

# General Information

## Taxpayer

## Spouse

First Name . . . . .

Middle Initial . . . . .

Last Name . . . . .

Suffix . . . . .

Social Security Number . . . . .

Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .

Work Phone . . . . .

Cell Phone . . . . .

Fax Number . . . . .

Legally Blind . . . . .

Totally Disabled . . . . .

Claimed as a Dependent . . . . .

Presidential Election Fund (\$3) . . . . .

Occupation . . . . .

E-mail address . . . . .

State of Residence as of 12/31 . . . . .

County of Residence as of 12/31 . . . . .

School District as of 12/31 . . . . .

Sales tax rate of locality in 2011 . . . . . %

If Part Year, Period of Residency . . . . . to

## Filing Status

Status on 2010 return :

- Status as of 12/31/2011 :  **1** Single
- Enter ("X") in the box  **2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)
- 4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . . . \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . . . \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

#### Basic Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	14 Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit in 2008, 2009 or 2010?
<input type="checkbox"/>	<input type="checkbox"/>	15 Do you want to e-file your return?
		16 If you are due a refund, how do you want to receive it?
		<input type="checkbox"/> Check sent to you in the mail <input type="checkbox"/> Western Union® Reloadable MoneyWise™ Prepaid MasterCard®
		<input type="checkbox"/> Apply to next year's estimates <input type="checkbox"/> Other quick refund via a bank product
		<input type="checkbox"/> Direct deposit (please provide a voided blank check)      Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
		If you owe taxes, how do you want to pay them?
		<input type="checkbox"/> Paper check sent with my return <input type="checkbox"/> Credit card
		<input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check)      Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

#### Income

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	17 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	18 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	26 Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2011? (If yes, attach Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	27 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	28 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	29 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	30 During 2011, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	34 Did you receive Social Security benefits?

**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 35 Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 36 Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 37 Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 38 Did you receive Form 2439?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 39 Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 40 Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 41 Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 42 Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 43 Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 44 Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 45 Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 46 Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 47 Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 48 If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 49 Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 50 Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 51 Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 52 Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 53 Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 54 Did you make any contributions to a Keogh or a self-employed SEP plan for 2011?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 55 Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 56 If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 57 Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 58 Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 59 Did you make any contributions to HSA (Health Savings Account) in 2011?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 60 Did you use your car on the job (other than to and from work)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 61 Did you work out of town for part of the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 Did you incur any travel and entertainment expenses for business purposes?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 63 Did you pay expenses for the care of your child or other dependent so you could work?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 64 Did you lose property or have damage to a property due to a casualty, theft, or condemnation?         |
| <input type="checkbox"/> | <input type="checkbox"/> | 65 Did any security become worthless during 2011?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 66 Did any debts become uncollectible during 2011?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 67 Did you purchase a 'clean fuel' or electric hybrid vehicle in 2011?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 68 Did you contribute less than an entire interest in any property to charity?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 69 Did you refinance a mortgage or take out a home equity loan during 2011?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 70 Did you incur moving expenses during the year due to a change of employment?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | 71 Did you pay any educational tuition or fees for you or a dependent?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 72 Did you pay any student loan interest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 73 Did you make any federal or state estimated payments?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 74 Did you make any energy efficient improvements to your main home in 2011?                             |





Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages and Retirement Income

### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Alimony Received

\* F/S - enter ownership (F)iler or (S)pouse.

Payer		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 .....		
<input type="checkbox"/>	2 .....		
<input type="checkbox"/>	3 .....		
<input type="checkbox"/>	4 .....		
<input type="checkbox"/>	5 .....		
<input type="checkbox"/>	6 .....		
<input type="checkbox"/>	7 .....		
<input type="checkbox"/>	8 .....		
<input type="checkbox"/>	9 .....		

### Alimony Paid

\* F/S - enter ownership (F)iler or (S)pouse.

Recipient's Name		Recipient's SSN	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 .....	1 .....		
<input type="checkbox"/>	2 .....	2 .....		
<input type="checkbox"/>	3 .....	3 .....		
<input type="checkbox"/>	4 .....	4 .....		
<input type="checkbox"/>	5 .....	5 .....		
<input type="checkbox"/>	6 .....	6 .....		
<input type="checkbox"/>	7 .....	7 .....		
<input type="checkbox"/>	8 .....	8 .....		
<input type="checkbox"/>	9 .....	9 .....		



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)**

Expenses		Current Year Amount	Prior Year Amount
41	Advertising . . . . .	41	
42	Contract labor . . . . .	42	
43	Commissions and fees . . . . .	43	
44	Depletion . . . . .	44	
45	Employee benefit programs (other than on line 51) . . . . .	45	
46	Insurance (other than health) . . . . .	46	

**Interest:**

47	Mortgage (paid to banks, etc.) . . . . .	47	
48	Other . . . . .	48	

49	Legal and professional services . . . . .	49	
50	Office expense . . . . .	50	
51	Pension and profit-sharing plans . . . . .	51	

**Rent or Lease:**

52	Machinery rental or lease . . . . .	52	
53	Equipment rental or lease . . . . .	53	
54	.....	54	
55	.....	55	
56	.....	56	
	Other business property rental or lease		
57	.....	57	
58	.....	58	
59	.....	59	

60	Repairs and maintenance . . . . .	60	
61	Supplies (not included in inventory cost of goods sold) . . . . .	61	
62	Taxes and licenses . . . . .	62	

**Travel, Meals, and Entertainment:**

Travel

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits . . . . .	67	<input type="checkbox"/>	<input type="checkbox"/>
68	.....	68		
69	.....	69		
70	.....	70		
71	.....	71		

72	Utilities . . . . .	72	
73	Wages . . . . .	73	

**Other Expenses**

74	.....	74	
75	.....	75	
76	.....	76	
77	.....	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

**Vehicle 1 -** **Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				

**Vehicle 3 -** **Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . . 3				
4 Business miles driven during the year . . . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ----- 13				



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
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					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Kind of Property .....  
Address .....  
City ..... State ..... Zip .....

	Current Year Info	Prior Year Info
<b>1</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . . <b>1</b>		
<b>2</b> Enter "X" if you actively participated? . . . . . <b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . <b>3</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . . <b>3a</b>	<input type="text"/>	<input type="text"/>
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . . <b>3b</b>	<input type="text"/>	<input type="text"/>

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . . <b>4</b>		
<b>5</b> Rent received . . . . . <b>5</b>		
<b>5a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . . <b>5a</b>		
<b>5b</b> Rental use percentage for property used partially for personal use only . . . . . <b>5b</b>		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>6</b> Advertising . . . . . <b>6</b>		
<b>7</b> Cleaning and maintenance . . . . . <b>7</b>		
<b>8</b> Commissions . . . . . <b>8</b>		
<b>9</b> Insurance . . . . . <b>9</b>		
<b>10</b> Legal and other professional fees . . . . . <b>10</b>		
<b>11</b> Management fees . . . . . <b>11</b>		
<b>12 a</b> Qualified mortgage interest paid to banks, etc. . . . . <b>12a</b>		
<b>b</b> Other mortgage interest paid to banks, etc. . . . . <b>12b</b>		
<b>13</b> Other interest . . . . . <b>13</b>		
<b>14</b> Repairs . . . . . <b>14</b>		
<b>15</b> Supplies . . . . . <b>15</b>		
<b>16 a</b> Real estate taxes . . . . . <b>16a</b>		
<b>b</b> Other Taxes . . . . . <b>16b</b>		
<b>17</b> Utilities . . . . . <b>17</b>		

Assets Placed in Service This Year	Date Placed In Service	Purchase Amount
Description: <b>A</b> .....	<b>A</b>	
<b>B</b> .....	<b>B</b>	
<b>C</b> .....	<b>C</b>	
<b>D</b> .....	<b>D</b>	
<b>E</b> .....	<b>E</b>	
<b>F</b> .....	<b>F</b>	
<b>G</b> .....	<b>G</b>	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

#### Other Expense

18 .....

19 .....

20 .....

21 .....

22 .....

23 .....

24 .....

25 .....

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

#### Travel Expenses

26 .....

27 .....

28 .....

29 .....

30 .....

31 .....

32 .....

33 .....

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

#### Meals and Entertainment Expense

34 .....

35 .....

36 .....

37 .....

38 .....

39 .....

40 .....

41 .....

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Social Security and Railroad Retirement

#### Filer

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

Current Year Amount	Prior Year Amount

#### Spouse

- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12


Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Refund from state . . . . .			1	
2	Unemployment compensation . . . . .			2	
3	Prizes and awards . . . . .			3	
4	Scholarships and fellowships . . . . .			4	
5	Bartering income . . . . .			5	
6	Fees received for jury duty . . . . .			6	
7	Income from rental of personal property, if not in the business of renting such property . . . . .			7	
8	Precinct election board duty . . . . .			8	
9	Alaska Permanent Fund Dividends . . . . .			9	
10	-----			10	
11	-----			11	
12	-----			12	
13	Other income not provided for in this Organizer			13	

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Educator expenses . . . . .		
<input type="checkbox"/>	2 Student loan interest . . . . .		
<input type="checkbox"/>	3 Health Savings account deduction . . . . .		
<input type="checkbox"/>	4 Moving expenses . . . . .		
<input type="checkbox"/>	5 Self-employed SEP, SIMPLE, or other qualified plans . . . . .		
<input type="checkbox"/>	6 Penalty on early withdrawal of savings . . . . .		
<input type="checkbox"/>	7 Tuition and fees . . . . .		

**Miscellaneous Deductions**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Performing-arts-related expenses . . . . .		
<input type="checkbox"/>	2 Foreign housing deduction . . . . .		
<input type="checkbox"/>	3 Jury duty pay given to your employer . . . . .		
<input type="checkbox"/>	4 Reforestation amortization . . . . .		
<input type="checkbox"/>	5 Repayment of sub-pay under the Trade Act of 1974 . . . . .		
<input type="checkbox"/>	6 Contributions to Section 501(c)(18) pension plans . . . . .		
<input type="checkbox"/>	7 Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .		
<input type="checkbox"/>	8 Employee business expenses of fee-basis state or local government officials . . . . .		
<input type="checkbox"/>	9 Expenses from the rental of personal property but were not in the business of renting such property . . . . .		
<input type="checkbox"/>	10 Contributions by chaplains to section 403(b) plans . . . . .		
<input type="checkbox"/>	11 Archer MSA deduction . . . . .		
<input type="checkbox"/>	12 -----		
<input type="checkbox"/>	13 -----		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2011 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2011 and before 04/15/2012 . . . . . 2
- 3 Enter value of all traditional IRAs as of 12/31/2011 . . . . . 3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2011 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2011 . . . . . 6


#### Roth Contributions

**Filer**

- 1 Enter 2011 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2011 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 2

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#### Education IRA (Coverdell ESA)

**Filer**

- 1 Enter 2011 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 4




Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions**

Current Year Amount	Prior Year Amount

**Real Estate Taxes**

23 Principal residence . . . . . 23

**Real Estate Not Held For Investment**

24 ..... 24

25 ..... 25

26 ..... 26

27 ..... 27

28 ..... 28

**Real Estate Held For Investment**

29 ..... 29

30 ..... 30

31 ..... 31

32 ..... 32

33 ..... 33



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34 Personal property taxes . . . . . 34

**Other Taxes**

35 ..... 35

36 ..... 36

37 ..... 37

--	--




Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
---------------------	-------------------

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

48	Union dues . . . . .	48		
49	Professional journals and subscriptions . . . . .	49		
50	Uniform and protective clothing costs and cleaning . . . . .	50		
51	Job search costs (resumes, travel, postage, etc.) . . . . .	51		
52	.....	52		
53	.....	53		
54	.....	54		
55	.....	55		
56	.....	56		
57	.....	57		
58	.....	58		

**Other Miscellaneous Expenses - Itemized Deductions**

If investment related enter "X"

Current Year Amount	Prior Year Amount
---------------------	-------------------

59	Certain attorney and accounting fees . . . . .		59		
60	Safe deposit box rental . . . . .		60		
61	IRA Custodial fees . . . . .		61		
62	Investment counsel and advisory fees . . . . .		62		
63	.....		63		
64	.....		64		
65	.....		65		
66	.....		66		
67	.....		67		
68	.....		68		
69	.....		69		
70	.....		70		
71	.....		71		
72	.....		72		
73	.....		73		
74	.....		74		

**Other Miscellaneous Deductions**

75	Tax preparation fees . . . . .	75		
76	Gambling losses (if gambling income) . . . . .	76		
77	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	77		
78	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	78		
79	.....	79		
80	.....	80		
81	.....	81		
82	.....	82		
83	.....	83		
84	.....	84		
85	.....	85		



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)**

**Information on Donated Property**

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	Name Address City State Zip Code	

**Note:** If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box: Occupation in which you incurred the expenses

Filer

Spouse

#### Meals and Entertainment

- 1 Meals and entertainment expenses . . . . . 1
- 2 Enter "X" in the box if subject to DOT hours of service limits . . . . . 2

Current Year Amount	Prior Year Amount
<input type="checkbox"/>	<input type="checkbox"/>

#### Travel Expenses

- 3 Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . . 3
- 4 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment. . . . . 4


#### Other Employment Related Expenses

- 5 Business gifts . . . . . 5
- 6 Employment related education expenses . . . . . 6
- 7 Trade publications . . . . . 7
- 8 . . . . . 8
- 9 . . . . . 9
- 10 . . . . . 10
- 11 . . . . . 11
- 12 . . . . . 12


#### Vehicle Information

##### Vehicle 1 -

##### Vehicle 2 -

- 13 Date vehicle was placed in service . . . 13
- 14 Cost of vehicle . . . . . 14
- 15 Total miles driven for the year . . . . . 15
- 16 Business miles driven during the year 16
  - January 1 to June 30 . . . . .
  - July 1 to December 31 . . . . .
- 17 Commuting miles (included in total miles driven for the year) . . . . . 17
- 18 Average daily roundtrip commuting miles . . . . . 18
- 19 Vehicle Interest . . . . . 19
- 20 Vehicle Personal Property tax . . . . . 20

Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount

#### If claiming actual expenses continue:

- 21 Gasoline, oil, repairs and vehicle insurance . . . . . 21
- 22 Vehicle lease or rental . . . . . 22
- 23 Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 23


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2010 and paid in 2011 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
<b>3</b>	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2011
<b>6</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>7</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>8</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>9</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>10</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Adoption Expenses

**1 Provide the Following Information on Each Eligible Child**

	First Name      Last Name		Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 1994 and Disabled	A Child With Special Needs	A Foreign Child	
<b>1st Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2nd Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3rd Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4th Child</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	1st Child	2nd Child	3rd Child	4th Child
2 Expenses you paid in 2010. . . . .				
3 Expenses you paid in 2011, if the adoption was final in 2011. . . . .				
4 Expenses you paid in 2011, if the adoption was final before 2011.				

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? . . . . .  Yes       No