

# INDEX 2011

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K-1 (1120S)	S Corporation income or loss K-1 received	40
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DD/EFW	Direct deposit/Electronic Funds Withdrawal information	EF/DD
	Educator expenses. Enter total expenses in Box# 2594, 3625	5
EF	Electronic filing PIN, Taxpayer, Sousee, and Preparer	EF/DD
W-2	Excess SS & RRTA tax withheld	16
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32 Eric Ln  
Staten Island, NY 10308  
(646) 637-3269  
# **(718) 534-8993**  
dimarsky@yahoo.com

Account Number

[illegible]

EF/DD	DIRECT DEPOSIT, ELECTRONIC FILING	LAST NAME	2011
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DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL									
GOVT	SAME AS FED	FINANCIAL INSTITUTION NAME [25]	ROUTING NUMBER [9]	DEPOSITOR ACCOUNT NUMBER [17]	* ACCT TYPE	DD ** EFW ***	AMOUNT	PERCENT	WITHDRAWAL DATE
US									
US									
US									
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								
* ACCT TYPES: CHECKING - SAVINGS - 2009 IRA - 2010 IRA - HSA - MSA - ESA									
DD ** = DIRECT DEPOSIT EFW *** = ELECTRONIC FUNDS WITHDRAWAL OF AMOUNT DUE									

INV	TAXPAYER INVOICE
INVOICE NUMBER	0330
PRINT CLIENT ID ON INVOICE	8285 <input type="checkbox"/> YES
SUPPRESS INVOICE NUMBER	8455 <input type="checkbox"/> YES
DATE TO PRINT ON INVOICE	0379 - -
PRINT THIS AMOUNT ONLY	2407
PRINT DETAILED INVOICE (YES)	1188

EF	ELECTRONIC FILING PIN SIGNATURE
FILE RTN ELECTRONICALLY	1189 <input type="checkbox"/> YES
TAXPAYER PIN	0232 [5]
SPOUSE PIN	0233 [5]
ACCOUNTANT PIN	0231 [5]
SIGNATURE DATE	0083 - -
INDICATED WHICH STATES TO BE FILED ELECTRONICALLY. IF ALL, WRIGHT ALL	

USE THIS SECTION IF YOU ARE FILING RETURN ELECTRONICALLY AND HAVE CERTAIN PAPER FORMS TO SEND TO IRS i.e. CAPITAL GAINS ATTACHMENT, FORM 8283 or OTHER FORMS LISTED BELOW THAT HAVE SUPPORTING DOCUMENT ATTACHMENTS. **FORCE 8453 MUST BE CHECKED** FOR THE FORM TO PRODUCE. CHECK THE BOXES FOR THE FORMS THAT WILL BE ATTACHED TO FORM 8453. EACH 8453 WILL HAVE A SPECIAL DCN NUMBER ASSIGNED TO IT THAT WILL CORRESPOND TO TAX RETURN EFILED TO IRS

EF	8453 EFILE TRANSMITTAL FOR PAPER ATTACHMENTS	
FORCE FORM 8453 TO PRINT		
8173 <input type="checkbox"/> YES		
OPT OUT OF 1040 MeF (FEDERAL AND STATE) FOR THIS RETURN		
1549 <input type="checkbox"/> YES		
MILITARY INDICATOR	1 = Desert Storm 7 = Northern Watch 2 = Haiti 8 = Operation 3 = Former Allied Force Yugoslavia 9 = Northern Forge 4 = UN Operation 10 = Enduring 5 = Joint Guard Freedom 6 = Joint Forge 11 = Combat Zone	
2944		
PAPER DOCUMENT INDICATORS  (MUST BE ATTACHED TO FORM 8453)	FORM 4136	8174 <input type="checkbox"/> YES
	SCH D/8949	8172 <input type="checkbox"/> YES
	FORM 5713	8366 <input type="checkbox"/> YES
	REV PROC 2009-2	8176 <input type="checkbox"/> YES
	FORM 8283	1271 <input type="checkbox"/> YES
	FORM 1098-C	1433 <input type="checkbox"/> YES
	FORM 8332	1266 <input type="checkbox"/> YES
	FORM 3115	8365 <input type="checkbox"/> YES
	FORM 8858	8367 <input type="checkbox"/> YES
	FORM 3468	1272 <input type="checkbox"/> YES
FORM 8864	1434 <input type="checkbox"/> YES	
FORM 2848	1429 <input type="checkbox"/> YES	
FORM 8885	8175 <input type="checkbox"/> YES	
NAME OF PERSON SIGNING POWER OF ATTORNEY (2848)		
8635 [35]		
INTERMEDIATE SERVICE PROVIDER EFIN (SEIN)		
4790 [6]		
RAL INDICATOR		
1336 <input type="checkbox"/> YES		
SUPPRESS PRINTING PREPARER SSN / EIN		
8009 <input type="checkbox"/> YES		

8948	EXPLANATION FOR NOT FILING ELECTRONICALLY		
CHECK APPLICABLE BOX TO INDICATE REASON RETURN IS NOT BEING FILED ELECTRONICALLY. DO NOT CHECK MORE THAN ONE BOX.			
1	TAXPAYER CHOSE TO FILE THIS RETURN ON PAPER	4201 <input type="checkbox"/> YES	
	OVERRIDE FOR TAXPAYER CHOICE STATEMENT:		
	0642		
	0643		
	0644		
	0645		
	0646		
2	PREPARER RECEIVED WAIVER FROM REQUIREMENT TO ELECTRONICALLY FILE TAX RETURN	0629 <input type="checkbox"/> YES	
	WAIVER REFERENCE NUMBER	0630 [25]	
3	APPROVAL LETTER DATE	0631	
	PREPARER IS MEMBER OF RECOGNIZED RELIGIOUS GROUP CONSCIENTIOUSLY OPPOSED TO FILING ELECTRONICALLY	0632 <input type="checkbox"/> YES	
4	RETURN WAS REJECTED BY IRS E-FILE AND REJECT CONDITION COULD NOT BE RESOLVED	0633 <input type="checkbox"/> YES	
	REJECT CODE	0634 [25]	
	NUMBER OF ATTEMPTS TO RESOLVE REJECT	0635	
	PREPARER'S E-FILE SOFTWARE PACKAGE DOES NOT SUPPORT FORM OR SCHEDULE ATTACHED TO RETURN	0636 <input type="checkbox"/> YES	
5	FORM	0637	
	SCHEDULE	0638	
6	CHECK APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION IF REQUESTED:		
	a	PREPARER IS INELIGIBLE TO E-FILE BECAUSE IRS E-FILE DOES NOT ACCEPT FOREIGN PREPARERS WITHOUT SOC SEC NUMBERS WHO LIVE AND WORK ABROAD.	0639 <input type="checkbox"/> YES
		PREPARER IS INELIGIBLE TO PARTICIPATE IN IRS E-FILE	0640 <input type="checkbox"/> YES
	c	OTHER. DESCRIBE CIRCUMSTANCES BELOW:	0641 <input type="checkbox"/> YES
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

B - INT		INTEREST INCOME							
FROM SELLER-FINANCED MORTGAGE	NAME	[25]	ADDRESS		[32]	IDENTIFYING NUMBER	T / S	AMOUNT	STATE
	1				SSN				
					EIN				
DESCRIPTION (Use this area if you are attaching your own schedule or total amount is under #1,500)		[33]	T / S	INTEREST INCOME (NOT U.S. GOVT)	U.S. GOVT SAVINGS BONDS	TOTAL MUNI BONDS	STATE CODE		

B - DIV		DIVIDEND INCOME						
5	DESCRIPTION (Use this area if you are attaching your own schedule or total amount is under #1,500)	T / S	ORD DIVIDENDS (1099 Box 1)	QUALIFIED DIVIDENDS	U.S. GOVT BONDS	TOTAL MUNI BONDS	CAPITAL GAINS	ST CODE
	[21]							
	STATEMENT 11							

A		ITEMIZED DEDUCTIONS							
TAXES					23	LIMITED MISC.	DESCRIPTION	T/S	AMOUNT
8	OTHER TAXES								
STATEMENT 6									
MISCELLANEOUS DEDUCTIONS (2% AGI LIMIT)					STATEMENT 8				
21	UNREIM- BURSED EMPLOYEE EXPENSE	DESCRIPTION	T/S	AMOUNT	28	OTHER MISC.	DESCRIPTION	T/S	AMOUNT
STATEMENT 7					STATEMENT 9				

FEDERAL EXEMPTIONS	STANDARD DEDUCTIONS	ADJUSTMENTS
1 3,700	Single - under 65 \$5,800	Educator expenses ( )
2 7,400	Single - over 65 or Blind \$7,250	Certain busn expenses (Reservists, etc.) 2106 ( )
3 11,100	Single - over 65 and Blind \$8,700	Health savings acct deduction 8889 ( )
4 14,800	Married Filing Joint - under 65 \$11,600	Moving expense 3903 ( )
5 18,500	One Spouse over 65 or Blind \$12,750	1/2 Self-employment tax SE ( )
6 22,200	Both Spouses over 65 or Blind \$13,900	SEP, SIMPLE and qualified plans SEP ( )
7 25,900	Both Spouses over 65 and one is Blind \$15,050	100% Self-employment health insurance SEHI ( )
8 29,600	Both Spouses over 65 and Blind \$16,200	Early savings withdrawal penalty PEN ( )
9 33,300	Married Filing Separate - under 65 \$5,800	Alimony paid ALIM ( )
10 37,000	Spouse Itemizes \$ 0	IRA deduction IRA ( )
11 40,700	Married Filing Separate - over 65 \$6,950	Student loan interest SLI ( )
12 44,400	Head of Household - under 65 \$8,500	Tuition and fees 8917 ( )
13 48,100	Head of Household - over 65 or Blind \$9,950	Domestic production activities dedn. 8903 ( )
14 51,800	Widow(er) with Child - under 65 \$11,600	Other deductions ( )
	Widow(er) with Child - over 65 or Blind \$12,750	

CHILD CARE CREDIT TABLE			
If AGI is:	Multiplier is:	If AGI is:	Multiplier is:
Over-	But not over-	Over-	But not over-
\$0 - - 15,000	.35	29,000 - - 31,000	.27
15,000 - - 17,000	.34	31,000 - - 33,000	.26
17,000 - - 19,000	.33	33,000 - - 35,000	.25
19,000 - - 21,000	.32	35,000 - - 37,000	.24
21,000 - - 23,000	.31	37,000 - - 39,001	.23
23,000 - - 25,000	.30	39,000 - - 41,000	.22
25,000 - - 27,000	.29	41,000 - - 43,000	.21
27,000 - - 29,000	.28	43,000 - - No limit	.20

TAX RATE SCHEDULE CALCULATION	
-- For Taxable Incomes Over \$100,000 --	
(a) Taxable income	
(b) Multiplication amount	X
(c) (a) x (b)	=
(d) Subtraction amount	( )
TAX	+

INCOME	
Taxpayer wages, salaries and tips	TP WAGES
Spouse wages, salaries and tips	SP WAGES
Interest income	INT
Ordinary dividends	DIV
Qualified dividends	DIV
State refund	STATE
Alimony received	ALIM
Business income (loss)	SCH C
Capital gain (loss)	SCH D
Other gains (losses)	4797
Taxable IRA distributions	IRA
Taxable pension income	RETIRE
Rents, partnerships, etc	SCH E
Farm income (loss)	SCH F
Unemployment	UNEMPL
Taxable Social Security & Railroad	SS & RR
Other income	

