitable contributions you wish to make to:

Political Designations

	Taxpayer	Spouse
Designate \$3.00 to political financing fund? (1=Democratic, 2=Republican, 3=Unspecified, 4=Libertarian) (Enter code of applicable party)	_____ [6]	_____ [7]
N.C. Public Campaign Fund		
Mark "Yes" if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits.		
Marking "Yes" does not change your tax or refund. (Y, N)	_____ [8]	_____ [9]

N.C. Public Campaign Fund

You may designate \$3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is \$6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

Charitable Contributions

Endangered Wildlife Fund _____ [10]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

NOTES/QUESTIONS:

North Dakota General Information

School district code _____ [1]
 Income source code _____ [2]

Income source code

1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund _____ [3]
 Trees for North Dakota Fund _____ [4]

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

NOTES/QUESTIONS:

Ohio General Information

Enter your current Ohio county of residence _____ [1]
 School district number _____ [2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	____ [3]	____ [4]

Charitable Contributions

Military injury relief fund	_____ [5]
Natural areas and endangered species fund	_____ [6]
Wildlife species and endangered wildlife	_____ [7]
Ohio Historical Society	_____ [8]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [9]	_____ [10]
Amount contributed to Ohio political campaigns	_____ [11]	_____ [12]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From	_____ [13]
To	_____ [14]

	Taxpayer	Spouse
If nonresident, enter state of residency	_____ [15]	_____ [16]
Residency status (If taxpayer and spouse are different)	_____ [17]	_____ [18]

R = Resident, P = Part-year resident, N = Nonresident

NOTES/QUESTIONS:

Oklahoma General Information

Political contributions made during tax year _____ [1]

Use Tax

Mark if not subject to Use Tax _____ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Diversity Program _____ [3]	Regional Food Banks _____ [10]
Low Income Health Care Fund _____ [4]	Folds of Honor Scholarship Program _____ [11]
Breast and Cervical Cancer Fund _____ [5]	Y.M.C.A. Youth and Government Program _____ [12]
Court Appointed Advocates _____ [6]	Multiple Sclerosis Society Fund _____ [13]
Pet Overpopulation Fund _____ [7]	Honor Flights _____ [14]
National Guard _____ [8]	Eastern Red Cedar Revolving Fund _____ [15]
Leukemia and Lymphoma Fund _____ [9]	

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [16]

To _____ [17]

Nonresident state of residence _____ [18]

Resident and part-year or nonresident spouse:

Taxpayer's state of residence _____ [19]

Spouse's state of residence _____ [20]

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [21]

Mark if you (or spouse) were disabled for the entire tax year _____ [22]

Home real estate tax _____ [23]

Workmen's compensation/loss of time insurance _____ [24]

Support money _____ [25]

Cash public assistance _____ [26]

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

Number of months of federal service before 10/01/1991 (Federal employees)

Total number of months of federal service (Federal employees)

Prior year child care expenses paid in current year

	Taxpayer	Spouse
	_____ [1]	_____ [1]
	_____ [2]	_____ [3]
	_____ [4]	_____ [5]
	_____ [6]	

Contributions

Amount of charitable contributions you wish to make to:

Oregon Nongame Wildlife _____ [8]	Oregon Head Start Association _____ [14]
Child Abuse Prevention _____ [9]	Oregon Military Financial Assistance _____ [15]
Alzheimer's Disease Research _____ [10]	Oregon Historical Society _____ [16]
Stop Domestic and Sexual Violence _____ [11]	Oregon Food Bank _____ [17]
AIDS/HIV Education and Services _____ [12]	Albertina Kerr Centers _____ [18]
Habitat for Humanity _____ [13]	American Red Cross _____ [19]

	Charity	Amount		Charity	Amount
Other Charity _____ [20]		_____ [21]	Other Charity _____ [22]		_____ [23]

Other Charitable Organizations

3 = American Diabetes Association	9 = Doembecher Children's Hospital Foundation	14 = Oregon Lions Sight and Hearing
4 = Oregon Coast Aquarium	10 = Oregon Humane Society	15 = Shriners Hospitals for Children
5 = SMART - Start Making A Reader Today	11 = Oregon Salvation Army	16 = Special Olympics Oregon
6 = SOLV - Stop Oregon Litter and Vandalism	12 = Oregon Veterans Home	17 = Susan G. Komen for the Cure
7 = St Vincent de Paul Society	13 = Oregon Planned Parenthood	28 = Cascade AIDS Project
8 = The Nature Conservancy		

