

2011
Organizer
for your income tax return
information

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Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.
If we do not have copies of your Federal, State, City and Foreign income tax returns for
2008, 2009 and 2010, please include them with this Organizer.

Indicate X if:

1. You would like to have any overpayment of federal tax refunded _____
2. You would like to have any overpayment of federal tax applied to your 2012 estimated tax . . _____
3. During 2011, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** _____
4. You or your spouse made any gifts (not charitable contributions) in excess of \$13,000 to any one donee during the year. If so, provide details on a continuation sheet _____
5. You or your spouse made any gifts to a trust for any amount _____
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan _____
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2011. If so, provide details on a continuation sheet . . _____
8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet _____
9. You loaned money for an interest rate less than the market rate of interest _____
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year _____
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. _____

If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form _____
12. You have received K-1s from partnerships, estates and trusts, or S corporations _____
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer _____
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2011, you purchased a new alternative-powered vehicle (e.g., hybrid-fuel, fuel-cell, advanced lean burn diesel vehicle) that was not intended for resale.
If so, please provide the certificate of uniformity provided by the manufacturer _____
15. You would like to file your tax return electronically, if possible _____
16. In 2011, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) _____
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2011. If so, provide details on a continuation sheet _____
18. You paid household employee wages of \$1,700 or more or withheld federal income tax in 2011. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet _____
19. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
20. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale _____
21. You moved in connection with your employment in 2011 _____
 Where you moved to _____
 When you moved _____
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
22. You refinanced a mortgage during 2011. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage _____
23. You incurred any nonbusiness bad debts _____
 If so, provide the following details on a continuation sheet:
- A description of the debt, including the amount and the date it became due,
 - The name of the debtor, and any business or family relationship between you and the debtor,
 - The efforts you made to collect the debt, and
 - Why you decided the debt was worthless.
24. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) _____
 You should keep the following in a safe place:
- Date, place, and amount of expense
 - Actual receipts for expenses in excess of \$75
 - Name and business affiliation of persons entertained
 - Business purpose of expense
 - Documentation of the business discussed before, during and after the entertainment
 - Receipts for hotel, airline, and other travel expense
25. You incurred any casualty or theft losses in 2011 _____
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
26. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet _____
27. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. _____
28. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details _____
29. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer _____

Taxpayer Information

Personal Information

First name	Initial	Last name	Social Security Number	M/F
_____	_____	_____	_____	_____ TP
_____	_____	_____	_____	_____ SP
Street address _____				
_____				Apt. number _____
City	State	Zip code	County	Foreign Country/Province
_____	_____	_____	_____	_____
Preferred:	Home/Cell	Business/Cell	Ext	Fax
Taxpayer Telephone . . .	() _____	() _____	_____	() _____
Spouse Telephone . . .	() _____	() _____	_____	() _____
E-Mail Address _____				
X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____				
X if you authorize taxing authority to discuss return with paid preparer Federal . . _____ State . . _____				
X if you don't want state tax forms mailed to you next year _____				

Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single _____ 12

Married, filing jointly _____ 13

Married, filing separately _____ 14

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) _____ 15

Widow (widower), as of 2009 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child _____ 16

If nonresident alien spouse:

Head of household status and rates, spouse exemption not claimed _____ 17

Married, filing separately status and rates, spouse exemption claimed _____ 18

Head of Household

Indicate the name of the qualifying child who is not a dependent _____ 19

Social security number of qualifying child _____ 20

General

Taxpayer **Spouse**

Occupation _____	_____
Date of birth _____	_____
Disabilities	Blind ___ Deaf ___ Blind ___ Deaf ___
	Other _____ Other _____
Contribute to Presidential Campaign Fund	Yes ___ No ___ Yes ___ No ___
Date of Death _____	_____

Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits)	Account type
Account number _____ (Attach a voided check)	Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X _____
If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.	

Dependent Information

Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2011, **and**
- 3) they had gross income of less than \$3,700, **or**, the individual was your child, or qualifying relative **and**
 - a) Your child was under age 19 at the end of 2011, **or**
 - b) Your child was under age 24 at the end of 2011 **and** was a student for any 5 mos.

No. of months lived in your home in 2011, or B = born D = died

Child care expenses incurred and paid in 2011* (Age 13 in 2010**)

Dependency relationship child, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship child, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2011, or B = born D = died	Child care expenses incurred and paid in 2011* (Age 13 in 2010**)

* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet.

**Only include expenses incurred prior to dependents 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return

Organizer | General Information | Basic Return Data | Taxpayer Information

Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statement.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

Parent's name

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2011 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2011 unearned income.

First name	Last name	Interest & Ordinary Dividends	2011 Unearned Income Net Capital Gain ¹	Investment Interest Expense	Qualified Dividends

Organizer | Income | Kid-tax Income | Tax for Children

Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statement.

First name	Last name	Interest	Tax-exempt interest	Capital gains ¹	Dividends ²

¹ Please indicate amount of both short-term and long-term (including capital gain distribution).

² Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

Employee Compensation and Withholding

Wages and Salaries

Please enclose all copies of 2011 Forms W-2. Enter payments of 2011 estimated tax on the **Payments of 2011 Federal, State & City Estimated Tax** organizer.