TAXES	
ADJUSTED GROSS INCOME	AGI
ITEMIZED/STANDARD DEDUCTION	DED ( )
EXEMPTIONS ( x \$3700)	EXE ( )
TAXABLE INCOME	TI
ALTERNATIVE MINIMUM TAX	AMT
INCOME TAX	TAX

CREDITS	
Foreign tax credit	1116
Child and dependent care	2441
Education credits	8863
Retirement savings contributions credit	8880
Child tax credit	8901
Residential energy credit	5695
Credit for elderly or disabled	SCH R
Business credits / Other	8839
TAX BALANCE (Not less than zero)	

OTHER TAXES	
Self-employment tax / Other	
TOTAL TAX	FED

PAYMENTS	
Federal withholding	W/H
Estimated payments / Other	ES
AMOUNT DUE	DUE
NET REFUND	REFUND

ITEMIZED DEDUCTION SUMMARY		
4	TOTAL MEDICAL	
	LESS 7.5% OF AGI	( )
9	TAXES PAID (INCLUDE WITHHOLDING)	
14	INTEREST PAID	
19	TOTAL CHARITABLE CONTRIBUTIONS	
	LIMITED	
20	CASUALTY AND THEFT	
24	LIMITED MISCELLANEOUS DEDUCTIONS	
	LESS 2% OF AGI	( )
28	OTHER MISCELLANEOUS DEDUCTIONS	
29	TOTAL ITEMIZED DEDUCTIONS	•



<b>T A X P A Y E R</b>	<b>GI</b> TAXPAYER'S FIRST NAME 0002 [15]		SPOUSE'S FIRST NAME 0003 [15]	
	LAST NAME 0001 [20]		SPOUSE'S LAST NAME IF DIFFERENT 0076 [20]	
	TITLE (JR, MD, III, etc.) 0107 [3]		SPOUSE TITLE 0028 [3]	
	SOC SEC NO [9] 0004 - -		SOC SEC NO 0005 - -	
	OCCUPATION [25] 0006		OCCUPATION [25] 0007	
	BIRTHDATE 0062 - -		BIRTHDATE 0063 - -	
	BLIND 1103 <input type="checkbox"/> YES		BLIND 1104 <input type="checkbox"/> YES	
	DEATH DATE 0170 - -		DEATH DATE 0110 - -	
	HOME PHONE NO 0060		HOME PHONE NO 8165	
	DAY / EVENING (D / E) 0199		DAY / EVENING (D / E) 8152	
	WORK PHONE NO 0296		WORK PHONE NO 8166	
	DAY / EVENING (D / E) 0197		DAY / EVENING (D / E) 8153	
	CELL PHONE NO 8248		CELL PHONE NO 8181	
	DAY / EVENING (D / E) 8249		DAY / EVENING (D / E) 8154	
	FAX NUMBER 0130		FAX NUMBER 8167	
PRESIDENTIAL ELECTION FUND 1122 <input type="checkbox"/> YES		PRESIDENTIAL ELECTION FUND 1123 <input type="checkbox"/> YES		
TUITION AND FEES 7076		TUITION AND FEES 7077		
AOC PRIOR YEARS 7791		AOC PRIOR YEARS 7792		
* TYPE OF EDUCATION EXPENSE 8312		* TYPE OF EDUCATION EXPENSE 8313		

INDIVIDUAL LITE DATA	
<b>PREPARER #</b>	<h1 style="margin: 0;">2011</h1> <h2 style="margin: 0;">SYSTEM 1040</h2>
3872	
CONTROL CODE (OR CLIENT NO.)	
PREPARER'S STAMP OR NOTES (OPTIONAL)	
ELECTRONIC FILING PIN SIGNATURE	
FILE RTN ELECTRONICALLY	1189 <input type="checkbox"/> YES
TAXPAYER PIN	0232 [5]
SPOUSE PIN	0233 [5]
ACCOUNTANT PIN	0231 [5]
TP ENTERED PIN(s)	8065 <input type="checkbox"/> YES
SIGNATURE DATE	0083 - -
INDICATED WHICH STATES TO BE FILED ELECTRONICALLY. IF ALL, WRIGHT ALL	

* TYPE OF EDUCATION EXPENSE	1 = Optimize: AOC, Lifetime, Tuition 2 = Optimize: Lifetime, Tuition Dedn	3 = Force AOC 4 = Force Lifetime
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IN CARE OF 0129 [35]			
STREET ADDRESS 0008 [35]			
APARTMENT NO	0010	COUNTY	0101 [15]
CITY 0009 [20]			
STATE	0011 [2]	ZIP	0012 [10]
TAXPAYER E-MAIL ADDRESS 8183 [50]			
SPOUSE E-MAIL ADDRESS 8300 [50]			
MILITARY ADDRESS: 1 = APO/DPO/FPO 2 = Stateside 2245			

RESIDENT STATE ONLY	
RESIDENT COUNTY / MUNICIPAL CODE	0341 [10]
SCHOOL DISTRICT NAME	0045 [20]
SCHOOL DISTRICT NUMBER	0126 [7]
FOREIGN ADDRESS (IF REQUIRED)	
FOREIGN STREET ADDR	0227 [35]
FOREIGN CITY	0351 [20]
STATE OR PROVINCE	0352 [20]
FOREIGN POSTAL CODE	0353 [20]
FOREIGN COUNTRY	0229 [20]

FILING STATUS	
1 - Single <input type="checkbox"/> 1111 Dependent of Another <input type="checkbox"/> 8101 TP Depn of Another and Qualifies for Educ Credit  2 - Married Filing Joint <input type="checkbox"/> 1391 Spouse Depn of Another  3 - Mar'd Sep. (Best Method) <input type="checkbox"/> 1157 Dual Status Alien <input type="checkbox"/> 1139 (Itemize) <input type="checkbox"/> 1140 (Std. Deduction) <input type="checkbox"/> 1393 Claiming Spousal Deduction <input type="checkbox"/> 1199 Didn't live with spouse entire year  4 - Head of Household (Enter Qualifying Name on Dependent Screen and select appropriate status.)  5 - Widow(er) with Dependent Child Year of Death (05, 06) 0540	<div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto; margin-bottom: 20px;">0133</div> <div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto;">0540</div>

MARRIED FILING SEPARATELY WORKSHEET	
1 - GENERATE MFS WORKSHEET (ALLOCATE UNSPECIFIED AMTS 50/50 JOINTLY) 2 - GENERATE MFS WORKSHEET (ALLOCATE UNSPECIFIED AMTS 100% TO TAXPAYER) 3 - MFS WKSHT NOT SELECTED	0119

PO PREPARERS OPTIONS	
FEDERAL TAX RETURN ONLY	1106 <input type="checkbox"/> YES
IRS MAIL CODE	0084 [2]
RESIDENT STATE IF DIFFERENT	
PREPARE FORM 1040-V VOUCHER	1355 <input type="checkbox"/> NO
EXTRA FEDERAL RETURN	1141 <input type="checkbox"/> YES
EXTRA STATE RETURN	1247 <input type="checkbox"/> YES
TWO-YEAR COMPARISON	1360 <input type="checkbox"/> YES
SIGNING AS PARENT OR GUARDIAN	1235 <input type="checkbox"/> YES
PRINT SIGNATURE DATE	1233 <input type="checkbox"/> YES
NONPAID PREPARER	1240 <input type="checkbox"/> YES
DUE DATE IF NOT 04-15-2009	0146 <input type="checkbox"/> -

INV TAXPAYER INVOICE	
INVOICE NUMBER	0330
PRINT CLIENT ID ON INVOICE	8285 <input type="checkbox"/> YES
SUPPRESS INVOICE NUMBER	8455 <input type="checkbox"/> YES
DATE TO PRINT ON INVOICE	0379 - -
PRINT THIS AMOUNT ONLY	2407
PRINT DETAILED INVOICE (YES)	1188

W-2 WAGES, SALARIES & TIPS # 1				
TAXPAYER OR SPOUSE		8208		
FEDERAL ID #		8207 [9]		
EMPLOYER NAME ☺				
8204 [30]				
ADDRESS ☺		8205		
ZIP CODE		8199		
CITY		8197		
<b>EMPLOYER</b>	1	WAGES, TIPS, OTHER COMP.	7301	
	2	FED INCOME TAX WITHHELD	7302	
	4	SOCIAL SECURITY WITHHELD	7304	
	10	DEPENDENT CARE BENEFITS	7310	
	12	ENTER CODE 8227 etc, AMT 7291 etc	8227 [2]	7291
			8228 [2]	7292
			8229 [2]	7293
			8230 [2]	7294
		"J" SICK PAY FROM RAILRD	8226 <input type="checkbox"/> YES	
		"L" TO FORM 2106 #	8221	
	"P" TO FORM 3903 #	8182		
13	STATUTORY EMPLOYEE INCOME TO SCHEDULE C #	8222		
	RETIREMENT PLAN	8226 <input type="checkbox"/> YES		
	THIRD PARTY SICK PAY	8225 <input type="checkbox"/> YES		
14	OTHER	8213 [8]	7213	
		8214 [8]	7214	
		8215 [8]	7215	
<b>STATE</b>	STATE TWO-LTR CODE 1) [2]			
	STATE ID NUMBER 2)			
	STATE WAGES 3)			
	STATE TAX W/HELD 4)			
CLERGY				
CLERGY W-2		1446 <input type="checkbox"/> YES		
SUPPRESS CLERGY SE		1452 <input type="checkbox"/> YES		

2	1040 DATA SHEET 2	LAST NAME	2011
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DI	DEPENDENTS				
	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4	DEPENDENT #5
	FIRST NAME & INIT	[12]	[12]	[12]	[12]
	LAST NAME IF DIFF	[12]	[12]	[12]	[12]
	BIRTHDATE	[8]	[8]	[8]	[8]
	SOC SEC NUMBER				
	RELATIONSHIP	[11]	[11]	[11]	[11]
	CLAIMED BY T / S				
	# MOS IN HOME				
	DISABLED				
	COLLEGE STUDENT				
	INELIGIBLE FOR CTC				
6	CHILD CARE EXP				
	TUITION AND FEES				
	AOC EXPENSES				
	TYPE OF ED EXP *				
	AOC PRIOR YRS				
	STATUS **				
	(ENTER 1 - 9)	[1]	[1]	[1]	[1]
	INSURED				
	KIDNAPPED				
	* TYPE OF EDUCATION EXP:	1 = Optimize: AOC, Lifetime, Tuition 2 = Optimize: Lifetime, Tuition Dedn	3 = Force AOC 4 = Force Lifetime	5 = Force Tuition Dedn	
	** STATUS OPTIONS	0 = Claimed 1 = Not claiming child this year 2 = Not claimed but child qualifies for EIC 3 = Not claimed but qualifying child for HOH	4 = Not claimed but qualifies for depn care benefits (DCB) 5 = Not claimed but qualifies for both EIC and HOH 6 = Not claimed but qualifies for both EIC and DCB 7 = Not claimed but qualifies for HOH and DCB	8 = Not claimed but qualifies for all three 9 = Claimed but ineligible for EIC	

1	FORM 1040 PAGE 1 - MANUAL ENTRY			
Line No.	INCOME AND ADJUSTMENTS	Sched ----- Form	Computer developed forms will override all data entered below.	
8	a TAXABLE INTEREST	B	2335 +	
	b TAX EXEMPT INTEREST- TAXPAYER	TEI	2534 +	
	TAX EXEMPT INTEREST- SPOUSE	TEI	2390 +	
9	a ORDINARY DIVIDENDS	B	2331 +	
	b QUALIFIED DIVIDENDS	B	3624 +	
10	TAXABLE STATE AND LOCAL REFUND		2255 +	
11	ALIMONY RECEIVED	Alim	2115 +	
	SPOUSE		2573 +	
15	a TOTAL IRA DISTRIB		2658	
	TAXABLE IRA DISTRIBUTIONS	IRA	2274 +	
	b TOTAL ROLLED OVER	1299 YES		
	ROLLOVER EXPLANATION	8008 [8]		
16	a TOTAL PENSIONS AND ANNUITIES REC'D		2657	
	b TAXABLE PENSIONS AND ANNUITIES	Pens	2373 +	
19	UNEMPLOYMENT COMPENSATION	TAXPAYER 1099-G	2435 +	
	SPOUSE 1099-G		2569 +	
	REPAID UNEMPLOYMENT COMPENSATION	1099-G	2929 -	
	FED TAX WITHHELD (1099-G)		2588	

SSA	SOCIAL SECURITY BENEFITS WORKSHEET			
	TAXPAYER	SPOUSE		
20	TOTAL SOC SEC BENEFITS RECEIVED	2247	2389	
	TOTAL MEDICARE PREMIUMS PAID	3544	3545	
	TTL MEDICARE PART D PREM PAID	3415	3416	
	TOTAL TIER 1 RAILROAD BENEFITS	2992	2993	
	FEDERAL TAX WITHHELD	2598	2599	
	QUALIFIED U.S. SAVINGS BOND INTEREST	2880	2881	
	OVERRIDE TAXABLE SOCIAL SECURITY CALCULATION		2248	
	LUMP-SUM ELECTION		1414	YES
21	OTHER INCOME	[28] SE? T/S	AMOUNT	State
	1			
	2			

ADJUSTMENTS				
31	ALIMONY PAID TO: NAME	SOC SEC NUMBER	T/S	AMOUNT
	1			
	2			
33	STUDENT LOAN INTEREST DEDUCTION	TAXPAYER	SLI	2333 -
	SPOUSE	SLI	2848 -	

EIC QUALIFIED DEPENDENTS QUESTIONER (Must be filled for EIC to print)			
Answer applies to All or dependent # separated by coma			
9	IS CHILD TP'S SON, DTR, STEPCHILD, FOSTER CHILD, BRO, SIS, STEPBRO, STEPSIS, OR DESCENDENT OF THEM? (YES / NO)		
10	IS EITHER OF FOLLOWING TRUE?	(1) CHILD UNMARRIED OR (2) CHILD MARRIED AND CAN BE CLAIMED AS TP DEPN? (YES / NO)	
11	DID CHILD LIVE W / TP IN U.S. OVER HALF THE YR? (YES / NO)		
13	a	COULD ANY OTHER PERSON ANSWER YES ON LINE 9 THROUGH 11 FOR THE CHILD? (YES / NO)	
	b	CHILD'S RELATIONSHIP TO THE OTHER PERSON	
	c	IF TIE-BREAKER RULES APPLY, WOULD CHILD BE TREATED AS TP'S QUALIFYING CHILD? (YES / NO)	
14	DOES CHILD HAVE SSN ALLOWING WORK OR IS VALID (YES / NO)		

2	FORM 1040 PAGE 2 - MANUAL ENTRY			
Line No.	TAXES AND PAYMENTS	Sched ----- Form	Computer developed forms will override all data entered below.	
39	TAXPAYER OVER 65	1101 YES	SPOUSE OVER 65	1102 YES
50	RETIREMENT SAVINGS CONTRIBUTION CREDIT	8880	3600	-
62	FEDERAL INCOME TAX WITHHELD	W-2		-
	FORM 1099-INT WITHHOLDING	B-INT	2402	-
	FORM 1099-DIV WITHHOLDING	B-DIV	2276	-
	FORM 1099-G WITHHOLDING	1099G	2588	-
	OTHER 1099 WITHHOLDING	W/H	2431	-
	OTHER WITHHOLDINGS	W/H	2460	-
64	a EARNED INCOME CREDIT	EIC		-

2210	UNDERPAYMENT OF ESTIMATED TAX	
	PRINT FORM 2210 EVEN IF NO PENALTY	1187 YES
	ZERO TAX LAST YEAR AND PRODUCE FORM 2210	0512 YES
	CARRY PENALTY TO FORM 1040 / 1041	1146 NO
	SUPPRESS PRINTING OF FORM 2210 / 2210F	1468 YES
	DATE AMOUNT DUE IS PAID (TO REDUCE OR AVOID PENALTY)	0047 -

PART I - REQUIRED ANNUAL PAYMENT	
PRIOR YEAR (2009) TAX	2401
PRIOR YEAR AGI	3314

PART II - REASON FOR FILING		
A	WAIVER OF PENALTY REQUESTED	1107 YES
B	WAIVED AMOUNT	2602
	WAIVER EXPLANATION	0260 [30]
C	ANNUALIZED INCOME INSTALLMENT METHOD USED	1256 YES
D	ACTUALLY WITHHELD METHOD USED	1257 YES
E	FILING STATUS HAS CHANGED	1246 YES



3		1040 DATA SHEET 3				LAST NAME				2011			
A		ITEMIZED DEDUCTIONS											
MEDICAL													
1	MEDICINES AND DRUGS					2345							
	MEDICAL INSURANCE					+		2344					
	MEDICAL MILES 1/1-6/30 (MILEAGE = 19 CENTS PER MI)					2548							
	MEDICAL MILES 7/1-12/31 (MILEAGE = 23.5 CENTS PER MI)					3564							
	LONG-TERM CARE PREMIUMS					TAXPAYER		3730					
						SPOUSE		3731					
						DEPENDENT		3732					
	DEPENDENT BIRTHDATE (MM-DD-YYYY)					0046		-		-			
	OTHER MEDICAL EXPENSES					[20]		T/S		AMOUNT		ST	
TAXES													
5	ADD'L STATE AND LOCAL INCOME TAX (Not Withholding)					+		2347					
	GENERAL SALES TAX (ACTUAL RECEIPTS)					••		2581					
	FORCE OPTIONS: (OPTIMIZE, FORCE INC TX, FORCE SALES TX)					0230							
	(1) OTHER ADJ TO TTL AVAILABLE INC					2877							
	(5) LOCAL GENL SALES TAX RATE					0093							
6	REAL ESTATE TAXES					+		2946					
	REAL ESTATE TAXES: FOREIGN					2836							
7	PERSONAL PROPERTY TAXES					2348							
8	FOREIGN INCOME TAXES PAID					3280							
	OTHER TAXES					STATEMENT 6							
INTEREST													
10	HOME MORTGAGE INT & POINTS REPORTED ON FM 1098					+		2357					
11	HOME MTG INT NOT REPORTED ON FM 1098		NAME (1)		[25]								
			ADDR (2)		[34]								
			SSN (3)		(5) AMOUNT		(6) T/S		(7) ST				
			FEIN (4)										
	EXPLAIN												
12 POINTS NOT REPORTED ON FORM 1098 (ASSET MGR) ★• 2353													
13 QUALIFIED MORTGAGE INSURANCE PREMIUMS + 3258													
14 INVESTMENT INTEREST • 2356													
GIFTS TO CHARITY													
16	CASH CONTRIBUTIONS					[20]		T/S		AMOUNT		ST	
	BY CASH OR CHECK												
	TOTAL CHARITABLE MILES (X .14 PER MI.)					2932							
17	NONCASH CONTRIBUTIONS (UNDER \$500)												
	OTHER THAN CASH OR CHECK												
CASUALTY AND THEFT LOSS(ES)													
20	PERSONAL LOSS AMT FROM FORM 4684 (LINE 18 or 21)					•		2362					
MISCELLANEOUS DEDUCTIONS (2% AGI LIMIT)													
21	UNREIM-BURSED EMPLOYEE EXPENSE		UNION AND PROFESSIONAL DUES					2426					
			JOB EDUCATION					2752					
			FRM 2106/2106-EZ (ENTER ON 2106 DATA)					•					
			OTHER					[20]		T/S		AMOUNT	
STATEMENT 7													
22	TAX RETURN PREPARATION FEES					2671							
23	LIMITED MISC.		CASUALTY & THEFT BUSINESS (Form 4684)					2243					
			INVESTMENT FEES (To Form 4952)					2749					
			SAFE DEPOSIT BOX					2258					
			OTHER					[20]		T/S		AMOUNT	
STATEMENT 8													
28	GAMBLING LOSSES TO EXTENT OF WINNINGS					2826							
	NOTE: THE IRS WILL ONLY ALLOW THE FOLLOWING DESCRIPTIONS FOR LINE 28 OTHER MISC DEDUCTIONS: 1 AMORTIZABLE BOND PREMIUMS, 2 CASUALTY & THEFT LOSS, 3 FEDERAL ESTATE TAX, 4 GAMBLING LOSSES, 5 IMPAIRMENT RELATED WORK EXPENSES, 6 CAIM REPAYMENTS, 7 UNRECOVERED PENSION INVESTMENTS, 8 SCHEDULE K-1												
	OTHER MISC.		STATEMENT 9										
29	TOTAL ITEMIZED DEDUCTIONS					•							

B - INT		INTEREST INCOME																
1	FROM SELLER-FINANCED MORTGAGE		NAME		[25]		ADDRESS		[32]		IDENTIFYING NUMBER		T / S		AMOUNT		STATE	
											SSN							
											EIN							
			DESCRIPTION		[33]		T / S		INTEREST INCOME (NOT U.S. GOVT)		U.S. GOVT SAVINGS BONDS		TOTAL MUNI BONDS		STATE CODE			
			STATEMENT 10															
ADDITIONAL LINES AVAILABLE ON INPUT SCREEN																		

B - DIV		DIVIDEND INCOME																
5	DESCRIPTION		[21]		T / S		ORD DIVIDENDS (1099 Box 1)		QUALIFIED DIVIDENDS		U.S. GOVT BONDS		TOTAL MUNI BONDS		CAPITAL GAINS		ST CODE	
	STATEMENT 11																	
ADDITIONAL LINES AVAILABLE ON INPUT SCREEN																		

<b>2441</b>		<b>CHILD AND DEPENDENT CARE</b>					
NOT CLAIMING CREDIT BUT RECEIVED EMPLOYER-PROVIDED DEPENDENT CARE BENEFITS		1389	<input type="checkbox"/> YES				
<b>PART I - PERSONS OR ORGANIZATIONS PROVIDING CARE</b>							
	NAME [19]	STREET ADDRESS [30]	CITY STATE ZIP [30] PHONE NUMBER [14] SSN OR EIN [9] ST ID # AMOUNT				
1	1				SSN		
					EIN		
	2				SSN		
					EIN		
	3				SSN		
					EIN		
	4				SSN		
					EIN		
	5				SSN		
					EIN		
<b>1099R</b>		<b>FORM 1099-R</b>		<b># 1</b>			
(T) TAXPAYER OR (S) SPOUSE							
PAYER NAME ☺ 8204							
1	GROSS DISTRIBUTION ☺		7301				
2	a	TAXABLE AMOUNT	7303				
	b	TAXABLE AMOUNT NOT DETERMINED	8223	<input type="checkbox"/>			
		TOTAL DISTRIBUTION	8224	<input type="checkbox"/>			
4	FEDERAL INCOME TAX WITHHELD		7302				
7	DISTRIBUTION CODE		8211		[4]		
	IRA / SEP / SIMPLE		8225	<input type="checkbox"/>			
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210				
	PARTIAL ROLLOVER AMOUNT		7796				
				11	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTIONS		8228
				12	STATE TAX WITHHELD		7314
				13	STATE		8217 [2]
				STATE / PAYER'S STATE NUMBER		8216	[14]
				<b>2105</b>		<b>NYS UNDERPAYMENT OF ESTIMATED TAX IT-2105.9</b>	
				FORCE PRINT IT-2105.9		6349	<input type="checkbox"/> YES
				14	LAST YEAR'S NEW YORK TAX LIABILITY ☺		5545
				21	DATE BALANCE OF UNDERPAYMENT WAS PAID		6571 - -
				<b>ES</b>		<b>NYS ESTIMATED TAX (AMOUNTS FLOW TO 1040, SCH A, LINE 5)</b>	
				PRIOR YEAR OVERPAYMENT APPLIED		3539	
				PRIOR YEAR EXTENSION PAYMENT MADE IN CURRENT YEAR		3948	
				PRIOR YEAR ESTIMATED TAX PAID IN CURRENT YEAR		3524	
				PRIOR YEAR TAX PAID WITH RETURN		3949	
				DUE DATE		DATE PAID	AMOUNT PAID
				APRIL 15, 2011		6046 - -	3130
				JUNE 15, 2011		6047 - -	3131
				SEPTEMBER 15, 2011		6048 - -	3132
				JANUARY 16, 2012		6049 - -	3133
				EXTRA PAYMENT		6045 - -	5017
				AMOUNT PAID WITH EXTENSION REQUEST		3540	
				<b>CURRENT YEAR OVERPAYMENT TO NEXT YEAR</b>			
				1- Refund all overpayment			
				2- Apply all overpayment			
				3- Apply to all vouchers, refund balance			
				4- Apply to 1st voucher, refund balance			
				5- Apply to 1st and 2nd vouchers, refund balance			
				6- Apply to 1st, 2nd and 3rd vouchers, refund balance			
				7- Apply amount entered			
				ALLOCATION METHOD: (1 = Consecutively 2 = Equally)			6317
				<b>NEXT YEARS ESTIMATED TAX VOUCHERS</b>			
				0- No estimated tax calculation			
				1- Lesser of Option 2 or Option 3			
				2- 100% of NY taxes [110% if AGI is over 150k]			
				3- 90% of NY estimated tax			
				4- 100% of NY estimated tax			
				5- 80% of NY estimated tax			
				6- 70% of NY estimated tax			
				7- Lesser of Option 2 or Option 5			
				8- Lesser of Option 2 or Option 6			
				9- Farmer/Fisher safe harbor [66.67% of NY est. tax]			
				10- Amount entered with withholdings			
				IGNORE WITHHOLDINGS FOR 2011 ESTIMATED TAX	6315	<input type="checkbox"/> YES	
				<b>NEXT YEARS VOUCHERS</b>			
				1- Prepare vouchers, if applicable			
				2- Prepare if tax due is over \$1,000 or amount entered			
				11- Prepare if tax due is over \$100 or amount entered			
				12- Prepare if tax due is over \$50 or amount entered			
				13- Prepare blank vouchers			
				14- Suppress vouchers			
				ROUNDING ONLY VOUCHER AMOUNTS WILL BE ROUNDED			
				1- No rounding			
				2- Round voucher amount up to next 10			
				3- Round voucher amount up to next 100			
				4- Round voucher amount up to next 1000			6320

Line no.	INCOME	Sched Form	Computer developed forms will override all data entered below.
7	WAGES, SALARIES, TIPS, ETC. ●●	W-2	2675 +
	HOUSEHOLD EMPLOYEE INCOME	HSB	3227 +
	PRISONER EARNED INCOME	PRI	3112 +
	TAXABLE SCHOLARSHIP-FELLOWSHIP AMT	SCH	2252 +
8	a TAXABLE INTEREST ●	B	2335 +
	b TAX EXEMPT INT - TAXPAYER ●	TEI	2534 +
	TAX EXEMPT INTEREST - SPOUSE ●	TEI	2390 +
9	a ORDINARY DIVIDENDS ●	B	2331 +
	b QUALIFIED DIVIDENDS ●	B	3624 +
	TAXABLE STATE & LOCAL INC TAX REFUND ●●		2255 +
<b>STATE AND LOCAL TAX REFUND WORKSHEET</b>			
	DEDUCTED PRIOR YEAR STATE AND LOCAL SALES TAX	1023	<input type="checkbox"/> YES
(1)	STATE AND LOCAL TAX REFUND ● 1099G	2337	
(2)	ST & LOCAL INC TX PD RELATING REFUND IN PY ☺	3499	
(3)	ST AND LOCAL INC TX PD RELATING REFUND IN CY	3177	
(8)	PRIOR YEAR FORM 1040, LINE 41 LESS LINE 42	7919	
(11)	PY STATE / LOCAL GENL SALES TAX THAT COULD HAVE BEEN DEDUCTED ON PY SCH A, LINE 5	3895	
(13)	FORCED TO ITEMIZE IN PRIOR YEAR	1226	<input type="checkbox"/> YES
(14)	PRIOR YEAR ITEMIZED DEDUCTIONS	2297	
(15)	PRIOR YEAR FILING STATUS (1-2-3-4-5)	2307	
(16)	TAXPAYER OVER AGE 65 IN PY 1218 <input type="checkbox"/> BLIND 1119 <input type="checkbox"/>		
	SPOUSE OVER AGE 66 IN PRIOR YR 1108 <input type="checkbox"/> BLIND 1184 <input type="checkbox"/>		
(17)	PY NEW MOTOR VEHICLE TAXES FROM SCHEDULE A, LINE 7	9185	
(18)	PY NET DISASTER LOSS FROM FM 4684, LN 17	9186	
(21)	REDUCED PY ITEMIZED DEDUCTIONS LIMITATION	7857	
(22)	UNUSED PRIOR YEAR CREDITS LIMITATION	7858	
(23)	AMT IN PRIOR YEAR LIMITATION	7859	
(25)	OTHER ADJUSTMENT	7860	
	DESCRIBE 0383 [28]		
(27)	STATE AND LOCAL INC TAX DEDUCTED IN PY	9095	
(30)	ACTUAL STATE AND LOCAL INC TAX DEDUCTED	7920	
(31)	NET STATE AND LOCAL INCOME TAX DEDUCTED	7921	
(34)	SMALLEST PY ST/LOCAL TX DEDN NO TAX BENEF	7922	
(37)	SMALLEST PY AMT ST/LOC TX DEDN w/no TX BENEF	7923	
11	ALIMONY RECEIVED TP 2115	SP	2573
12	BUSINESS INCOME OR (LOSS) ● C	2201	+
13	CAPITAL GAIN OR (LOSS) ● D	2202	+
	SCHEDULE D FORM IS NOT REQUIRED	D 1018	<input type="checkbox"/>
14	OTHER GAINS OR (LOSSES) ● 4797	2203	+
15	a IRA DISTRIBUTIONS ●●	2658	
	b TAXABLE IRA DISTRIBUTIONS ●● IRA	2274	+
	TOTAL ROLLED OVER	1299	<input type="checkbox"/> YES
	EXPLAIN:		
16	a PENSIONS AND ANNUITIES RECEIVED ●	2657	
	b TXBLE PENSIONS & ANNUITIES ●● Pens	2373	+
17	RENTS, ROYALTIES, PARTNRSHPs, ETC. ● E	2204	+
18	FARM INCOME OR (LOSS) ● F	2205	+
	UNEMPLOYMENT COMPENSATION		
	TAXPAYER ●	2435	+
19	SPOUSE ●	2569	+
	REPAID UNEMPLOYMENT COMP ● 1099G	2929	-
	FED TAX WITHHELD (1099-G) ●	2588	

INV TAXPAYER INVOICE	
INVOICE NUMBER	0330
PRINT CLIENT ID ON INVOICE	8285 <input type="checkbox"/> YES
SUPPRESS INVOICE NUMBER	8455 <input type="checkbox"/> YES
DATE TO PRINT ON INVOICE	0379 - -
PRINT THIS AMOUNT ONLY	2407
PRINT DETAILED INVOICE (YES)	1188

Line no.	INCOME AND ADJUSTMENTS	Sched Form	Computer developed forms will override all data entered below.
	ALASKA PERMANENT FUND DIVIDENDS	2220	+
	INDIAN TRIBAL INCOME	3642	+
	TAXABLE EDUCATION DISTRIBUTIONS	7999	+
	STATE PROPERTY TAX REBATE (NJ)	3546	+
	OTHER TAXABLE STATE AND LOCAL TAX REFUNDS (NOT INCLUDED ON FORM 1040, LINE 10):		
	DESCRIPTION: 8703		
	AMOUNT	3644	
21	OTHER INCOME: [28] SE? T / S AMOUNT + State		
	OVERWRITE DEPENDENT OF ANOTHER EARNED INCOME (STANDARD DED) ●●	3858	+
	ELECT TO DEFER RECOGNIZING CANCELLATION OF INDEBTEDNESS UNDER SEC 108(i)	1560	<input type="checkbox"/> YES
	SECTION 108(i) ELECTION EXPLANATION		
22	TOTAL EARNED INCOME ●		
23	EDUCATOR EXPS TP 2594 - SP 3625 -		
	CARRY EXCESS EDUCATOR EXPENSE TO SCH A	8399	<input type="checkbox"/> YES
24	CERTAIN BUSN EXP FOR RESERVISTS, PERFORMING ARTISTS, AND FEE-BASIS GOVERNMENT EMPLOYEES ● 2106	2176	-
25	HEALTH SAVINGS ACCT DEDUCTION ● 8889	2830	-
26	MOVING EXPENSES ● 3903	2340	-
27	ONE-HALF OF SELF-EMPLOYMENT TAX ● SE	2502	-
28	NOTE: SEP, SIMPLE, AND KEOGH CONTRIBUTIONS ENTRIES ARE MADE ON THE RETIREMENT PLANS WORKSHEET ON DATA SHEET 11		
	FROM SOLE PROPRIETOR AND 1065 K-1 BOX 13	TAXPAYER 7621	-
		SPOUSE 7622	-
29	SE HEALTH INS TAXPAYER 2420 SEHI -		
	SPOUSE 2421 SEHI -		
	SEHI FRM S CORP TAXPAYER 2832 SEHI -		
	SPOUSE 2834 SEHI -		
30	PEN - EARLY WITHDRAWAL OF SAVINGS + B	2519	-
31	ALIMONY PAID - NAME SOC SEC NO. T/S AMOUNT - ST		
32	NOTE: IRA, CONTRIB, ROTH CALCULATIONS, AND LN 32 ENTRIES FOR SEP, SIMPLE, AND KEOGH CONTRIB WKSHTS ARE MADE ON DATA SHEET 10.		
33	STUDENT LOAN INT DEDUCTION TAXPAYER SLI	2333	-
	STUDENT LOAN INT DEDUCTION SPOUSE SLI	2848	-
	TUITION AND FEES DEDUCTION ●	2595	-
	DOMESTIC PROD ACTIVITIES DED ● 8903	2849	-
34	ARCHER MSA DEDUCTION ● 8853	2860	-
35	JURY DUTY PAY GIVEN TO EMPLOYER	3212	-
	PERSONAL PROPERTY RENTAL EXPENSE (PPR)	3215	-
	REFORESTATION	2289	-
	SECTION 501(c)18 ● W-2	3213	-
	SUB-PAY TRA	3211	-
	CONTR SOME CHAPLAINS TO Sec 403(b) PLANS	7010	-
	UDC	7011	-
	UNLAWFUL DISCRIMINATION CLAIM (UDC)	7011	-
	CERTAIN ATTNY FEES/COURT COSTS (WBF)	3216	-
	OTHER ADJUSTMENTS: [12] T / S AMOUNT - ST		
36	PUERTO RICO INCOME THAT IS EXCLUDED	2585	-
	AMERICAN SAMOA INCOME THAT IS EXCLUDED	2394	-
	PUB 1321 TOTAL GROSS INC FROM ALL SOURCES	2394	-
	TOTAL ADJUSTMENTS ●		
37	ADJUSTED GROSS INCOME ●		

I N C O M E

A D J U S T M E N T S

Line no.	DEDUCTIONS, CREDITS AND TAXES		Sched ----- Form	Computer developed forms will override all data entered below.
40	FORCE ITMZED DED	1113 <input type="checkbox"/> YES	FORCE STD DED	1173 <input type="checkbox"/> YES
42	EXEMPTIONS X 3650 <input checked="" type="checkbox"/> Exem		-	
	OVERRIDE DEPENDENT OF ANOTHER EARNED INCOME (FOR STD DEDN) <input checked="" type="checkbox"/> Exem		3858 -	
	TAXPAYER OVER 65	1101 <input type="checkbox"/> YES	SPOUSE OVER 65	1102 <input type="checkbox"/> YES
43	TAXABLE INCOME <input checked="" type="checkbox"/>			
44	CAPITAL GAINS TAX WORKSHEET <input checked="" type="checkbox"/> D		+	
	TX PARENT'S RATE FRM CHILD'S INT <input checked="" type="checkbox"/> 8615		+	
	PARENTS ELECT TO REPORT CHILD IN' <input checked="" type="checkbox"/> 8814		2557 +	
	LUMP SUM DISTRIBUTIONS TAX <input checked="" type="checkbox"/> 4972		2397 +	
	EDUCATION CREDIT RECAPTURE TAX <input checked="" type="checkbox"/> ECR		3238 +	
	962 ELECTION		9343	
	962 ELECTION EXPLANATION			
45	TAX <input checked="" type="checkbox"/>		+	
	ALTERNATIVE MINIMUM TAX <input checked="" type="checkbox"/> 6251		2378 +	
46	TOTAL TAX AND ALT MIN TAX <input checked="" type="checkbox"/>			
47	FOREIGN TAX CREDIT <input checked="" type="checkbox"/> 1116		2316 -	
48	CHILD AND DEPENDENT CARE CREDIT <input checked="" type="checkbox"/> 2441		2363 -	
49	EDUCATION CREDITS <input checked="" type="checkbox"/> 8863		2574 -	
50	RETIREMENT SAVINGS CONTRIBS CR <input checked="" type="checkbox"/> 8880		3600 -	
51	CHILD TAX CR (PUERTO RICO INC AND RR EMPLOYMNT TAX FOR CTC) ARE ON PROFORMA PG 2 <input checked="" type="checkbox"/> 8812		-	
			8901 -	
52	RESIDENTIAL ENERGY EFFICIENT PROPERTY CREDIT <input checked="" type="checkbox"/> 5695		7764 -	
53	a	GENERAL BUSINESS CREDIT <input checked="" type="checkbox"/> 3800	2399 -	
	b	CR FOR PY MINIMUM TAX <input checked="" type="checkbox"/> 8801	2565 -	
	c	QUAL ELECTRIC VEHICLE CREDIT <input checked="" type="checkbox"/> 8834	2627 -	
		DC FIRST-TIME HOMEBUYER CR <input checked="" type="checkbox"/> 8859	2867 -	
		ALT MOTOR VEHICLE CR (PART II) <input checked="" type="checkbox"/> 8910	3921 -	
		ALT FUEL VEHICLE REFUELING PROPERTY CREDIT (PART III) <input checked="" type="checkbox"/> 8911	3935 -	
		QUAL PLUG-IN ELECTRIC DRIIVE MOTOR VEHICLE CREDIT <input checked="" type="checkbox"/> 8936	9848 -	
		CR FOR ELDERLY OR DISABLED <input checked="" type="checkbox"/> R	2315 -	
		MORTGAGE INTEREST CREDIT <input checked="" type="checkbox"/> 8396	2510 -	
55	BALANCE - NOT LESS THAN ZERO			
56	SELF-EMPLOYMENT TAX <input checked="" type="checkbox"/> SE		2308 +	
57	SS & MEDICARE TX-UNREPORTED TIPS <input checked="" type="checkbox"/> 4137		2310 +	
	SOC SEC & MEDICARE TAX ON WAGES <input checked="" type="checkbox"/> 8919		3259 +	
58	ADDITIONAL TAX ON IRAs, OTHER QUALIF RETIREMENT PLANS, ETC. <input checked="" type="checkbox"/> 5329		2522 +	
59	a	HOUSEHOLD EMPLOYMENT TAX <input checked="" type="checkbox"/> H	2839 +	
	b	REFUND OF FIRST-TIME HOMEBUYER CREDIT <input checked="" type="checkbox"/> 5405	9265 +	
60	RECAPTURE			
	INVESTMENT CREDIT <input checked="" type="checkbox"/> 4255		2311 +	
	LOW-INCOME HOUSING CR <input checked="" type="checkbox"/> 8611		2507 +	
	FED MORTGAGE SUBSIDY <input checked="" type="checkbox"/> 8828		2570 +	
	QUALIFIED ELECTRIC VEHICLE <input checked="" type="checkbox"/> 8834		2667 +	
	INDIAN EMPLOYMENT CR <input checked="" type="checkbox"/> 8845		2951 +	
	NEW MARKETS CREDIT <input checked="" type="checkbox"/> 8874		3819 +	
	EMPLOYER-PROVIDED CHILDCARE <input checked="" type="checkbox"/> 8882		3889 +	
	ALTERNATIVE MOTOR VEHICLE CR <input checked="" type="checkbox"/> 8910		3890 +	
	ALT FUEL VEHICLE REFUELING CREDIT <input checked="" type="checkbox"/> 8911		3891 +	
	QUALIFIED PLUG-IN ELECTRIC DRIVE MOTOR VEHICLE CREDIT <input checked="" type="checkbox"/> 8936		9237 +	
	PEN TAX ON PREMATURE DISTRIBUTION <input checked="" type="checkbox"/> Sc 72		2256 +	
	UNCOLL TAX ON REPORTED TIPS (W-2 In 13) <input checked="" type="checkbox"/> UT		2309 +	
	GOLDEN PARACHUTE PAYMENTS <input checked="" type="checkbox"/> EPP		2546 +	
	TAX ON ACCUM DISTRIBUTION OF TRUSTS <input checked="" type="checkbox"/> 4970		2253 +	
60	INSTALLMENT SALES - DLRS IN PERS PROP		S453A	2547 +
	NONQUAL DEFERRED COMP PLAN <input checked="" type="checkbox"/> NQDC		7831	+
	NONQUAL DEFERRED COMP PLAN <input checked="" type="checkbox"/> 457A		9344	+
	TX - FAILURE TO MAINT HDHP CVRAGE <input checked="" type="checkbox"/> 8889		3262	+
	ADDL TAX - CHARITABLE CONTRIB RECAP		FITPP	3261 +
	COBRA PREM ASSISTANCE REC'D IN 2010			9153 +
	ADDITIONAL TAX ON HCTC ADVANCE PMTS		8885	3264 +
	OTHER TAXES 0020		[12]	2928 +
	TOTAL FEDERAL TAX <input checked="" type="checkbox"/>			
Line no.	PAYMENTS		Sch OR Form	Computer developed forms will override all data entered below.
62	FEDERAL INCOME TAX WITHHELD <input checked="" type="checkbox"/> W-2			-
	FORM 1099-INT WITHHOLDING <input checked="" type="checkbox"/> B-INT		2402	-
	FORM 1099-DIV WITHHOLDING <input checked="" type="checkbox"/> B-DIV		2276	-
	FORM 1099-G WITHHOLDING <input checked="" type="checkbox"/> 1099G		2588	-
	OTHER 1099 WITHHOLDING <input checked="" type="checkbox"/> W/H		2431	-
	OTHER WITHHOLDING <input checked="" type="checkbox"/> W/H		2460	-
63	ALL INFORMATION PERTAINING TO ES TAX PMTS (DATES & AMTs, ETC.), OVERPMTS APPLIED AND EXT PMTS ARE ENTERED ON THE ESTIMATES <input checked="" type="checkbox"/>		ES	-
63	MAKING WORK PAY CREDIT		M	-
67	FIRST-TIME HOMEBUYER CREDIT <input checked="" type="checkbox"/> 5405		3281	-
69	SUPPRESS PRINTING OF EXCESS FICA		FICA	8060 <input type="checkbox"/> YES
70	FEDERAL TAX ON FUELS CREDIT <input checked="" type="checkbox"/> 4136		2319	-
71	a	REGULATED INVESTMT CO. CR <input checked="" type="checkbox"/> 2439	2317	-
	b	ADOPTION CREDIT <input checked="" type="checkbox"/> 8839	2861	-
	c	CREDIT FOR PY MINIMUM TAX <input checked="" type="checkbox"/> 8801	3260	-
	d	HEALTH INS CR - ELIGIBLE RECIP <input checked="" type="checkbox"/> 8885	2862	-
		CR FOR REPAYMENT UNDER CLAIM-OF-RIGHT	2593	-
		AMT OWED TO U.S. VIRGIN ISLANDS	8689	9193 -
	TOTAL PAYMENTS <input checked="" type="checkbox"/>			
	AMOUNT OVERPAID <input checked="" type="checkbox"/>			
73	a	REFUND (-) <input checked="" type="checkbox"/>		
	BANK INFORMATION IS ENTERED ON THE EF / RAL DATA SHEET.			
	LEAVE DIRECT DEPOSIT FIELDS BLANK		1046	<input type="checkbox"/> YES
74	AMOUNT APPLIED TO 2011 ESTIMATED TA: <input checked="" type="checkbox"/> EST		2270	-
75	TAX DUE (+) <input checked="" type="checkbox"/>			
76	ESTIMATED TAX PENALTY <input checked="" type="checkbox"/> 2210		2525	+
PROVIDE INFO BELOW IF AUTHORIZING IRS TO DISCUSS RETURN WITH THIRD PARTY:				
THIRD PARTY DESIGNEE				
PREPARER IS THIRD PARTY DESIGNEE			8054	<input type="checkbox"/> YES
NAME		0179 [20]		
TELEPHONE NUMBER		0180		
TITLE OF SIGNER OF RETURN		8181 [20]		
PERSONAL IDENTIFICATION NUMBER (PIN)		0181 [5]		
AMOUNT PAID WITH FORM 1040-V		<input checked="" type="checkbox"/> 2209		
PENALTY AND INTEREST				
DATE OF LATE PAYMENT		0505 - -		
DATE OF LATE FILING		0506 - -		
TAX DUE AMOUNT ON WHICH TO COMPUTE PENALTIES AND INTEREST <input checked="" type="checkbox"/>		7924		
LATE FILING AND LATE PAYMENT <input checked="" type="checkbox"/>		3605		
INTEREST <input checked="" type="checkbox"/>		3606		
IDENTITY PROTECTION PIN		0569		

<b>5329</b>		<b>ADDITIONAL TAX ON RETIREMENT PLANS</b>	
MULTIPLE	SPOUSE'S FORM 5329	1340	<input type="checkbox"/> YES
	FILE AS STAND-ALONE FORM (Firm data prints in Signature area)	8324	<input type="checkbox"/> YES
<b>PART I - ADD'L TAX ON EARLY DISTRIBUTIONS</b>			
1	EARLY DISTRIBUTIONS INCLUDED IN INCOME ●●	3086	
	EARLY DISTRIBUTIONS PENALIZED AT 25% RATE (Code "S" on Form 1099R) ●●	2900	
2	DISTRIBUTIONS NOT SUBJECT TO ADDITIONAL 10% TAX	3092	
	EXCEPTION AMOUNT FOR SIMPLE RETIREMENT ACCOUNTS	2901	
	EXCEPTION NUMBER 3090 [2]		
3	OVERRIDE AMOUNT SUBJECT TO 10% ADDITIONAL TAX ●●	9094	
	OVERRIDE AMOUNT SUBJECT TO 25% ADDITIONAL TAX ●●	9321	
<b>PART II - ADD'L TAX ON CERTAIN DISTRIB FROM EDUCATION ACCTS</b>			
5	TAXABLE AMT FROM FM 1099-Q INCLUDED IN INCOME ●●	7124	
6	DISTRIBUTION NOT SUBJECT TO ADDITIONAL TAX ●●	7201	
<b>PART III - ADD'L TAX ON EXCESS CONTRIBS TO TRADITIONAL IRAS</b>			
9	EXCESS CONTRIBUTIONS FROM PRIOR YR FORM 5329, LN 16	3066	
10	CONTRIBUTION CREDIT	3067	
11	CY TRADITIONAL IRA DISTRIB INCLUDED IN INCOME ●	3089	
12	CY DISTRIBUTIONS PRIOR YEAR EXCESS CONTRIBUTIONS	3068	
15	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	3065	
17	VALUE OF TRADITIONAL IRAS ON LAST DAY OF CURRENT YR	3084	
	TAX DUE ●●	3085	
<b>PART IV - ADD'L TAX ON EXCESS CONTRIBUTIONS TO ROTH IRAS</b>			
18	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 24	7271	
19	ROTH IRA CONTRIBUTION CREDIT	7272	
20	CURRENT YEAR DISTRIBUTIONS FROM ROTH IRAS	7273	
23	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	3076	
25	VALUE OF ROTH IRAS ON LAST DAY OF CURRENT YEAR	3077	
<b>PART V - ADD'L TAX ON EXCESS CONTRIBUTIONS TO COVERDELL ESAs</b>			
26	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 32	7274	
27	COVERDELL ESA CONTRIBUTION CREDIT	7275	
28	CURRENT YEAR DISTRIBUTIONS FROM COVERDELL ESAs	7276	
31	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	7202	
33	VALUE OF COVERDELL ESAs ON LAST DAY OF CURRENT YR	7203	
<b>PART VI - ADD'L TAX ON EXCESS CONTRIBUTIONS TO ARCHER MSAs</b>			
34	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 40	7205	
35	ARCHER MSA CONTRIBUTION CREDIT	7206	
36	CURRENT YEAR DISTRIBUTIONS FROM ARCHER MSA(s)	7207	
39	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	7204	
41	VALUE OF ARCHER MSAs ON LAST DAY OF CURRENT YR	7209	
<b>PART VII - ADD'L TAX ON EXCESS CONTRIBUTIONS TO HSAs</b>			
42	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 48	3569	
47	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	7142	
49	VALUE OF HSAs ON LAST DAY OF CURRENT YEAR	7143	
<b>PT VIII - ADD'L TAX ON EXCESS ACCUM IN QUAL RETIREMENT PLANS</b>			
50	MINIMUM REQUIRED DISTRIB, IF ANY, FOR CURRENT YEAR	3074	
51	AMOUNT ACTUALLY DISTRIBUTED TO TP IN CURRENT YEAR	3088	
52	WAIVER OF TAX	7093	
EXPLANATION FOR WAIVER OF TAX:			
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

<b>8606</b>		<b>NONDEDUCTIBLE IRA CONTRIBUTIONS</b>	
FILE AS STAND-ALONE FORM (Firm information prints in signature area)		1036	<input type="checkbox"/> YES
<b>PART I - NONDEDUCTIBLE CONTRIB TO TRADITIONAL IRAS AND DISTRIB FROM TRADITIONAL, SEP, AND SIMPLE IRAS</b>			
		<b>TAXPAYER</b>	<b>SPOUSE</b>
1	NONDEDUCTIBLE TRADITIONAL IRA CONTRIBUTIONS FOR CY ●●	2814	2820
2	TOTAL TRADITIONAL IRA BASIS FROM NONDEDUCTIBLE CONTRIBUTIONS MADE FOR 2010 AND EARLIER YEARS ☺	2815	2821
4	IRA CONTRIBUTIONS MADE FROM 01-01-NY TO 04-18-NY	2813	2819
6	VALUE OF TRADITIONAL, SEP, AND SIMPLE IRAS AS OF 12-31-CY ☺	2812	2818
	OUTSTANDING ROLLOVERS	2787	2790
7	TOTAL TRADITIONAL, SEP, AND SIMPLE IRA DISTRIBUTIONS RECEIVED IN CURR YEAR ●●	2816	2822
8	TOTAL TRADITIONAL, SEP, AND SIMPLE IRAS CONVERTED TO ROTH IN CURRENT YEAR ●●	7220	7228
	RECHARACTERIZATIONS	7221	7229
<b>PART II - CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE TO ROTH IRAS</b>			
16	NET AMOUNT CONVERTED FROM TRADITIONAL, SEP, AND SIMPLE IRAS IN CURRENT YEAR ●	9217	9214
17	BASIS IN NET CONVERSIONS ●	7222	7230
<b>PART III - DISTRIBUTIONS FROM ROTH IRAS</b>			
19	TOTAL ROTH IRA NONQUALIFIED DISTRIBUTIONS RECEIVED IN CURRENT YEAR ●●	7223	7231
20	QUALIFIED FIRST-TIME HOMEBUYER EXPENSES	7649	7650
<b>ROTH BASIS AND FORM 8606, LINES 22 AND 24</b>			
<b>ROTH CONTRIBUTION BASIS</b>			
BASIS IN ROTH IRA CONTRIBUTIONS FOR PRIOR YEAR AND EARLIER		3912	3914
AMOUNT ACTUALLY CONTRIBUTED FOR CY		3911	3913
FORM 8606 LINE 22 OVERRIDE		7270	7263
<b>ROTH CONVERSION BASIS</b>			
BASIS IN ROTH IRA CONVERSIONS FOR PRIOR YEAR AND EARLIER		7262	7267
2010 FORM 8606, LINE 26 - LINE 29 (NOT LESS THAN ZERO - MAY BE BLANK)		9387	9388
2010 FORM 8606, LINE 16 (IF 2010 FORM 8606 LINES 20a AND 20b HAVE AMOUNTS)		9383	9384
2010 FORM 8606, LINE 16 (IF 2010 FORM 8606 LINES 25a AND 25b HAVE AMOUNTS)		9385	9386
FORM 8606 LINE 24 OVERRIDE		9400	9401
<b>AMOUNTS FROM 2010 FORM 8606, IF APPLICABLE:</b>			
24	PART II, LINE 20a CONVERSION TO ROTH,	9239	9243
	PART II, LINE 20b CONVERSION TO ROTH,	9240	9244
	PART III, LINE 25a ROLLOVER TO ROTH, TAXABLE IN 2011	9241	9245
	PART III, LINE 25b ROLLOVER TO ROTH, TAXABLE IN 2012	9242	9246
26	TOTAL OF LINES 20a, 20b, 25a, AND 25b FROM 2010 FORM 8606	9350	9356
28	PORTION OF LINE 24, IF ANY, CONVERTED BEFORE 2010	9351	9357
30	AMOUNT, IF ANY, FROM 2010 FORM 8606, LINE 33	9322	9323
33	TOTAL OF LINES 20a AND 25a FROM 2010 FORM 8606	9353	9359
<b>PART IV - CERTAIN DISTRIBUTIONS FROM DESIGNATED ROTH ACCOUNTS</b>			
39	AMOUNT, IF ANY FROM BOX 10 OF 2011 FORM 1099-R	●● 9362	●● 9363
40	TOTAL OF LINES 25a AND 25b FROM 2010 FORM 8606	9354	●● 9360
41	AMOUNT, IF ANY, FROM 2010 FORM 8606, LINE 33	9355	9361
44	TOTAL OF LINES 20a AND 25a FROM 2010 FORM 8606	9241	●● 9245

1310		DECEASED TAXPAYER REFUND CLAIM	
NAME OF PERSON CLAIMING REFUND:			
FIRST NAME	0221	[15]	
LAST NAME	0236	[20]	
SSN	0222 - -		
TELEPHONE NUMBER	0220		
HOME ADDRESS	0223	APARTMENT #	0224
CITY, STATE, ZIP CODE		0225 [45]	
CHOOSE THE SELECTION THAT APPLIES TO THE TAXPAYER			
		ENTER A, B, OR C	
A	SURVIVING SPOUSE REQUESTING REISSUE OF REFUND CHK		
B	COURT-APPOINTED OR CERTIFIED PERSONAL REPRESENTATIVE		
C	PERSON, OTHER THAN A OR B, CLAIMING REFUND 0226		
COMPLETE ONLY IF LINE C IS SELECTED:			
1	DID DECEDENT LEAVE A WILL?	1293	<input type="checkbox"/> YES
2	a COURT HAS APPOINTED A PERSONAL REPRESENTATIVE FOR ESTATE OF DECEDENT	1294	<input type="checkbox"/> NO
	b IF NO, WILL ONE BE APPOINTED?	1295	<input type="checkbox"/> YES
3	WILL CLAIMANT PAY OUT REFUND ACCORDING TO LAWS OF STATE WHERE DECEDENT WAS A LEGAL RESIDENT?	1296	<input type="checkbox"/> YES

54051		FIRST-TIME HOMEBUYER CREDIT, PG 1	
PART I - GENERAL INFORMATION			
A	STREET ADDRESS OF HOME QUALIFYING FOR CREDIT 8649 [70]		
	ZIP CODE	CITY	STATE
	8475	8473	8474
B	DATE HOME PURCHASED. (VALID DATE RANGE IS AFTER 12-31-10 AND BEFORE 07-01-11)		8650 - -
C	DID TAXPAYER ENTER INTO A BINDING CONTRACT BEFORE 05-01-11 TO PURCHASE HOME BEFORE 07-01-11?		1567 <input type="checkbox"/> YES
D	TP IS A MEMBER OF THE UNIFORMED SERVICES OR FOREIGN SERVICE, OR AN EMPLOYEE OF INTELLIGENCE COMMUNITY, & WAS ON QUALIFIED OFFICIAL EXTENDED DUTY OUTSIDE U.S. FOR AT LEAST 90 DAYS DURING PERIOD BEGINNING AFTER 12-31-08, AND ENDING BEFORE 05-01-10.		1568 <input type="checkbox"/> YES
E	DID TAXPAYER PURCHASE HOME FROM A RELATED PERSON OR A PERSON RELATED TO SPOUSE?		1569 <input type="checkbox"/> YES
PART II - CREDIT			
1	PURCHASE PRICE OF HOME		7286
3	QUALIFY FOR CREDIT AS A LONG-TIME RESIDENT		1566 <input type="checkbox"/> YES
4	SHARED INTEREST (IF NOT MFS, MUST ENTER BOTH PCTS): PERCENT OF LINE 2 (FOR USE ONLY IF MFS OR SOMEONE OTHER THAN SPOUSE HELD AN INTEREST)		0552
	PERCENT OF MAXIMUM CREDIT (FOR USE ONLY IF SOMEONE OTHER THAN SPOUSE HELD AN INTEREST)		0528

