

2011	1040	US	Client Information	1
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Bates & Bishop, Inc.
 234 Elder Dr.
 Loveland, CO 80538
 Telephone number: (970) 669-7400
 Fax number: 720-889-9705
 E-mail address: michelle@bbcpa.pro

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2009 or 2010)		
Taxpayer	First name and initial.....		
	Last name.....		
	Title/suffix		
	Social security number.....		
	Occupation		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Spouse	First name and initial.....		
	Last name.....		
	Title/suffix		
	Social security number.....		
	Occupation		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Address	In care of.....		
	Street address		
	Apartment number		
	City		
	State.....		
	ZIP code		
Foreign Address	Region		
	Postal code.....		
	Country.....		

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Client Information (continued)

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Please add, change or delete information for 2011.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Pager number.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Pager number.....		
	Fax number.....		
	E-mail address.....		

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2011	1040	US	Dependents	2
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Please add, change or delete information for 2011.

DEPENDENTS

	Dependent	Dependent	
First name			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p>
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

2011	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | PERSONAL INFORMATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2011? |
| | | DEPENDENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2011, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900? |
| | | INCOME |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| | | PURCHASES, SALES AND DEBT |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2012? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a home in 2011 and you were overseas on official extended duty? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible? |

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES	NO	
RETIREMENT PLANS		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a traditional, SEP, or SIMPLE IRA (or other qualified retirement plan) to a Roth IRA in 2010, and defer the taxable amount of the conversion to tax year 2011 and 2012?
EDUCATION		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
ITEMIZED DEDUCTIONS		
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
ESTIMATED TAXES		
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2010 taxes to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2011 taxes, do you want the excess applied to your 2012 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2012 taxable income and withholdings to be different from 2011?
MISCELLANEOUS		
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?

Please enter all pertinent 2011 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2011 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010.....				
1st quarter payment (due 4/18/11).....				
2nd quarter payment (due 6/15/11).....				
3rd quarter payment (due 9/15/11).....				
4th quarter payment (due 1/17/12).....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

State

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010.....				
1st quarter payment (due 4/18/11).....				
2nd quarter payment (due 6/15/11).....				
3rd quarter payment (due 9/15/11).....				
4th quarter payment (due 1/17/12).....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	10 = Series I treasury bonds

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2011 information.

APPLICATION OF 2011 OVERPAYMENT (7.1)

If you have an overpayment of 2011 taxes, do you want the excess refunded? or applied to 2012 estimate? ...

Other (please explain): _____

2012 ESTIMATED TAX INFORMATION

Do you expect your 2012 taxable income to be different from 2011? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2012 withholding to be different from 2011? Yes No

If "yes" explain any differences: _____

7.1

2011	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2011 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2010 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/11	2010 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2010 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2011 Amount	T	S	2010 Amount
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

2011	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2011 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay				
Household employee income not on W-2.....				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2011 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2011 1099-G Amount

No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2011 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2010 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA/RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2011 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2010 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA/RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
	Agriculture payments (Box 7).....		
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

2011	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2011 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

2011 Amount

2010 Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
2011 contributions to this ESA			
Value of this account at 12/31/11 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/10.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
2011 contributions to this ESA			
Value of this account at 12/31/11 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/10.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
2011 contributions to this ESA			
Value of this account at 12/31/11 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/10.....			

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	<input style="width:95%;" type="text"/>
Principal business code	<input style="width:95%;" type="text"/>
Business name, if different from Form 1040	<input style="width:95%;" type="text"/>
Business address, if different from Form 1040	<input style="width:95%;" type="text"/>
City, if different from Form 1040	<input style="width:95%;" type="text"/>
State, if different from Form 1040	<input style="width:95%;" type="text"/>
ZIP code, if different from Form 1040	<input style="width:95%;" type="text"/>
Employer identification number	<input style="width:95%;" type="text"/>
Other accounting method	<input style="width:95%;" type="text"/>