Political party you wish to make contributions to:

Political Party _____ [24]	Spouse _____ [25]
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Political Party Contributions

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	

Part-year Resident and Nonresident Information

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

Dates of residency:	Taxpayer	Spouse
From _____ [26]		_____ [28]
To _____ [27]		_____ [29]

Credit for Home Care of an Elderly Person

Name _____ [30]	
Birth date, social security number _____ [31]	_____ [32]
Expenses you incurred or paid for home care of an elderly person:	
Food _____ [33]	Medical care _____ [35]
Clothing _____ [34]	Transportation _____ [36]

NOTES/QUESTIONS:

Pennsylvania General Information

County of residence _____ [1]
 School district name _____ [2]

Final return _____ [3] Taxpayer Spouse
 _____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Wild Resource Conservation Fund	_____ [5]	_____ [6]
Military Family Relief Assistance	_____ [7]	_____ [8]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [9]	_____ [10]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [11]	_____ [12]
Breast and Cervical Cancer	_____ [13]	_____ [14]

Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

NOTES/QUESTIONS:

Rhode Island General Information

Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 _____ [1]

Use Tax

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [2]	_____ [3]
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____ [4]

If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party _____ [5]

Charitable Contributions

Drug Program Account _____ [6]

Mark if you wish to make an Olympic Contribution _____ [7]

Organ Transplant Fund _____ [8]

Council on the Arts _____ [9]

Nongame Wildlife Fund _____ [10]

Childhood Disease Victims' Fund _____ [11]

Military Family Relief Fund _____ [12]

Part-year Resident Information

Part-year residency dates:

From _____ [13]

To _____ [14]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____ [15]

Live in household or rent dwelling subject to property tax? (Y, N) _____ [16]

Current for property taxes and rent due in prior years? (Y, N) _____ [17]

Current for this year's property tax or rent and will pay unpaid installments? (Y, N) _____ [18]

Rent paid (Enter 100%) _____ [19]

If renting, Landlord name: _____ [20]

Landlord Address: _____ [21]

Landlord city, state and zip code _____ [22] _____ [23] _____ [24]

Landlord phone number: _____ [25]

NOTES/QUESTIONS:

South Carolina General Information

County code number, if known _____ [1]
 Authorize discussion with Department of Revenue (Y, N) _____ [2]
 Purchases subject to use tax _____ [3]
 If not using direct deposit for refund, receive a paper check instead of a VISA debit card _____ [4]
 Receive Form 1099-G/INT, used to prepare federal tax return, through the SCDOR website _____ [5]

Additions and Subtractions

Expenses related to reserve income _____ [6]
 National guard reserve pay _____ [7]
 Law enforcement subsistence (Number of days) _____ [8]
 Volunteer deduction code Taxpayer _____ [9] Spouse _____ [10]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	4 = DNR officer
2 = HAZMAT team member	5 = Reserve Police officer
3 = Rescue Squad worker	6 = State Guard member

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____ [11]
 To _____ [12]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund _____ [13]
 Children's Trust Fund _____ [14]
 Eldercare Trust Fund _____ [15]
 Veterans' Trust Fund _____ [16]
 Donate Life South Carolina _____ [17]
 First Steps to School Readiness Fund _____ [18]
 War Between States Heritage Trust Fund _____ [19]
 Litter Control Enforcement Program _____ [20]
 Law Enforcement Assistance Program _____ [21]
 K-12 Public Education Fund _____ [22]
 State Parks Fund _____ [23]
 Military Family Relief Fund _____ [24]
 Conservation Bank Trust Fund _____ [25]
 Financial Literacy Trust Fund _____ [26]
 State Forests Fund _____ [27]
 Department of Natural Resources Fund _____ [28]

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]
City _____ [2]
Account number _____ [3]
Mark if quadriplegic _____ [4] **Taxpayer** **Spouse** _____ [5]

NOTES/QUESTIONS:

Utah General Information

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

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

County/City _____ Purchases _____ [4]

Use tax _____

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Election campaign fund _____ [5] Taxpayer _____ [6] Spouse _____ [6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democratic	N = No Contribution
L = Libertarian	

Making a selection from this list will designate \$2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Utah Nongame Wildlife Fund _____ [7]

Pamela Atkinson Homeless Trust Fund _____ [8]

Kurt Oscarson Children's Organ Transplant Fund _____ [9]

School district code _____ [10]

Nonprofit school district foundation _____ [11]