54052		FIRST-TIME HOMEBUYER CREDIT, PG 2	
OWNERSHIP CODE: T=TAXPAYER, S=SPOUSE, J=JOINT		0570	
PART III - DISPOSITION OR CHANGE OF MAIN HOME			
USE PART III ONLY FOR A DISPOSITION OR CHANGE IN USE OF MAIN HOME. FILE TWO FORM 5405s FOR JOINT RETURNS REPORTING A DISPOSITION FOR WHICH THE CREDIT WAS CLAIMED JOINTLY ORIGINALLY.			
11	DATE HOME FOR WHICH CREDIT WAS CLAIMED CEASED TO BE THE MAIN HOME (MM-DD-YYYY)		0307 - -
12	TP (OR SP IF MARRIED) IS MEMBER OF UNIFORMED SVCS, FOREIGN SVC, OR EMPLOYEE OF INTELLIGENCE COMMITY AND SOLD HOME OR HOME CEASED TO BE MAIN HOME, IN CONNECTION WITH GOV'T ORDERS FOR QUAL OFFICIAL EXTENDED DUTY SERVICE		1550 <input type="checkbox"/> YES
CHECK APPLICABLE BOX:			
a	SOLD HOME TO UNRELATED PERSON AND HAD GAIN ON SALE		1551 <input type="checkbox"/> YES
b	SOLD HOME TO UNRELATED PERSON WITH NO GAIN ON SALE		1552 <input type="checkbox"/> YES
c	SOLD HOME TO RELATED PERSON OR GAVE HOME TO SOMEONE OTHER THAN SPOUSE OR EX-SPOUSE		1553 <input type="checkbox"/> YES
d	CONVERTED HOME TO RENTAL OR BUSINESS USE OR STILL OWN HOME BUT NOT USED AS MAIN HOME		1554 <input type="checkbox"/> YES
e	TRANSFERRED HOME TO EX-SPOUSE:		1555 <input type="checkbox"/> YES
13	NAME OF EX-SPOUSE 0308 [66]		
f	HOME DESTROYED, CONDEMNED, OR SOLD UNDER THREAT OF CONDEMNATION, AND HAD A GAIN		1556 <input type="checkbox"/> YES
	ACQUIRED OR PLAN TO ACQUIRE A NEW HOME WITHIN 2 YEARS OF THE EVENT SOLD HOME TO A RELATED PERSON		1642 <input type="checkbox"/> NO
			1643 <input type="checkbox"/> YES
g	HOME DESTROYED, CONDEMNED, OR SOLD UNDER THREAT OF CONDEMNATION, AND DID NOT HAVE A GAIN		1557 <input type="checkbox"/> YES
	ACQUIRED OR PLAN TO ACQUIRE A NEW HOME WITHIN 2 YEARS OF THE EVENT SOLD HOME TO A RELATED PERSON		1644 <input type="checkbox"/> NO
			1645 <input type="checkbox"/> YES
h	TAXPAYER WHO CLAIMED CREDIT DIED IN CY		1558 <input type="checkbox"/> YES
PART IV - REPAYMENT OF CREDIT			
MAIN HOME DATE OF PURCHASE		0550 - -	
14	AMOUNT OF CREDIT CLAIMED ON FOMR 5405 FOR 2008, 2009, OR 2010		9089
15	FOR HOME PURCHASED IN 2008, AMOUNT OF CREDIT REPAID WITH 2010 RETURN		9220
18	REPAYMENT AMOUNT		9202
PART V - GAIN OR LOSS WORKSHEET			
COMPLETE THIS PART ONLY IF HOME WAS DESTROYED OR SOLD TO AN UNRELATED PERSON. SEE PUBS 523 AND/OR 544.			
19	SELLING PRICE OF HOME, INSURANCE PROCEEDS, OR GROSS CONDEMNATION AWARD		9379
20	SELLING EXPENSES (INCLUDING COMMISSIONS, ADVERTISING, AND LEGAL FEES, AND SELLER-PAID LOAN CHARGES) OR EXPENSES IN GETTING CONDEMNATION AWARD		9380
22	ADJUSTED BASIS OF HOME SOLD (FROM LINE 13 OF WORKSHEET 1 IN PUB 523		9381
23	FIRST-TIME HOMEBUYER CREDIT CLAIMED ON FORM 5405 MINUS AMOUNT REPAID WITH 2010 RETURN		9382

GENERAL INFORMATION				
1040 ONLY	BUSINESS OWNER (T = TP S = SP J = JOINT)	0510		
	CLERGY SCHEDULE C	1450	<input type="checkbox"/> YES	
	IF JOINT SCH C, TAXPAYER'S OWNERSHIP PERCENTAGE	0501	[2]	
	COMMUNITY PROPERTY FOR SCHEDULE SE PURPOSES	1492	<input type="checkbox"/> YES	
TWO-LETTER STATE CODE		0309	[2]	
FORCE LONG SCHEDULE C		1117	<input type="checkbox"/> YES	
SUPPRESS AUTOMATIC SCHEDULE SE		1129	<input type="checkbox"/> YES	
FORCE ESTIMATED VOUCHERS TO PRINT		1229	<input type="checkbox"/> YES	
STATE AND CITY INFORMATION				
STATE SINGLE MEMBER LLC: CA OK TX		0282		
CA LLC NUMBER		0273		
NEW JERSEY SELF-EMPLOYED OR INDEPENDENT CONTRACTOR		1565	<input type="checkbox"/> YES	
NY STATE ONLY	SUBJECT TO NYC NONRESIDENT EARNINGS TAX	1206	<input type="checkbox"/> YES	
	SUBJECT TO YONKERS NONRESIDENT EARNINGS TAX	1207	<input type="checkbox"/> YES	
	NEW YORK CITY UNINCORPORATED BUSINESS	1477	<input type="checkbox"/> YES	
	NY COUNTY SUBJECT TO THE MCTM TAX	8768		
OH CITY ONLY	OHIO WORKING CITY	8605	[20]	
	DATE FROM: 8619 - - DATE TO: 8618 - -			
A	PRINCIPAL BUSN ACTIVITY ☺	4345	[44]	
	PRINCIPAL BUSN INCL PRODUCT OR SERVICE ☺	0022	[44]	
B	PRINCIPAL BUSINESS CODE ☺	0023	[6]	
C	BUSINESS NAME	0024	[30]	
D	EMPLOYER ID NUMBER (EIN)	0031	[11]	
E	STREET ADDRESS (IF DIFFERENT)	0025	[45]	
	ZIP CODE (CITY, STATE)	0026	[45]	
F	ACCOUNTING METHOD (IF NOT CASH)	ACCRUAL	1126 <input type="checkbox"/> YES	
		OTHER	1127 <input type="checkbox"/> YES	
		SPECIFY	0147 [18]	
G	TP MATERIALLY PARTICIPATES IN OPERATION OF BUSINESS	1242	<input type="checkbox"/> NO	
H	FIRST SCHEDULE C FOR THIS BUSINESS	1290	<input type="checkbox"/> YES	
I	TAXPAYER REQUIRED TO FILE FORM(S) 1099 IN 2011	1632	<input type="checkbox"/> YES	
J	IF YES, ALL REQUIRED FORM(S) WERE FILED (DEFAULT=YES)	1633	<input type="checkbox"/> NO	
PART I - INCOME				
1	b	GROSS RECEIPTS OR SALES NOT INCLUDED IN LINE 1a ☺ +	9326	
	c	INCOME REPORTED ON W-2 IF THE 'STATUTORY EMPLOYEE' BOX WAS CHECKED ●●	9377	
2	RETURNS AND ALLOWANCES PLUS ADJUSTMENTS		2262 ( )	
4	COST OF GOODS SOLD ●		2674 ( )	
6	OTHER INCOME		2237	
7	GROSS INCOME ●			
PART II AND V - EXPENSES				
8	ADVERTISING		2473	
9	CAR AND TRUCK EXPENSES ★●●		2477	
10	COMMISSIONS AND FEES		2478	
11	CONTRACT LABOR		2475	
12	DEPLETION +		2479	
13	DEPRECIATION AND SECTION 179 EXPENSE DEDUCTION (FORM 4562) ★●		2480	
14	EMPLOYEE BENEFIT PROGRAMS		2482	
15	INSURANCE (OTHER THAN HEALTH)		2484	
16	INTEREST:			
	a	MORTGAGE (PAID TO BANKS, ETC.)	2474	
		EXPLANATION OF FORM 1098		
				[25]
				[25]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
LINE 16a CONTINUED NEXT COLUMN				

PART II AND V - EXPENSES (CONTINUED)			
16	a	FORM 1098 NAME / ADDRESS	
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN		
b	OTHER INTEREST ★ +		2495
17	LEGAL AND PROFESSIONAL SERVICES		2487
18	OFFICE EXPENSE		2488
19	PENSION AND PROFIT SHARING PLANS		2489
20	RENT OR LEASE	a VEHICLES, MACHINERY AND EQUIPMENT ★ +	2476
		b OTHER BUSINESS PROPERTY	2491
21	REPAIRS AND MAINTENANCE		2492
22	SUPPLIES		2493
23	TAXES AND LICENSES ★ +		2494
	NYC UNINCORPORATED BUSINESS TAX		2578
24	TRAVEL, MEALS, ENTERTAINMENT:		
	a	TRAVEL	2496
	b	MEALS AND ENTERTAINMENT SUBJECT TO LIMITATION (ENTER 100%) 2673	LIMITED AMOUNT ●
		MEALS AND ENTERTAINMENT (FULLY DEDUCTIBLE) 2672	
	SUBJECT TO D.O.T. HOURS OF SERVICE LIMITATIONS		1318 <input type="checkbox"/> YES
25	UTILITIES		2497
26	WAGES (LESS EMPLOYMENT CREDIT)		2498
27	OTHER EXPENSES:		
	AMORTIZATION (FORM 4562) ★●		2418
	MISCELLANEOUS		2499
	OIL AND GAS DEDUCTION ●		3576
	POSTAGE		2490
	TELEPHONE (BUSINESS ONLY)		2629
	OTHER EXPENSES:		
	EXPLANATION [45]		AMOUNT
28	TOTAL EXPENSES ●		
29	TENTATIVE PROFIT (LOSS) ●		
30	EXPENSES FOR BUSINESS USE OF HOME (Form 8829) ●		2437
31	NET PROFIT (LOSS) ●		
32	IF LOSS, ENTER THE AMOUNT AT RISK (NOTE: IF AN AMOUNT IS ENTERED ON LINE 32, A CORRESPONDING FORM 6198 SHOULD BE FILLED OUT)		2644