	<u>Box 1</u>	<u>Box 2</u>	<u>Box 4</u>	<u>Box 6</u>	<u>Box 17</u>	<u>Box 19</u>
Indicate: T = Taxpayer, S = Spouse ↓ Employer's name / Name of state	Wages and Salaries	Federal income tax withheld	Social Security tax withheld	Medicare tax withheld	State tax withheld Name state*:	City tax withheld Name state*:
Total (Lines 1-10)						

1
2
3
4
5
6
7
8
9
10
T

Organizer | Income | Wages and Salaries | Columnar Wages Entry

* if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

Other Wage Information

Other Federal, State and City Tax Withholdings

Do not duplicate elsewhere. Enter payments of 2011 estimated tax on the **Payments of 2011 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Federal	State	City/Local	Name of state
Indicate: T = Taxpayer, S = Spouse, J = Joint ↓ Description				
Total (Lines 11-14)				

11
12
13
14
T

Other W-2 Information

If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount

Taxpayer	Spouse
_____	_____

15

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | Income | Wages and Salaries | Other Wage Withholding & Misc.

Interest Income - Other

Seller-Financed Mortgage Interest

	2011 amount	PY amount	
___ Buyer's name _____			1
___ Buyer's address _____	SSN _____		2
___ Buyer's name _____			3
___ Buyer's address _____	SSN _____		4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

Other Interest

	2011 amount	PY amount	
___ Interest received on Federal tax refunds			5
___ Interest received on State tax refunds (list total for all State refunds)			6
List state names included in total _____			
___ Interest received as a nominee			7
___ Interest accrued to buy bonds			8
___ Accrued Market Discount			9
Total interest income (Lines 5-9)			T

Organizer | Income | Interest Income | Interest Adjustments

Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

	Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7
	Original Issue Discount	Other Periodic Interest	Early Withdrawal Penalty	Federal Inc. Tax Withheld	Description	OID on US Treasury Obligations	Investment Expenses
___ Name of Payer _____							
___ _____							
___ _____							
___ _____							
___ _____							
___ _____							

Schedule C - Profit or Loss from Business or Profession

Activity Information		
Indicate: T = Taxpayer, S = Spouse, J = Joint _____ 1		
Business name _____ 2		
Street _____ 3		
City, state, zip, country _____ 4		
Principal business/profession _____ 5		
_____ Employer identification number	_____ Tax shelter ID number	_____ Tax shelter registration number
Accounting Method		
Indicate method of accounting: A = Accrual, O = Other, Blank = Cash, B = Leave unanswered _____ 7		
If other (specify) _____ 8		
Inventory Valuation		
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)		
C = Cost, L = Lower of cost or market, O = Other, D = Not applicable _____ 9		
X if there was any change in determining quantities, cost, or valuation of inventories _____ 10		
Miscellaneous Information		
Indicate X if this business was started or acquired during 2011 _____ 11		
Indicate X if you received earnings as a statutory employee _____ 12		
Indicate X if the business was disposed of in 2011 _____ 13		
Indicate X if the business was ever audited by IRS, State, or Foreign Tax Authority _____ 14		
Year of audit _____ 15		
		2011 amount PY amount
Self-employed health insurance premium payments you made during 2011 _____ 16		_____

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

Income		
Gross Receipts or Sales		
	2011 amount	PY amount
_____	_____	_____
_____	_____	_____
Total gross receipts or sales (Lines 17-18)	_____	_____
Sales returns & allowances _____	_____	_____
Cost of Goods Sold and/or Operations		
	2011 amount	PY amount
Inventory at beginning of year _____	_____	_____
Purchases less cost of items withdrawn for personal use _____	_____	_____
Cost of labor _____	_____	_____
Materials and supplies _____	_____	_____
Other costs related to inventory	_____	_____
_____	_____	_____
_____	_____	_____
Inventory at end of year _____	_____	_____
Total cost of goods sold and/or operations (Lines 20-26)	_____	_____
Reimbursements		
Meals and Entertainment _____	_____	_____
Other reimbursements _____	_____	_____
Other Income		
	2011 amount	PY amount
_____	_____	_____
_____	_____	_____
Total other income (Lines 29-30)	_____	_____
Portfolio Income _____	_____	_____

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

	2011 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses (postage, etc.)	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate X if you were subject to the Department of Transportation hours of service limits			52

Other Expenses

	2011 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S.	_____	64
2) Construction of real property in the U.S.	_____	65
3) Engineering and architectural services performed in the U.S. with respect to real property	_____	66

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2011. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2011, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail

Notes:

Retirement Distributions

Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Please attach all Forms 1099R

Name of payer _____

	2011 amount	PY amount	
Box 1 - Gross distribution (Mandatory)	_____	_____	1
Box 2a - Taxable amount	_____	_____	2
Box 2b - Indicate X if taxable amount not determined	_____		3
Indicate X if total distribution	_____		4
Box 3 - Capital gain	_____		5
Box 4 - Federal income tax withheld	_____		6
Box 7 - Distribution code(s) (Mandatory)	_____		7
Box 7 - Indicate X if from IRA/SEP/SIMPLE	_____		8
Box 9a - Percentage of total distribution	_____		9
Box 9b - Total employee contributions	_____		10
Box 10 - State tax withheld State name	_____		11
Box 13 - Local tax withheld Locality name	_____		12
Indicate X if entire distribution was converted to a Roth IRA	_____		13
Indicate X if entire distribution was rolled over	_____		14
Indicate X if this is an inherited IRA	_____		15
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses, qualified medical or higher education expenses .	_____		16
If partial rollover, enter amount of distribution rolled over	_____	_____	17
If partial conversion to Roth IRA, enter amount converted	_____		18
Amount subject to 10% penalty tax (Override)	_____		19
Indicate X if IRA distribution is qualified charitable distribution	_____		20

Organizer | Income | Retirement Distributions | 1099-R

Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion)	_____		21
Cost in the plan (if different than box 9b amount)	_____		22
Amounts previously recovered tax free in PY for post 1986 annuities	_____		23
Simplified Method			24
Indicate X to use Simplified Method (default to General Rule)	_____		25
Annuity starting date (Required)	_____		26
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary	_____		27
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here	_____	_____	28
Number of months for which this year's payments were made	_____		29
General Rule			30
Expected return (if a regular pension or annuity)	_____		31
Number of years in which payments are to be received (if section 101d)	_____		32
Percent or amount not taxable (50% = .50) (Override)	_____		33

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

Rent and Royalty Income and Expense

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____

Activity Information
 Kind of property _____
 Location of property _____
 You disposed of the property in 2011 _____
 Enter percentage of this property that is allocated to another _____

Activity Type
 Indicate **X** for type of property: Rental income _____ Royalty other than oil and gas _____
 Royalty with oil and gas depletion _____ Royalty with no depletion _____

If Rental Real Estate
 Indicate **1** if: You materially participated in the operation of the activity during 2011*
 Indicate **2** if: You actively participated in the operation of the activity during 2011*
 Indicate **3** if: You are a real estate professional
 } _____
 ***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Activity Information

Rent or Royalty Income
 (Include 100% of income including amounts attributable to others.)

	2011 amount	PY amount
Income	_____	_____
Other income	_____	_____
_____	_____	_____
_____	_____	_____
Total income (Lines 9-11)	_____	_____

Rent or Royalty Expense
 (Include 100% of expenses including amounts attributable to others.)

	2011 amount	PY amount
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Management fees	_____	_____
Mortgage interest paid to financial institutions <small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>	_____	_____
Mortgage interest paid to individuals* <small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>	_____	_____
*If another received Form 1098, enter the recipient's name and address: _____		
Other interest	_____	_____
Repairs (enter major improvements on the Asset Detail Organizer)	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Yard maintenance	_____	_____
Other Expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total expenses (Lines 12-29)	_____	_____

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Rent/Roy Inc. and Exp.

Rent and Royalty Income and Expense

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2011, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail _____

Notes:

Office-in-Home

Activity name: _____

Property Type Code	A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), R = Rent/Royalty _____		
Ownership	Indicate: T = Taxpayer, S = Spouse, J = Joint _____		
Activity Information	Kind of property _____		
	Location of property _____		
Business Use	Indicate: Total area _____ Area used exclusively for business _____		
Day-Care Facilities Not Used Exclusively for Business	Indicate the total hours: Used for day-care during the year _____ Available for use during the year _____		

Organizer | Income | Business Income | Business Name | Office-in-Home

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Office-in-Home Income and Expenses	2011 amount	PY amount	
Income related to this office-in home (Type: Wages, Sch. C, etc.)	_____	_____	6
<small>Please attach an explanation if expenses include amounts incurred when the property was rented.</small>			
	2011	2011	
	*Direct amount	*Indirect amount	PY amounts
Mortgage interest paid to financial institutions	_____	_____	_____
<i>(Attach detail - Do not duplicate elsewhere)</i>			7
Real estate taxes	_____	_____	_____
Casualty loss after insurance reimbursement	_____	_____	_____
Advertising	_____	_____	_____
Auto and travel	_____	_____	_____
Cleaning and maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal and other professional fees	_____	_____	_____
Management fees	_____	_____	_____
Repairs and maintenance	_____	_____	_____
Rent	_____	_____	_____
Supplies	_____	_____	_____
Utilities	_____	_____	_____
Excess mortgage interest (no entry required)			_____
Other expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total expenses (Lines 7-27)	_____	_____	_____

***Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp

Note: For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

Vacation Home and Other Rental Properties with Personal and Business Use

Ownership
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1

Activity Information
 Kind of property (Mandatory) (House, Timeshare, etc.) _____ 2
 Location of Property (Including Country) _____ 3

Activity Type
 Indicate **V** if vacation home or **P** if other personal/business property _____ 4

Personal/Business Property
 Indicate: Total area _____ Area used exclusively for business _____ 5

Vacation Home
 Indicate the total number of days in 2011: Rented at fair market value _____ Occupied by you or a relative _____ 6
 If property is a timeshare, indicate total number of days available _____ 7

Passive Activity - Vacation Home or Other Personal/Business Property Information
 Indicate **X** if you **actively** participated in the operation of the activity during 2011* _____ 8
 Indicate **X** if you disposed of the property in 2011 _____ 9
 *Note: Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Activity Information

Rental Income
 Income _____ 2011 amount PY amount
 _____ 10

Rental Expenses
 Please attach an explanation if expenses include amounts incurred when the property was rented.

	2011 *Direct amount	2011 *Indirect amount	PY amounts	
Mortgage interest paid to financial institutions <i>(Attach detail - Do not duplicate elsewhere)</i>	_____	_____		11
Real estate taxes	_____	_____		12
Casualty loss after insurance reimbursement	_____	_____		13
Advertising	_____	_____		14
Auto and travel	_____	_____		15
Cleaning and maintenance	_____	_____		16
Commissions	_____	_____		17
Insurance	_____	_____		18
Legal and other professional fees	_____	_____		19
Management fees	_____	_____		20
Repairs	_____	_____		21
Supplies	_____	_____		22
Utilities	_____	_____		23
Other expenses	_____	_____		24
_____	_____	_____		25
_____	_____	_____		26
_____	_____	_____		27
_____	_____	_____		28
_____	_____	_____		29
Total expenses (Lines 11-29)	_____	_____		T

*Direct expenses benefit only the business part of your home. Indirect expenses benefit both the business and personal parts of your home.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Vacation Home-Inc and Exp

Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

Property name: _____

Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8)					_____	T

New Clients: For assets placed in service prior to 1/1/2011, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Vacation Home/Other Rental | Property Name | Depreciation and Amortization | Asset Detail _____

Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.

Notes:

Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2010 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2011 and provide details of the sales transaction on a continuation page.

Attach all Schedules K-1 and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

	Indicate:		ID number	
	<p>T = Taxpayer, S = Spouse, J = Joint</p> <p>A = Partnership (Non-PTP), B = Estate/Trust, C = S Corp., F = Publicly Traded Partnership (PTP)</p> <p>A = You materially participated in the operation of the activity during 2011*</p> <p>B = Other Passive</p> <p>C = Portfolio (Interest, Dividends)</p> <p>D = Rental Real Estate</p>	<p>Name of Partnership, Estate/Trust, S Corporation, PTP</p>	<p>Indicate X if disposed of in 2011</p>	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
		Self-employed health insurance premium payments you made during 2011		26

***Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Farm Income and Expense

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____

Activity Information

Farm name (**Mandatory**) _____
 Principal product _____
 Employer identification number _____
 Tax shelter registration number _____
 Tax shelter ID number _____

Accounting Method

Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered _____

Activity Type

Indicate **A** = Material participation*, **B** = Other passive, **D** = Rental real estate
G = Nonpassive tax shelter, **H** = Passive non-tax shelter _____
Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.

Miscellaneous Information

Indicate **X** if a farm rental _____
 Indicate **X** if you disposed of the business in 2011 _____

	2011 amount	PY amount
Self-employed health insurance premium payments you made during 2011 _____		

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

Farm Income - Cash Method

	2011 amount	PY amount
Sale of livestock and other items bought for resale _____		
Cost or other basis of livestock and other items bought for resale _____		
Custom hire (machine work) income _____		
Sale of livestock, produce, grains, and other products you raised _____		
Cooperative distributions: Total _____		
Taxable amount _____		
Agricultural program payments: Total _____		
Taxable amount _____		
Commodity Credit Corporation (CCC) loans reported under election _____		
CCC loans forfeited or repaid with certificates: Total _____		
Taxable amount _____		
Crop insurance proceeds and disaster payments:		
Amount received in 2011 _____		
Taxable amount _____		
Deferred from 2010 _____		
Other income		

Total income (Lines 12 - 28)		

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Farm Income and Expense

Farm name: _____

Farm Expenses - Cash and Accrual

	2011 amount	PY amount	
Car and truck expenses	_____	_____	29
Chemicals	_____	_____	30
Conservation expenses (include prior year carryover)	_____	_____	31
Custom hire (machine work)	_____	_____	32
Employee benefit programs (other than pensions and profit-sharing plans)	_____	_____	33
Feed purchased	_____	_____	34
Fertilizers and lime	_____	_____	35
Freight and trucking	_____	_____	36
Gasoline, fuel and oil	_____	_____	37
Insurance (other than health insurance)	_____	_____	38
Interest - mortgage (paid to banks, etc.)	_____	_____	39
(If an amount is entered, please attach detail.)			
Interest - other	_____	_____	40
Labor hired	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Rent or lease - vehicle, machinery and equipment	_____	_____	43
Rent or lease - other (land, animals, etc.)	_____	_____	44
Repairs and maintenance	_____	_____	45
Seeds and plants purchased	_____	_____	46
Storage and warehousing	_____	_____	47
Supplies purchased	_____	_____	48
Taxes	_____	_____	49
Preproductive period expense	_____	_____	50
Utilities	_____	_____	51
Veterinary, breeding, and medicine fees	_____	_____	52
Other expenses			
_____	_____	_____	53
_____	_____	_____	54
_____	_____	_____	55
_____	_____	_____	56
_____	_____	_____	57
_____	_____	_____	58
_____	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total expenses (Lines 29 - 63)	_____	_____	T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

Domestic Production Deduction - Sec.199

- The primary source of your revenue in this business is in one of the following activities:
- 1) Disposition of property manufactured, produced, grown or extracted in the U.S. 64
 - 2) Construction of real property in the U.S. 65
 - 3) Engineering and architectural services performed in the U.S. with respect to real property. . . . 66

Farm Income and Expense

Farm name: _____

Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2011, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | *Farm Name* | Depreciation and Amortization | Asset Detail

Notes:

Farm Income Averaging

2010 Information

Filing Status:

Single Qualified widow(er) Married filing separately
 Married filing joint Head of household

Enter Amount From:

Form 1040, Line 9b _____
 Form 1040, Line 43 _____
 Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) _____
 Schedule D, Line 15 _____
 Schedule D, Line 16 _____
 Schedule D, Line 18 _____
 Schedule D, Line 19 (unrecaptured section 1250 gain) _____
 Form 4952, Line 4e _____
 Form 4952, Line 4g _____

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2
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4
5
6
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9
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11

2009 Information

Filing Status:

Single Qualified widow(er) Married filing separately
 Married filing joint Head of household

Enter Amount From:

Form 1040, Line 9b _____
 Form 1040, Line 43 _____
 Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) _____
 Schedule D, Line 15 _____
 Schedule D, Line 16 _____
 Schedule D, Line 18 _____
 Schedule D, Line 19 (unrecaptured section 1250 gain) _____
 Form 4952, Line 4e _____
 Form 4952, Line 4g _____

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15
16
17
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19
20
21
22

2008 Information

Filing Status:

Single Qualified widow(er) Married filing separately
 Married filing joint Head of household

Enter Amount From:

Form 1040, Line 9b _____
 Form 1040, Line 43 _____
 Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) _____
 Schedule D, Line 15 _____
 Schedule D, Line 16 _____
 Schedule D, Line 18 _____
 Schedule D, Line 19 (unrecaptured section 1250 gain) _____
 Form 4952, Line 4e _____
 Form 4952, Line 4g _____

23
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32
33

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

Miscellaneous Income

Social Security/RRTA Payments

Refer to Box 5 on SSA 1099

	2011 amount	PY amount	
Social Security and RRTA payments received - Taxpayer	_____	_____	1
Medicare Insurance Premiums after Social Security - Taxpayer (Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation & withholding)	_____	_____	2
Social Security and RRTA payments received - Spouse	_____	_____	3
Medicare Insurance Premiums after Social Security - Spouse (Enter gross amount before medicare deductions.)	_____	_____	4

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

* List states or localities on Continuation sheet.

	2011 amount	PY amount	
State income tax refunds received in 2011 (total for all states)*	_____	_____	5
Local income tax refunds received in 2011 (total for all localities)*	_____	_____	6
Include interest received on the Interest Income - 1099-INT organizer; include withholding taxes from Form W-2 on the Employee Compensation and Withholding organizer; and include payments for 2010 estimated taxes on the Payments of 2011 Federal, State & City Estimated Tax organizer form.			
Alimony income or legal separation payments received	_____	_____	7
Unemployment insurance compensation	_____	_____	8
Insurance reimbursements for prior-year medical expenses	_____	_____	9
Total miscellaneous income (Lines 5 - 9)	_____	_____	T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Preparer Use Only: A or Blank = Subject to S/E Tax, **B** = Not subject to S/E Tax

	2011 amount	in state Amount taxable	PY amount	
_____	_____	_____	_____	10
_____	_____	_____	_____	11
_____	_____	_____	_____	12
Total other miscellaneous income (Lines 10 -12)	_____	_____	_____	T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Name of payer

	2011 amount	PY amount	
Box 1 - Gross distribution	_____	_____	13
Box 2 - Earnings	_____	_____	14
Box 3 - Basis	_____	_____	15
Box 5 - Enter X if a private 529 program	_____	_____	16
Box 5 - Enter X if a state 529 program	_____	_____	17
Box 5 - Enter X if a Coverdell ESA	_____	_____	18
Amount contributed to this Coverdell ESA in 2011	_____	_____	19
Basis in this Coverdell ESA for 2010 and prior years	_____	_____	20
	Taxpayer	Spouse	
Adjusted qualified higher education expense paid for during 2011 with qualified education program payments	_____	_____	21
Adjusted qualified higher education expense paid for during 2011 with Coverdell ESA distributions	_____	_____	22

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
 - (a) the name of the country where the sale took place and
 - (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2011, provide that information on a continuation sheet. For installment sales prior to 2011, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2011, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock.

Sales of Stocks, Bonds, etc.

		Indicate: T = Taxpayer, S = Spouse, J = Joint						
		Indicate: A = Transaction is reflected on Form 1099B with proceeds and basis, B = Transaction is reflected on Form 1099B with only proceeds, C = Transaction is not reported on Form 1099B	Date acquired	Date sold or date worthless*	Sales proceeds net of selling expense	Cost or other basis	LT	Prep. Use Only
		Number of shares and company name	MM/DD/YYYY	MM/DD/YYYY			ST	
								1
								2
								3
								4
								5
								6
								7
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								11
								12
								13
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								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
Total (Lines 1 - 24)								T
					Net Gain/Loss			GT

Indicate **X** if you owned any securities which became worthless during 2011 25
 *(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days of the sale of any securities from the same company or fund.
 If so, provide details on Continuation sheet. 26

Indicate **X** if you engaged in any collar transactions during 2011. If so, provide details on Continuation sheet. 27

Installment Sales

General Information

Note: Installment Sale is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint _____ 1
Description and location of property sold: _____

_____ 2
Date acquired (mm/dd/yyyy) _____ 3
Date sold (mm/dd/yyyy) _____ 4

Computation of Gain

	Amount
Gross sales price	_____ 5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed.	_____ 6
Original cost	_____ 7
Improvements added	_____ 8
Commissions and expenses of sale	_____ 9
Depreciation taken to date.	_____ 10

Collections

Indicate the total amount of principal collected in 2011 (Principal only,
do not list interest income here. Include on **Interest Income** form.) _____ 11
If property was sold in a prior year, indicate total collections in prior years. (Do not
include current-year collections.) _____ 12

Additional Information

Indicate **X** if:
Investment property _____ 13
Installment sale is a sale of residence _____ 14

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:
Name _____ 15
Address _____ 16
Indicate **X** if related party disposed of the property in the current year. _____ 17
Indicate **X** if the property was a marketable security. _____ 18

Adjustments to Income

Individual Retirement Arrangement (IRA)

For IRA's, contributions **must** be made on or before April 17, 2012, even if the due date of the return is extended beyond that date.

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed to your IRA(s)					
Regular IRA* or SEP IRA* during 2011	_____	_____	_____	_____	1
Regular IRA or SEP IRA Jan - April	_____	_____	_____	_____	2
Roth IRA**during 2011	_____	_____	_____	_____	3
Roth IRA Jan - April	_____	_____	_____	_____	4
Conversion from Regular to Roth IRA	_____	_____	_____	_____	5
Nondeductible Contributions for 2011 (made during 2011)	_____	_____	_____	_____	6
* Do not include amounts withdrawn for 2011 or rolled over before 1/1/2012					
**Do not include amounts converted from regular IRA's					
Indicate X if you were eligible to participate in a qualified employee maintained retirement plan			Taxpayer	Spouse	7
			_____	_____	
Indicate X if you want maximum IRA contribution calculated			_____	_____	8
Nondeductible contributions for 2011 made during 1/1/2012 - 4/17/2012 (also include in total nondeductible contributions for all above)	_____	_____	_____	_____	9
(Enter "IRA Management Fees" on the Miscellaneous Deductions form.)					

Organizer | Adjustments to Income | IRA | IRA Contributions

Value of all IRA(s) as of 12/31/2011

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2011, or
- You received IRA distributions in 2011 and you have at any time made nondeductible contributions to any of your IRA(s).

	Value on 12/31/2011		
Name of Trustee	Taxpayer	Spouse	
_____	_____	_____	10
_____	_____	_____	11
_____	_____	_____	12
Total IRA basis for 2010 and prior years	_____	_____	13

Organizer | Adjustments to Income | IRA | IRA Values

Self-Employed Retirement Plan (Qualified Plan and SEP)

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed:					
By your employer to SEP (if self-employed or a partner)	_____	_____	_____	_____	14
To a Qualified plan	_____	_____	_____	_____	15
			Taxpayer	Spouse	
Indicate X if you want maximum SEP contribution calculated			_____	_____	16
Indicate X if you want maximum Qualified Plan contribution calculated			_____	_____	17

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

	2011 Amount	PY Amount	
Indicate: T = Taxpayer, S = Spouse, J = Joint			
Amount of penalty on early withdrawal of savings	_____	_____	18
Alimony or legal separation payments made	_____	_____	19
Recipient's social security number	_____	_____	20
Amount of qualified student loan interest paid	_____	_____	21
Supplemental unemployment benefits repaid	_____	_____	22
Other adjustments to income	_____	_____	23
Educator expenses	_____	_____	24
Contributions made to health savings account (HSA)	_____	_____	25

Organizer | Adjustments to Income | Other Adjustments to Income

Payments of 2011 Federal, State & City Estimated Tax

Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2010. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

Note: Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2010 overpayment applied to 2011 estimate	_____	_____	_____	1
1st installment (due 4/18/2011)	_____	_____	_____	2
2nd installment (due 6/15/2011)	_____	_____	_____	3
3rd installment (due 9/15/2011)	_____	_____	_____	4
4th installment (due 1/17/2012)	_____	_____	_____	5
Total federal estimated tax paid	_____	_____	_____	T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name _____				6
2010 estimated tax paid in 2011	_____	_____	_____	7
2010 extension amount paid in 2011	_____	_____	_____	8
2010 balance due paid in 2011	_____	_____	_____	9
2010 overpayment applied to 2011 estimate	_____	_____	_____	10
1st installment (due 4/18/2011)	_____	_____	_____	11
2nd installment (due 6/15/2011)	_____	_____	_____	12
3rd installment (due 9/15/2011)	_____	_____	_____	13
4th installment (due 1/17/2012)	_____	_____	_____	14
Total state/city estimated tax paid	_____	_____	_____	15

State/City name _____				16
2010 estimated tax paid in 2011	_____	_____	_____	17
2010 extension amount paid in 2011	_____	_____	_____	18
2010 balance due paid in 2011	_____	_____	_____	19
2010 overpayment applied to 2011 estimate	_____	_____	_____	20
1st installment (due 4/18/2011)	_____	_____	_____	21
2nd installment (due 6/15/2011)	_____	_____	_____	22
3rd installment (due 9/15/2011)	_____	_____	_____	23
4th installment (due 1/17/2012)	_____	_____	_____	24
Total state/city estimated tax paid	_____	_____	_____	25

State/City name _____				26
2010 estimated tax paid in 2011	_____	_____	_____	27
2010 extension amount paid in 2011	_____	_____	_____	28
2010 balance due paid in 2011	_____	_____	_____	29
2010 overpayment applied to 2011 estimate	_____	_____	_____	30
1st installment (due 4/18/2011)	_____	_____	_____	31
2nd installment (due 6/15/2011)	_____	_____	_____	32
3rd installment (due 9/15/2011)	_____	_____	_____	33
4th installment (due 1/17/2012)	_____	_____	_____	34
Total state/city estimated tax paid	_____	_____	_____	35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

Medical Expenses and Taxes

Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

NOTE: Medical expenses are only deductible if over 7.5% of AGI.

Medical and dental expenses (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)	2011 amount	PY amount	
_____	_____	_____	1
_____	_____	_____	2
_____	_____	_____	3
_____	_____	_____	4
_____	_____	_____	5
_____	_____	_____	6
_____	_____	_____	7
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
_____	_____	_____	11
_____	_____	_____	12
_____	_____	_____	13
_____	_____	_____	14
_____	_____	_____	15
Insurance reimbursements for 2011 medical expenses - (not necessary if amounts listed above are net of any reimbursements) (_____)	_____	_____	16
Taxpayer long term care insurance	_____	_____	17
Spouse long term care insurance	_____	_____	18
Vehicle Expenses			
Standard medical miles Jan - June _____ July - Dec	_____	_____	19
Actual gas/oil, expenses incurred	_____	_____	20
Parking fees/tolls	_____	_____	21
Total (Lines 1 - 18, 20 & 21) _____			T

Organizer | Itemized Deductions | Medical and Dental Expenses

Deductible Taxes

Real estate taxes - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

Real estate taxes	2011 amount	PY amount	
_____	_____	_____	22
_____	_____	_____	23
_____	_____	_____	24
_____	_____	_____	25
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	26
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	27
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	28
State unemployment and disability taxes	_____	_____	29
State/local sales or excise taxes paid during 2011	_____	_____	30
Include copy(ies) of purchase invoice for each vehicle referenced above	_____	_____	31
Other state income taxes paid in 2011 (including amounts paid for prior year)	_____	_____	32
Other city income taxes paid in 2011 (including amounts paid for prior year)	_____	_____	33
Other deductible taxes	_____	_____	34
_____	_____	_____	35
_____	_____	_____	36
Total (Lines 22 - 36) _____			T

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

Interest Expense

Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2011. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2011 amount	PY amount
<input type="checkbox"/> X if home equity line/loan		
Mortgage interest received from payer(s)/borrower(s) (Box 1)		
Points paid on purchase of principal residence (Box 2)		
Refund of overpaid interest (Box 3)		
Qualified Mortgage Insurance Premiums (Box 4)		
Real estate taxes paid or other amount shown		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2011 amount	PY amount
<input type="checkbox"/> X if home equity line/loan		
Mortgage interest received from payer(s)/borrower(s) (Box 1)		
Points paid on purchase of principal residence (Box 2)		
Refund of overpaid interest (Box 3)		
Qualified Mortgage Insurance Premiums (Box 4)		
Real estate taxes paid or other amount shown		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2011 amount	PY amount

Total (Lines 13 - 14)		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2011 amount	PY amount
<input type="checkbox"/> X if loan is a refinancing				

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

Mortgage Interest Paid To an Individual

Name	SSN	
Address		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

Investment Interest Expense

Include margin loan interest paid to purchase securities

	2011 amount	PY amount

Total (Lines 18 - 19)		

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled \$1 million or more at any time during 2011 (\$500,000 if married filing separately) or your **home equity debt** totaled \$100,000 or more at any time during 2011 (\$50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4
Name of Lender	_____	_____	_____	_____
Jan 1 Beginning Balance	_____	_____	_____	_____
Dec 31 Ending Balance	_____	_____	_____	_____
Interest paid per Form 1098	_____	_____	_____	_____

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

Charitable Contributions & Misc. Itemized Deductions

Contributions

Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2011. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. Each contribution of \$250 or more requires written acknowledgment of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

Name of organization:	prep. use only 20% 30% 50%	2011 Amount	PY amount	
_____				1
_____				2
_____				3
_____				4
_____				5
_____				6
_____				7
_____				8
_____				9
_____				10
_____				11
_____				12
_____				13
_____				14
_____				15
Total (Lines 1 - 15)				T

Volunteer Expenses

Standard charitable miles Jan - June _____	July - Dec . . . _____			16
Actual gas/oil, expenses incurred				17
Parking fees/tolls				18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

Miscellaneous Taxable Deductions Subject to 2% Floor

(Expenses related to investment income, investment counsel or advisory fees, appraisal fees paid to determine the amount of casualty loss or a charitable contribution of property, costs associated with looking for a new job in your same occupation, dues to labor unions, business publications, repayment of prior year compensation to employer, etc.)

	2011 amount	PY amount	
_____			19
_____			20
_____			21
_____			22
_____			23
Tax return preparation fees			24
Total (Lines 19 - 24)			T

Organizer | Itemized Deductions | Miscellaneous

Miscellaneous Deductions Not Subject to 2% Floor

(estate tax deduction, amortization of bond premium, etc.)

	2011 amount	PY amount	
_____			25
_____			26
_____			27
_____			28
_____			29
Gambling losses (not to exceed gambling winnings)			30
Total (Lines 25 - 30)			T

Organizer | Itemized Deductions | Miscellaneous

Noncash Charitable Contributions

Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is **\$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

↓ Description of property contributed and organization name:

prep. use only
20% 50%
30% 100%

2011 amount

Total (Lines 1 - 4)

Enter noncash contributions below if your total of ALL noncash contributions is **greater than \$500**

Note: An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2011, please provide Form 1098-C, the written acknowledgement you received from the charity.

For stock donations, provide the high & low selling prices per share on the date of donation.

Note: Clothing and household goods will be deductible only if in good to excellent condition when donated.

Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint



Name and Address of Donee*

Description of Donated Property

1		
2		
3		
4		
5		

	Contribution Date	Date Acquired	How Acquired	Cost or Basis	Fair Market Value	Method Used to Determine FMV
1						
2						
3						
4						
5						

*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

Business Expense Schedule and Form 2106 - Vehicle Expenses

Activity name: _____

Vehicle Exp Question

Note: Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? 25

Is the evidence written? 26

Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? 27

Was an employer-provided vehicle available for personal use during off-duty hours? 28

Vehicle number (1, 2, 3, 4, 5, or 6) 29

Vehicle description 30

Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? 31

Was the vehicle used primarily by more than a 5% owner or related person? 32

Was another vehicle available for personal use? 33

Vehicle Mileage

We will determine whether actual expenses or those based on miles driven are better.	2011 amount	PY amount	
Total miles driven: Jan - June _____ July - Dec _____	_____	_____	34
Total business miles driven:	_____	_____	35
or percentage of total miles applicable to business (50% = 50.)	_____	_____	36
Average daily round trip commuting distance	_____	_____	37
Total commuting miles driven during the year	_____	_____	38
Date acquired (MO/DA/YYYY)	_____	_____	39