School district code

01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Cat and Dog Community Spay and Neuter Program _____ [12]

Methamphetamine Housing Reconstruction and Rehabilitation Fund _____ [13]

Canine Body Armor Account _____ [14]

NOTES/QUESTIONS:

Vermont General Information

School district name _____ [1]
 School district code _____ [2]

Contributions and Use Tax

Use Tax

Total out-of-state purchases _____ [3]

Amount of charitable contributions you wish to make to: Contributions

Nongame Wildlife Fund _____ [4]
 Children's Trust Fund _____ [5]
 Vermont Veterans' Fund _____ [6]

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [7]
 To _____ [8]

Other state(s) of residency _____ [9] _____ [10] _____ [11] _____ [12]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1 _____ [13]
 SPAN number from 2011/2012 property tax bill _____ [14]
 Housesite value _____ [15]
 Housesite education tax _____ [16]
 Housesite municipal tax _____ [17]
 Ownership percentage of property _____ [18]
 Mobile home lot rent _____ [19]

Renters

Rent paid _____ [20]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2012; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year (Resident only) _____ [3]
 Mark to indicate address has changed from last year (Resident and nonresident only) _____ [4]
 Mark to indicate that a Virginia return was not filed last year (Resident only) _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of contributions you wish to make to:

Political Contributions

Virginia Democratic Party _____ [7] Virginia Republican Party _____ [8]

Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund _____ [9]	Tuition Assistance Grant Fund _____ [20]
US Olympic Committee _____ [10]	Spay and Neuter Fund _____ [21]
Virginia Housing Program _____ [11]	Cancer Centers in the Commonwealth _____ [22]
Elderly and Disabled Transportation Fund _____ [12]	Martin Luther King, Jr. Fund _____ [23]
Community Policing Fund _____ [13]	Celebrating Special Children _____ [24]
Virginia Arts Foundation _____ [14]	Chesapeake Bay Restoration Fund _____ [25]
Open Space Recreation and Conservation _____ [15]	Family and Children's Trust Fund (FACT) _____ [26]
Historic Resources Fund _____ [16]	Virginia State Forests Fund _____ [27]
Children of America Finding Hope _____ [17]	Virginia Uninsured Medical Catastrophe Fund _____ [28]
Virginia War Memorial and National D-Day Memorial _____ [18]	Home Energy Assistance _____ [29]
Virginia Federation of Humane Societies _____ [19]	Virginia Military Family Relief Fund _____ [30]

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

Nonresident Information

State of residence (Nonresidents only) _____ [35]

NOTES/QUESTIONS:

West Virginia General Information

County of residence _____ [1]

Use Tax

Property or Services Subject to Use Tax _____ [2]

Food Subject to Use Tax _____ [3]

Williamstown purchases _____ [4]

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____ [5]

Part-year Resident and Nonresident Information

Part-year residency status _____ [6]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

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

Part-year residency dates:

From _____ [7]

To _____ [8]

State of residence _____ [9]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _____ [10]

NOTES/QUESTIONS:

Wisconsin General Information

City of residence _____ [1]
 Village of residence _____ [2]
 Town of residence _____ [3]
 County of residence _____ [4]
 School district _____ [5]
 Mark if divorce decree _____ [6]
 Enter rent paid:
 Heat included _____ [7]
 Heat not included _____ [8]

Use Tax

Mark if not subject to Use Tax _____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [10]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

Contributions

Amount of charitable contributions you wish to make to:

Breast cancer research	_____ [11]	Multiple sclerosis	_____ [16]
Endangered resources	_____ [12]	Packers football stadium	_____ [17]
Feeding America	_____ [13]	Prostate cancer research	_____ [18]
Fire fighters memorial	_____ [14]	Red Cross WI disaster relief	_____ [19]
Military family relief	_____ [15]	Veterans trust fund	_____ [20]

Part-year Resident and Nonresident Information

Residency code _____ [21]

Residency code

Blank = Both spouses have the same residency status (Default) 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
--	--

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [22]	_____ [24]
To	_____ [23]	_____ [25]
State of residency (Nonresidents only)	_____ [26]	_____ [27]
Nonresident aliens:		
Mark if not a full-year US citizen	_____ [28]	_____ [30]
Mark if not a full-year US resident	_____ [29]	_____ [31]
Resident of:	IL _____ [32]	IN _____ [33]
	KY _____ [34]	MI _____ [35]

NOTES/QUESTIONS: