

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 _____

- 30. You paid license fees on personal automobile(s) (personal property tax)..... _____
If so, indicate amount(s) _____
- 31. You received an inheritance during the year..... _____
If so, provide details on continuation sheet.
- 32. You converted, or are considering converting, your traditional IRA into a Roth IRA _____
If so, provide details on continuation sheet.
- 33. You made payments to any type of IRA
(Roth, educational, non-deductible, or traditional)..... _____
If so, provide details on continuation sheet.
- 34. You made payments on a student loan _____
If so, provide details on continuation sheet.
- 35. You made tuition payments to institutions of higher learning..... _____
If so, provide details on continuation sheet.
- 36. You made contributions to Michigan Colleges, Universities, Public Libraries,
Food Banks, Homeless Shelters, Community Foundations, or Public
Broadcasting Stations. _____
If so, provide details on continuation sheet.
- 37. You made payments to the Michigan Education Trust. _____
If so, provide details on continuation sheet.
- 38. You made payments to the Michigan Education Savings Program or
another state's 529 plan..... _____
If so, provide details on continuation sheet.
- 39. Your principal residence is located in Michigan. _____
If so, provide copy of 2011 tax bills.
- 40. You would like to contribute to the Animal Welfare Fund, the Children's Hospital of
Michigan Fund, the Children's Miracle Network Fund, the Children's Trust Fund, the
Children of Veterans Tuition Grant Program, the Foster Care Trust Fund, the Michigan
Council for the Arts Fund, the Military Family Relief Fund, the Renewable Fuels Fund,
the United Way Fund on your Michigan return _____
If so, provide details on continuation sheet.
- 41. You purchased an energy efficient furnace, water heater, refrigerator, dishwasher,
or clothes washer for your principle residence..... _____
If so, provide details on continuation sheet.
- 42. **E-FILING** for the State of Michigan is MANDATORY..... _____
Please verify your Social Security name with the name on your organizer.
If Direct Depositing Refund, please verify bank routing number and account number.

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 _____				
<input checked="" type="checkbox"/> if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____				
<input checked="" type="checkbox"/> if you authorize taxing authority to discuss return with paid preparer Federal . . _____ State . . _____				
<input checked="" type="checkbox"/> 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

	Taxpayer	Spouse
General		
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.

	Indicate: T = Taxpayer, S = Spouse, J = Joint	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)**
First name	Last name					

* 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.

		2011 Unearned Income			
First name	Last name	Interest & Ordinary Dividends	¹ Net Capital Gain	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.

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

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.

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

	Box 1	Box 2	Box 4	Box 6	Box 17	Box 19
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.

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

Description	Federal	State	City/Local	Name of state
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 _____

Business name _____

Street _____

City, state, zip, country _____

Principal business/profession _____

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 _____

If other (specify) _____

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 _____

X if there was any change in determining quantities, cost, or valuation of inventories _____

Miscellaneous Information

Indicate **X** if this business was started or acquired during 2011 _____

Indicate **X** if you received earnings as a statutory employee _____

Indicate **X** if the business was disposed of in 2011 _____

Indicate **X** if the business was ever audited by IRS, State, or Foreign Tax Authority _____

Year of audit _____

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

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	2011 amount	PY amount
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			Cost or unadjusted basis	Business use %	Date sold			Gross sales price	
	MO	DA	YYYY			MO	DA	YYYY		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	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
 Name of payer _____

Please attach all Forms 1099R

	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)	_____		22
Cost in the plan (if different than box 9b amount)	_____		23
Amounts previously recovered tax free in PY for post 1986 annuities	_____		24
Simplified Method			
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			
Expected return (if a regular pension or annuity)	_____		30
Number of years in which payments are to be received (if section 101d)	_____		31
Percent or amount not taxable (50% = .50) (Override).	_____		32

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

Rent and Royalty Income and Expense

Ownership			1
Indicate: T = Taxpayer, S = Spouse, J = Joint			
Activity Information			2
Kind of property			3
Location of property			4
You disposed of the property in 2011			5
Enter percentage of this property that is allocated to another			6
Activity Type			7
Indicate X for type of property: Rental income _____ Royalty other than oil and gas _____			8
Royalty with oil and gas depletion _____ Royalty with no depletion _____			9
If Rental Real Estate			10
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.			11
Organizer Income Rent and Royalty Property Name Rent and Royalty Information Activity Information			
Rent or Royalty Income			12
(Include 100% of income including amounts attributable to others.)			13
Income	2011 amount	PY amount	14
Other income			15
			16
Total income (Lines 9-11)			T
Rent or Royalty Expense			17
(Include 100% of expenses including amounts attributable to others.)			18
Advertising	2011 amount	PY amount	19
Auto and travel			20
Cleaning and maintenance			21
Commissions			22
Insurance			23
Legal and other professional fees			24
Management fees			25
Mortgage interest paid to financial institutions			26
<small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>			27
Mortgage interest paid to individuals*			28
<small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>			29
*If another received Form 1098, enter the recipient's name and address:			30
Other interest			31
Repairs (enter major improvements on the Asset Detail Organizer)			32
Supplies			33
Taxes			34
Utilities			35
Yard maintenance			36
Other Expenses			37
			38
			39
Total expenses (Lines 12-29)			T
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.)			
<small>Please attach an explanation if expenses include amounts incurred when the property was rented.</small>			
	<small>2011 *Direct amount</small>	<small>2011 *Indirect amount</small>	<small>PY amounts</small>
Mortgage interest paid to financial institutions			
<i>(Attach detail - Do not duplicate elsewhere)</i>			
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, _____	
Activity Information	
Kind of property (Mandatory) (House, Timeshare, etc.) _____	
Location of Property (Including Country) _____	
Activity Type	
Indicate V if vacation home or P if other personal/business property _____	
Personal/Business Property	
Indicate: Total area _____ Area used exclusively for business _____	
Vacation Home	
Indicate the total number of days in 2011: Rented at fair market value _____ Occupied by you or a relative _____	
If property is a timeshare, indicate total number of days available _____	
Passive Activity - Vacation Home or Other Personal/Business Property Information	
Indicate X if you actively participated in the operation of the activity during 2011* _____	
Indicate X if you disposed of the property in 2011 _____	
*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	2011 amount	PY amount
Income _____	_____	_____

Rental Expenses	2011	2011	PY amounts
Please attach an explanation if expenses include amounts incurred when the property was rented,	*Direct amount	*Indirect amount	
Mortgage interest paid to financial institutions	_____	_____	_____
<i>(Attach detail - Do not duplicate elsewhere)</i>			
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	_____	_____	_____
Supplies	_____	_____	_____
Utilities	_____	_____	_____
Other expenses	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total expenses (Lines 11-29)	_____	_____	_____

*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			Business use %	Date sold			Gross sales price
	MO	DA	YYYY		MO	DA	YYYY	
_____	_____	_____	_____	_____	_____	_____	_____	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:	Name of Partnership, Estate/Trust, S Corporation, PTP	ID number	Indicate X if disposed of in 2011
	T = Taxpayer, S = Spouse, J = Joint			
	A = Partnership (Non-PTP), B = Estate/Trust, C = S Corp., F = Publicly Traded Partnership (PTP)			
	A = You materially participated in the operation of the activity during 2011*			
	B = Other Passive			
	C = Portfolio (Interest, Dividends)			
	D = Rental Real Estate			
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			

Organizer | Income | Schedule K-1 or Schedule K-1 (PTP)

***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		1
Indicate: T = Taxpayer, S = Spouse, J = Joint _____		
Activity Information		2
Farm name (Mandatory) _____		3
Principal product _____		4
Employer identification number _____		5
Tax shelter registration number _____		6
Tax shelter ID number. _____		7
Accounting Method		8
Indicate method of accounting: Blank = Cash, A = Accrual, B = To leave question unanswered _____		9
Activity Type		10
Indicate A = Material participation*, B = Other passive, D = Rental real estate		
G = Nonpassive tax shelter, H = Passive non-tax shelter _____		11
Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis.		
Miscellaneous Information		12
Indicate X if a farm rental _____		13
Indicate X if you disposed of the business in 2011 _____		14
2011 amount	PY amount	
Self-employed health insurance premium payments you made during 2011 _____		15
Organizer Income Farm Income Farm Name Farm Information Sch F Information		

Farm Income - Cash Method		16	
	2011 amount	PY amount	
Sale of livestock and other items bought for resale	_____	_____	17
Cost or other basis of livestock and other items bought for resale	_____	_____	18
Custom hire (machine work) income	_____	_____	19
Sale of livestock, produce, grains, and other products you raised	_____	_____	20
Cooperative distributions: Total	_____	_____	21
Taxable amount	_____	_____	22
Agricultural program payments: Total	_____	_____	23
Taxable amount	_____	_____	24
Commodity Credit Corporation (CCC) loans reported under election	_____	_____	25
CCC loans forfeited or repaid with certificates: Total	_____	_____	26
Taxable amount	_____	_____	27
Crop insurance proceeds and disaster payments:			
Amount received in 2011	_____	_____	28
Taxable amount	_____	_____	29
Deferred from 2010	_____	_____	30
Other income	_____	_____	31
_____	_____	_____	32
_____	_____	_____	33
_____	_____	_____	34
Total income (Lines 12 - 28)	_____	_____	T
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.) (If an amount is entered, please attach detail.)	_____	_____	39
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			Business use %	Date sold			Gross sales price
	MO	DA	YYYY		MO	DA	YYYY	
								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 _____