Vehicle Expenses

(Include both business & personal amounts) Note: We will automatically prorate car expenses between business and personal use based on the miles driven.	2011 amount	PY amount	
Gasoline, oil, repairs, insurance, etc.	_____	_____	40
State and local taxes (not sales tax) -Do not duplicate	_____	_____	41
Interest (Paid to acquire the car)	_____	_____	42
Vehicle rentals	_____	_____	43
Inclusion amount	_____	_____	44
Value of employer-provided vehicle	_____	_____	45

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Miscellaneous vehicle expenses

	2011 amount	
_____	_____	46
_____	_____	47
_____	_____	48
_____	_____	49
_____	_____	50
_____	_____	51
_____	_____	52
_____	_____	53
_____	_____	54
_____	_____	55
Total (Lines 46-55)	_____	T

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry

Note: For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

Business Expense Schedule and Form 2106 - Depreciation

Activity name: _____

Depreciation and Amortization

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients For assets placed in service prior to 1/1/2011, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2011 which is powered by an electric motor or alternative means _____ 9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

_____ 10

_____ 11

_____ 12

_____ 13

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail

Note: If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:

Household Employment Taxes

General Information

Indicate: **T** = Taxpayer, **S** = Spouse

Employer ID number

Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of \$1,700 or more in 2011

You withheld Federal income tax during 2011 at the request of any household employee

You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2011 or 2010 to household employees

You have filed Form W-2 for each of the employees you paid wages in 2011. **Attach copy.**

Name of household employee	Wages subject to				
	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld	Advance EIC payments

Federal Unemployment (FUTA) Tax

The limit is \$7,000 per year per employee.

Indicate **X** if:

You paid unemployment contributions to only one state

You paid all state unemployment contributions for 2011 by April 17, 2012

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions

State reporting number as shown on state unemployment tax return

Contributions you paid to state unemployment fund for 2011

State experience rate period From: To:

State experience rate

Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the *Dependent Information Page*

Miscellaneous

- Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint 1
- Indicate **X** if:
- Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS ____ 2
- Taxpayer received employer provided dependent care benefits and is not claiming the credit 3
- Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings _____ 4
- Indicate the employer provided dependent care benefits forfeited in 2011-Taxpayer _____ 5
- Indicate the employer provided dependent care benefits forfeited in 2011-Spouse _____ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

Persons or Organizations Who Provided The Care

- Name 7
- Street Address 8
- City, State and Zip Code 9
- I.D. Number (SSN or EIN) (Mandatory) 10
- Amount Paid 11
- Phone Number (CA only) 12
-
- Name 13
- Street Address 14
- City, State and Zip Code 15
- I.D. Number (SSN or EIN) (Mandatory) 16
- Amount Paid 17
- Phone Number (CA only) 18
-
- Name 19
- Street Address 20
- City, State and Zip Code 21
- I.D. Number (SSN or EIN) (Mandatory) 22
- Amount Paid 23
- Phone Number (CA only) 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

Spouse Who Was a Full-Time Student or Disabled

- If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . ____ 25
- If so, indicate the number of months you or your spouse was disabled 26
- If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer
or **S** for Spouse 27
- If so, indicate the number of months for which you or your spouse was a full-time student 28

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June
_____	_____	_____	_____	_____	_____
July	August	September	October	November	December
_____	_____	_____	_____	_____	_____

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

Credits - Elderly & Disabled/Education

Credit For The Elderly And Disabled

General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled _____ 1

A physician's statement was filed in a prior year _____ 2

Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) _____ 3

Name of Physician _____ 4

Address of Physician _____ 5

Spouse

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) _____ 6

Name of Physician _____ 7

Address of Physician _____ 8

Organizer | Credits | Elderly or the Disabled Credit

Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2011, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2011 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2011.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

Lifetime Credit Qualifications (these qualifications are less strict than those for the American Opportunity Credit)

Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

	Enter A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit	Qualified Education Expenses* during 2011
Taxpayer	_____	_____
Spouse	_____	_____
Dependents		
First Name	Last Name	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

Credits - Residential Energy/Alternative Motor Vehicle

Residential Energy Credits

Nonbusiness Energy Property Credit

Amounts listed must be:

- 1) paid or incurred during 2011
- 2) for qualified energy improvements installed on property, new or used
- 3) for a dwelling unit located in the U.S. AND
- 4) for property that is your principal residence

	Amount	
Insulation material	_____	1
Exterior energy efficient windows (including skylights)	_____	2
Exterior energy efficient doors	_____	3
Metal or asphalt roof that meets or exceeds Energy Star program	_____	4
Enter total cost of energy efficiency improvements including:		
● energy efficient building property	_____	5
● qualified natural gas, propane or oil furnace or hot water boiler OR	_____	6
● advanced main air circulating fan	_____	7

Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified photovoltaic systems (using solar energy to generate electricity) 8
- solar water heating systems 9
- qualified small wind property costs 10
- qualified geothermal heat pump property costs 11
- qualified fuel cells* (list expenditures for your main home only) 12
- kilowatt capacity of qualified fuel cell property above 13

Alternative Motor Vehicle Credit - Includes the following 4 vehicle types that are new vehicles, and used predominantly in the U.S.

Vehicle Type	Vehicle 1			Vehicle 2			
	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	
Qualified fuel cell	_____	_____	_____	_____	_____	_____	14
Advanced lean-burn technology*	_____	_____	_____	_____	_____	_____	15
Qualified hybrid*	_____	_____	_____	_____	_____	_____	16
Qualified alternative fuel (including mixed fuel vehicles)	_____	_____	_____	_____	_____	_____	17
Qualified plug-in electric drive	_____	_____	_____	_____	_____	_____	18

***Note:** Please include copy of manufacturer certification of eligible expenditures.