Accounting method: 1=cash, 2=accrual	<input style="width:95%;" type="text"/>	
Inventory method: 1=cost, 2=lower cost/market, 3=other	<input style="width:95%;" type="text"/>	
1=change of inventory method	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%;" type="text"/>	
1=first Schedule C filed for this business	<input style="width:95%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	<input style="width:95%;" type="text"/>	
1=not subject to self-employment tax	<input style="width:95%;" type="text"/>	
1=did not "materially participate"	<input style="width:95%;" type="text"/>	
1=personal services is not a material income producing factor	<input style="width:95%;" type="text"/>	
1=investment	<input style="width:95%;" type="text"/>	
1=minister's Schedule C	<input style="width:95%;" type="text"/>	
1=single member limited liability company	<input style="width:95%;" type="text"/>	

INCOME

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gross receipts or sales (Form 1099-MISC, box 7)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Returns and allowances	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other income:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

COST OF GOODS SOLD

Inventory at beginning of the year	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Purchases	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of items for personal use	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of labor	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Materials and supplies	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other costs:		
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
_____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Inventory at end of the year	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2011 Amount	2010 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals and entertainment in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Installment Sales (Form 6252)

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2011 Amount	2010 Amount
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

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Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2011, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home (1/1/11 - 6/30/11)
Miles driven to new home (7/1/11 - 12/31/11)

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2011	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:30px;" type="text"/>	18
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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Description of property	<input style="width:95%;" type="text"/>
Street address	<input style="width:95%;" type="text"/>
City	<input style="width:95%;" type="text"/>
State	<input style="width:95%;" type="text"/>
ZIP code	<input style="width:95%;" type="text"/>
Type of property (see table)	<input style="width:95%;" type="text"/>
Other type of property	<input style="width:95%;" type="text"/>

Percentage of ownership if not 100% (.xxxx)	<input style="width:95%;" type="text"/>	Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Percentage of tenant occupancy if not 100% (.xxxx)	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%;" type="text"/>	
1=qualified joint venture	<input style="width:95%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	<input style="width:95%;" type="text"/>	
1=nonpassive activity, 2=passive royalty	<input style="width:95%;" type="text"/>	
1=did not actively participate	<input style="width:95%;" type="text"/>	
1=real estate professional	<input style="width:95%;" type="text"/>	
1=rental other than real estate	<input style="width:95%;" type="text"/>	
1=investment	<input style="width:95%;" type="text"/>	
1=single member limited liability company	<input style="width:95%;" type="text"/>	

INCOME

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Payments not reported above	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments to amounts from Form(s) 1099-K *	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Association dues	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Auto and travel (not entered elsewhere)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cleaning and maintenance	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commissions	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gardening	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Insurance	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Legal and professional fees	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Licenses and permits	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Management fees	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Miscellaneous	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mortgage interest (paid to banks, etc.)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified mortgage insurance premiums	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Excess mortgage interest	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other interest (not entered elsewhere)	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Painting and decorating	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

* NOTE: Based on late revisions to the 2011 Schedules E, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

2011

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

DIRECT EXPENSES (continued)

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2011 Amount	2010 Amount
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

OIL AND GAS

Production type (preparer use only).....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none).....		
State % depletion rate or amount, if different (-1 if none).....		

VACATION HOME

Number of days rented at fair market value.....		
Number of days personal use.....		
Number of days owned (if optional method elected).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		

2011

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

INDIRECT EXPENSES (continued)

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2011 Amount	2010 Amount
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

2011	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:30px;" type="text"/>	19
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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product.....	<input style="width:98%;" type="text"/>
Employer ID number.....	<input style="width:98%;" type="text"/>

Agricultural activity code.....	<input style="width:98%;" type="text"/>	
Accounting method: 1=cash, 2=accrual	<input style="width:98%;" type="text"/>	
1=spouse, 2=joint	<input style="width:98%;" type="text"/>	
1=farm rental (Form 4835).....	<input style="width:98%;" type="text"/>	
1=crop insurance proceeds election	<input style="width:98%;" type="text"/>	
Received applicable subsidy this year: 1=yes, 2=no.....	<input style="width:98%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	<input style="width:98%;" type="text"/>	
1=did not "materially participate" (Schedule F only).....	<input style="width:98%;" type="text"/>	
1=did not actively participate (Form 4835 only).....	<input style="width:98%;" type="text"/>	
1=real estate professional (Form 4835 only).....	<input style="width:98%;" type="text"/>	
1=single member limited liability company	<input style="width:98%;" type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only).....	<input style="width:98%;" type="text"/>	

FARM INCOME

	2011 Amount	2010 Amount
Cash method:		
Specified sales of livestock and other resale items (1099-K, Box 1) *.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Sales of livestock and other resale items not included above.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Cost or basis of livestock or other resale items.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Specified sales of products raised (1099-K, Box 1) *.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Sales of products raised not included above.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Accrual method:		
Specified sales of livestock, produce, etc. (1099-K, Box 1) *.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Sales of livestock, produce, etc. not included above.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Beginning inventory of livestock, etc.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Cost of livestock, etc. purchased.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Ending inventory of livestock, etc.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Other farm income:		
Total cooperative distributions.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable cooperative distributions.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total agricultural program payments (other than CRP).....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable agricultural program payments (other than CRP).....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total conservation reserve program payments.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable conservation reserve program payments.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Commodity credit loans reported under election.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total commodity credit loans forfeited or repaid.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable commodity credit loans forfeited or repaid.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Total crop insurance proceeds received in 2011.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable crop insurance proceeds received in 2011.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Taxable crop insurance proceeds deferred from 2010.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Specified custom hire (machine work) income (1099-K, Box 1) *.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Custom hire (machine work) income not included above.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>
Adjustments to amounts from Form(s) 1099-K *.....	<input style="width:98%;" type="text"/>	<input style="width:98%;" type="text"/>

* NOTE: Based on late revisions to the 2011 Schedules F, income from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

2011	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2011 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2011	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2011 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2011 Amount	2010 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months your job required a vehicle (if not 12 months).....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage (from 1/1/11 to 6/30/11).....		
Business mileage (from 7/1/11 to 12/31/11).....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered.				
2011 payments from 1/1/12 to 4/17/12.				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make.				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums.				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12).				
Jury duty pay given to employer.				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer	Spouse
Recipient's first name.		
Recipient's last name.		
Recipient's SSN.		
Amount paid	2010 amt:	2010 amt:

**Please enter all pertinent 2011 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2011 Amount	TS	2010 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven (1/1/11 - 6/30/11)			
Medical miles driven (7/1/11 - 12/31/11)			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2011 estimates are automatic.)

State income taxes - 1/11 payment on 2010 state estimate			
State income taxes - paid with 2010 state extension			
State income taxes - paid with 2010 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/11 payment on 2010 city/local estimate			
City/local income taxes - paid with 2010 city/local extension			
City/local income taxes - paid with 2010 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2011 purchases			
Use taxes paid with 2010 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . .			
Foreign income taxes			
Other taxes:			

2011

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2011 Amount

TS

2010 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____	
Payee's SSN or FEIN	_____	
Payee's street address	_____	
Payee's city, state, ZIP	_____	
Amount paid	_____	_____

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

25 p2

2011

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US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Three horizontal lines for entering 2011 amounts.

2011 Amount

TS

2010 Amount

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

25 p3

2011

1040

US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2011 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2011 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2011 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2011 Amount	TS	2010 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured.			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint.			
Interest paid.			
Points paid.			
Total principal paid			
Lump sum principal payment (if paid off).			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2011.			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2011.			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table).			
Number of form.			
1=taxpayer, 2=spouse, blank=joint.			
Interest paid.			
Points paid.			
Total principal paid			
Lump sum principal payment (if paid off).			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year.			
Home acquisition debt borrowed in 2011.			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2011.			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25 p5

2011

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US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2011, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee).....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	1=spouse, 2=joint.....		
	Property description (other than vehicle).....		
	Vehicle	Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		Date of contribution (m/d/y) *.....	
		Date acquired by donor (m/y) *.....	
		How acquired by donor (Table 1 or describe).....	
	Donor's cost or basis.....		
	Fair market value.....		
	Method used to determine FMV (Table 2 or describe).....		

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee).....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	1=spouse, 2=joint.....		
	Property description (other than vehicle).....		
	Vehicle	Year (yyyy).....	
		Make and model.....	
		Condition and mileage.....	
		Date of contribution (m/d/y) *.....	
		Date acquired by donor (m/y) *.....	
		How acquired by donor (Table 1 or describe).....	
	Donor's cost or basis.....		
	Fair market value.....		
	Method used to determine FMV (Table 2 or describe).....		

<p>1</p> <p style="text-align: center;">How Property was Acquired</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Purchase</td> <td style="width: 50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p>2</p> <p style="text-align: center;">Method Used to Determine FMV</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 = Appraisal</td> <td style="width: 50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

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2011

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2011 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2011 Amount	2010 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2011

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.

Form	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.)	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

EMPLOYEE BUSINESS EXPENSES

	2011 Amount	2010 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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2011

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2011 Amount	2010 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage (from 1/1/11 to 6/30/11)		
Business mileage (from 7/1/11 to 12/31/11)		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage (from 1/1/11 to 6/30/11)		
Business mileage (from 7/1/11 to 12/31/11)		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

30 p2

2011	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2011 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2011, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).				
Contributions included above that were made after you became eligible for Medicare.				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)...				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

	32.1
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2011	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2011 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2011....				
Employer-provided benefits forfeited in 2011.....				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		2010 amt:
	1=disabled..... 1=spouse, 2=joint.....		

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		2010 amt:
	1=disabled..... 1=spouse, 2=joint.....		

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		2010 amt:
	1=disabled..... 1=spouse, 2=joint.....		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2011.....		2010 amt:
	1=spouse, 2=joint.....		

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2011.....		2010 amt:
	1=spouse, 2=joint.....		

2011

1040

US

Qualified Adoption Expenses (Form 8839)

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Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2011 Amount

2010 Amount

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1994 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2011			
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011		
		Prior years for adoption of foreign child finalized in 2011		
2010 and 2011 for adoption finalized in 2011				
2011 for adoption finalized before 2011				
1=spouse, 2=joint				

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1994 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2011			
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011		
		Prior years for adoption of foreign child finalized in 2011		
2010 and 2011 for adoption finalized in 2011				
2011 for adoption finalized before 2011				
1=spouse, 2=joint				

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1994 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2011			
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011		
		Prior years for adoption of foreign child finalized in 2011		
2010 and 2011 for adoption finalized in 2011				
2011 for adoption finalized before 2011				
1=spouse, 2=joint				

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2011	1040	US	Education Credits / Tuition Deduction	38
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Please complete the information below if you paid qualified education expenses in 2011 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2011 Amount	2010 Amount	
No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name.....		
		Last name.....		
		Social security number.....		
	1=American opportunity credit, 2=lifetime learning credit.....			
	Number of years hope credit claimed.....			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no ..			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution ...			
Books and supplies not entered above.....				
Amount of prior year refund or assistance *.....				

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name.....		
		Last name.....		
		Social security number.....		
	1=American opportunity credit, 2=lifetime learning credit.....			
	Number of years hope credit claimed.....			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no ..			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution ...			
Books and supplies not entered above.....				
Amount of prior year refund or assistance *.....				

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name.....		
		Last name.....		
		Social security number.....		
	1=American opportunity credit, 2=lifetime learning credit.....			
	Number of years hope credit claimed.....			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no ..			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution ...			
Books and supplies not entered above.....				
Amount of prior year refund or assistance *.....				

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