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 _____

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 _____

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

	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							Prep. Use Only
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							
		Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	LT ST
							1
							2
							3
							4
							5
							6
							7
							8
							9
							10
							11
							12
							13
							14
							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 _____
 Description and location of property sold: _____

 Date acquired (mm/dd/yyyy) _____
 Date sold (mm/dd/yyyy) _____

Computation of Gain

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

Collections

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

Additional Information

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

Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:
 Name _____
 Address _____

 Indicate **X** if related party disposed of the property in the current year _____
 Indicate **X** if the property was a marketable security _____

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	_____	_____	_____		_____
Regular IRA or SEP IRA Jan - April	_____	_____	_____		_____
Roth IRA** during 2011	_____	_____	_____		_____
Roth IRA Jan - April	_____	_____	_____		_____
Conversion from Regular to Roth IRA	_____	_____	_____		_____
Nondeductible Contributions for 2011 (made during 2011)	_____	_____	_____		_____

* Do not include amounts withdrawn for 2011 or rolled over before 1/1/2012
 **Do not include amounts converted from regular IRA's

	Taxpayer		Spouse
Indicate X if you were eligible to participate in a qualified employee maintained retirement plan	_____		_____
Indicate X if you want maximum IRA contribution calculated	_____		_____

Nondeductible contributions for 2011 made during 1/1/2012 - 4/17/2012 (also include in total nondeductible contributions for all above) _____

(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	
	Taxpayer	Spouse
Name of Trustee	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total IRA basis for 2010 and prior years	_____	_____

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)	_____	_____	_____		_____
To a Qualified plan	_____	_____	_____		_____

	Taxpayer		Spouse
Indicate X if you want maximum SEP contribution calculated	_____		_____
Indicate X if you want maximum Qualified Plan contribution calculated	_____		_____

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

Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

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

	2011 Amount		PY Amount
Amount of penalty on early withdrawal of savings	_____		_____
Alimony or legal separation payments made	_____		_____
Recipient's social security number	_____		_____
Amount of qualified student loan interest paid	_____		_____
Supplemental unemployment benefits repaid	_____		_____
Other adjustments to income	_____		_____
Educator expenses	_____		_____
Contributions made to health savings account (HSA)	_____		_____

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) ()			
Taxpayer long term care insurance			16
Spouse long term care insurance			17
Spouse long term care insurance			18

Vehicle Expenses

Standard medical miles Jan - June _____ July - Dec			
Actual gas/oil, expenses incurred			19
Parking fees/tolls			20
			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.

2011 amount

PY amount

			22
			23
			24
			25
			26
			27
			28
			29
			30
			31
			32
			33
			34
			35
			36

Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)

Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)

Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)

State unemployment and disability taxes

State/local sales or excise taxes paid during 2011

Include copy(ies) of purchase invoice for each vehicle referenced above

Other state income taxes paid in 2011 (including amounts paid for prior year)

Other city income taxes paid in 2011 (including amounts paid for prior year)

Other deductible taxes

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
_____ 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

1
2
3
4
5
6

Form 1098 - Mortgage Interest and Taxes (Name of Lender) _____
 (Enter any additional Form 1098 information on a continuation sheet)

	2011 amount	PY amount
_____ 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

7
8
9
10
11
12

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

13
14
T

Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2011 amount	PY amount
_____ X if loan is a refinancing _____	_____	_____	_____	_____

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

15

Mortgage Interest Paid To an Individual

Name _____	SSN _____	
Address _____		_____

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

16
17

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

18
19
T

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.

20
21
22
23

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

Total (Lines 1 - 15)			

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
T

Volunteer Expenses

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

16
17
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

Tax return preparation fees		
Total (Lines 19 - 24)		

19
20
21
22
23
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

Gambling losses (not to exceed gambling winnings)		
Total (Lines 25 - 30)		

25
26
27
28
29
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

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

Description of property contributed and organization name:

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
Total (Lines 1-8) _____					

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 _____

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

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 1
 Employer ID number 2

Social Security, Medicare, and Income Taxes

Indicate **X** if:
 You paid **any one** household employee wages of \$1,700 or more in 2011 3
 You withheld Federal income tax during 2011 at the request of any household employee 4
 You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2011 or 2010 to
 household employees 5
 You have filed Form W-2 for each of the employees you paid wages in 2011. **Attach copy.** 6

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 12
 You paid all state unemployment contributions for 2011 by April 17, 2012 13
 All wages that are taxable for FUTA tax were also taxable for state's unemployment tax 14

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

Name of state where you paid unemployment contributions 15

State reporting number as shown on state unemployment tax return 16

Contributions you paid to state unemployment fund for 2011 17

State experience rate period From: To: 18

State experience rate 19

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.