9 Pg 2		PROFIT OR (LOSS) FROM BUSINESS, PAGE 2 (MAY BE USED WITH SYSTEMS 1040 AND 1041)		LAST NAME		Multiple		2011	
PART III - COST OF GOODS SOLD									
33		INVENTORY METHOD (IF NOT COST)							
		b LOWER OF COST OR MARKET		1155		<input type="checkbox"/> YES			
		c OTHER		1156		<input type="checkbox"/> YES			
		EXPLAIN 0280		[15]					
34		ANY CHANGE IN DETERMINING QUANTITIES, COSTS, ETC.?		1144		<input type="checkbox"/> YES			
		EXPLANATION OF CHANGE OF INVENTORY							
		[50]							
		[50]							
		[50]							
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN									
35		BEGINNING INVENTORY		2263					
36		PURCHASES ☺		2265					
		LESS: COST OF PERSONAL USE ITEMS		2266 ( )					
37		COST OF LABOR (NOT PAID TO SELF)		2267					
38		MATERIALS AND SUPPLIES		2268					
39		OTHER COSTS		2269					
41		INVENTORY AT END OF YEAR		2264 ( )					
42		COST OF GOODS SOLD ●							
PART IV - INFORMATION ON YOUR VEHICLE									
THIS SECTION SHOULD NOT BE USED IN CONJUNCTION WITH FORM 4562.									
43		DATE VEHICLE PLACED IN SERVICE FOR BUSN PURPOSES ★		0065 - -					
44		a BUSINESS MILES 01/01/2011 - 06/30/2011 ★		2857					
		b BUSINESS MILES 07/01/2011 - 12/31/2011 ★		2858					
		c TOTAL COMMUTING MILES DRIVEN ★		2461					
		TOTAL OTHER MILES DRIVEN ★		2486					
45		AVAILABLE FOR USE DURING OFF-HOURS? ★		1245		<input type="checkbox"/> YES			
46		ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? ★		1163		<input type="checkbox"/> YES			
47		a EVIDENCE TO SUPPORT DEDUCTION? ★		1292		<input type="checkbox"/> NO			
		b IF "YES", IS EVIDENCE WRITTEN? ★		1267		<input type="checkbox"/> NO			
8829 EXPENSES FOR BUSINESS USE OF HOME									
CARRY TO:		1 = Schedule C 2 = Schedule F 3 = Form 2106 4 = Sch K-1 (1065) 5 = Schedule E		3547		☺		3553	
SPOUSE'S FORM 8829 (FOR USE WITH MFS SPLIT RETURN ONLY)				1469		<input type="checkbox"/> YES			
PART I - PART OF HOME USED FOR BUSINESS									
1		AREA USED EXCLUSIVELY FOR NON-DAYCARE BUSINESS OR NON-EXCLUSIVELY FOR DAYCARE BUSINESS ☺		3477					
2		TOTAL AREA OF HOME		3497					
4		TOTAL HOURS FACILITY USED FOR DAY CARE		3498					
5		TOTAL HOURS AVAILABLE (IF STARTED OR STOPPED DAY CARE IN CURRENT YEAR) ●●		2583					
		SPECIAL COMPUTATION FOR CERTAIN DAYCARE FACILITIES:							
		PART OF HOME USED EXCLUSIVELY FOR DAYCARE		3869					
FORM 8829 PART II - ALLOWABLE DEDUCTION									
8		SCHEDULE C ONLY:		GAIN DERIVED FROM BUSINESS USE OF HOME MINUS LOSS NOT DERIVED FROM BUSINESS USE OF HOME SHOWN ON SCHEDULE D OR FORM 4797 +		2950			
		SCHEDULE E ONLY:		NET INCOME RELATED TO BUSINESS USE OF HOME +		9885			
		SCHEDULE F / 2106 ONLY:		BUSINESS EXPENSES THAT ARE NOT FROM BUSINESS USE OF HOME		2857			
		FORM 2106 ONLY:		W-2 WAGES RELATED TO BUSINESS USE OF HOME ☺		3489			
PART III - DEPRECIATION OF HOME									
36		SMALLER OF HOME'S ADJUSTED BASIS OR ITS FAIR MARKET VALUE ★		3247					
37		VALUE OF LAND INCLUDED ON LINE 36 ★		3248					
40		DEPRECIATION PERCENTAGE ★●		0079 [2]					
41		DEPRECIATION ALLOWABLE ★●●		2584					
RET RETIREMENT CONTRIBUTIONS									
RETIREMENT CONTRIBUTIONS FUNDED PRIOR TO FILING RETURN (FOR INSTRUCTION LETTER PURPOSES) 1634 ☐									
TRADITIONAL IRA									
		TAXPAYER		SPOUSE					
		IRA CONTRIBUTION		2518		2514			
		COVERED BY RETIREMENT PLAN		1124 ☐ YES		1161 ☐ YES			
		FORCE AMOUNT CONTRIBUTED AS DEDUCTIBLE ●●		1174 ☐ YES					
		TOTAL BASIS FOR 2010 AND EARLIER YEARS		2815		2821			
ROTH IRA									
		PREPARE MAXIMUM ROTH IRA CONTRIBUTION WORKSHEET		8028 ☐ YES		8029 ☐ YES			
ROTH BASIS AND FORM 8606, LINES 22 AND 24									
ROTH CONTRIBUTION BASIS									
		BASIS IN ROTH IRA CONTRIBUTIONS FOR PRIOR YEAR AND EARLIER		3912		3914			
		AMOUNT ACTUALLY CONTRIBUTED FOR CY		3911		3913			
		FORM 8606 LINE 22 OVERRIDE		7270		7263			
ROTH CONVERSION BASIS									
		BASIS IN ROTH IRA CONVERSIONS FOR PRIOR YEAR AND EARLIER		7262		7267			
		2010 FORM 8606, LINE 26 - LINE 29 (NOT LESS THAN ZERO - MAY BE BLANK)		9387		9388			
		2010 FORM 8606, LINE 16 (IF 2010 FORM 8606 LINES 20a AND 20b HAVE AMOUNTS)		9383		9384			
		2010 FORM 8606, LINE 16 (IF 2010 FORM 8606 LINES 25a AND 25b HAVE AMOUNTS)		9385		9386			
		FORM 8606 LINE 24 OVERRIDE		9400		9401			
		OVERRIDE SE INCOME ON WKSHT ●●		3357		3358			
SELF-EMPLOYED KEOGH RETIREMENT PLAN									
CODES FOR KEOGH DEDUCTION CALCULATION: P = Profit Sharing									
		CODE		4726		4727			
		CONTRIBUTION RATE		8161		8162			
		COMPANY CONTRIBUTION AMOUNT ●●		2342		2515			
		CATCH-UP AMOUNT (INDIV 401(k) ONLY)		3627		3628			
SELF-EMPLOYED SEP RETIREMENT PLAN									
		COMPANY CONTRIBUTION RATE		8163 [2]		8164 [2]			
		COMPANY CONTRIBUTION AMOUNT ●●		7547		7548			
SARSEPs ONLY:									
		ELECTIVE DEFERRAL		2765		2766			
		CATCH-UP AMOUNT		3629		3630			
SELF-EMPLOYED SIMPLE RETIREMENT PLAN									
		SIMPLE 401(k) PLAN (Default = IRA)		4488 ☐ YES		4493 ☐ YES			
		ELECTIVE CONTRIBUTION RATE		4486		4487			
		ELECTIVE CONTRIBUTION AMOUNT ●●		3080		3081			
		CATCH-UP AMOUNT (\$0 - \$2,500)		3082		3083			
		COMPANY MATCH CONTRIB. RATE @ 1%-3%		4453		4454			
		COMPANY NONELECT CONTRIB. RATE @ 2%		4455		4468			
9 CASUALTY LOSSES 3179 3182									
10 DEDUCTIBLE MORTGAGE INTEREST 3180 3183									
11 QUALIFIED MORTGAGE INSURANCE PREMIUM ALLOWED 2941 2942									
16 REAL ESTATE TAXES 3181 3184									
17 EXCESS MTG INTEREST 3241 3469									
18 INSURANCE 3242 3450									
19 RENT 3808 3933									
20 REPAIRS / MAINTENANCE 3243 3468									
21 UTILITIES 3244 2707									
24 OTHER EXPENSES 3245 2721									
28 CARRYOVER - OPERATING EXPENSES FROM PY FORM 8829, LINE 42 2722									
30 EXCESS CASUALTY LOSSES 3246									
34 CARRYOVER OF EXCESS CASUALTY LOSSES AND DEPRECIATION FROM PY FORM 8829, LINE 43 3134									
CASUALTY LOSSES INCLUDED ON LINES 14 AND 32 (CARRY TO FORM 4684, SECTION B) 3239									



8615		TAX ON INVEST INCOME FOR DEPENDENT FILERS	
CHILD IS BETWEEN AGES OF 18 AND 24 AND QUALIFIES FOR 8615		1539	<input type="checkbox"/> YES
CHILD'S EARNED INCOME		2530	
A	PARENT'S NAME	0066	[40]
B	PARENT'S SSN	0067	- -
C	PARENT'S FILING STATUS CODE: 1 = Single 2 = Married Filing Jointly 3 = Married Filing Separately 4 = Head of Household 5 = Qualifying Widow(er)	2635	
2	PORTION OF CHILD'S SCHEDULE A DIRECTLY CONNECTED WITH PRODUCTION OF INVESTMENT INC (\$1,900 Addition is automatic)	2638	
6	PARENTS' TXBL INCOME (IF PARENT FILES FM 2555, ENTER LN 3 AMT FROM PARENTS' FOREIGN EARN INC WKSHT)	2636	
7	TTL NET INVEST INCOME FROM ALL OTHER FM 8615 (LN 5)	2639	
	CHILD'S ITEMIZED DEDUCTIONS DIRECTLY CONNECTED WITH PRODUCTION OF NET CAPITAL GAIN	3142	
	PARENT'S QUALIFIED DIVIDENDS	7667	
AMOUNT FROM PARENTS' SCHEDULE D			
	IF SCHEDULE D FILED, LESSER OF SCH D, LINE 15 OR 16 OR FORM 1040, LINE 13. IF ZERO, OR LESS, ENTER -1	2287	
	LINE 18 (28% RATE)	3454	
	LINE 19 (UNRECAPTURED 1250 GAIN)	3456	
	FORM 4952, LINE 4e	7671	
	FORM 4952, LINE 4g	2459	
TOTAL OF ALL OTHER SCHEDULE(S) D			
	28% RATE GAIN (See instructions)	3453	
	SEC 1250 GAIN (See instructions)	3455	
	FORM 4952, LINE 4e (See instructions)	7672	
	FORM 4952, LINE 4g (See instructions)	3451	
	ALL OTHER CHILDREN'S QUALIFIED DIVIDENDS (FROM FORM 8615 LINE 5 WORKSHEET)	7668	
	OTHER CHILDREN'S TOTAL NET CAPITAL GAIN FROM LINE 2 OF FORM 8615 LINE 5 WORKSHEET (See instr)	2607	
	TOTAL NET CAP GAIN ON ALL OTHER FORM(S) 8615 (See instr)	3452	
AMOUNT FROM PARENTS' SCHEDULE J			
9	LINE 2a (ELECTED FARM INCOME)	7241	
	LINE 2b (EXCESS CAPTIAL GAINS)	9160	
	LINE 2c (UNRECAPTURED SECTION 1250 GAIN)	9161	
	LINE 5 (2008 FORM 1040 TAXABLE INCOME)	7242	
	LINE 6	7243	
	LINE 7	7244	
	LINE 8 (2008 RECALCULATED TAX)	7245	
	LINE 9 (2009 FORM 1040 TAXABLE INCOME)	7246	
	LINE 10	7247	
	LINE 11	7248	
	LINE 12 (2009 RECALCULATED TAX)	7249	
	LINE 13 (2010 FORM 1040 TAXABLE INCOME)	7250	
	LINE 14	7251	
	LINE 15	7252	
	LINE 16 (2010 RECALCULATED TAX)	7253	
	LINE 19 (2008 FORM 1040 TAX)	7255	
	LINE 20 (2009 FORM 1040 TAX)	7256	
	LINE 21 (2010 FORM 1040 TAX)	7257	
	LINE 22	7258	
	VERRIDE LINE 9 TAX CALCULATION	7669	
10	PARENTS' TAX (See instructions)	2637	
	SCHEDULE D OR SCHEDULE J (FORM 1040) WAS USED TO FIGURE PARENTS' TAX	1286	<input type="checkbox"/> YES
15	VERRIDE LINE 15 TAX CALCULATION	7670	

8396		MORTGAGE INTEREST CREDIT	
ADDRESS OF MAIN HOME ON WHICH CREDIT IS TAKEN IF DIFFERENT FROM FORM 1040:			
ADDRESS			
0164 [35]			
ZIP CODE			
0172 [35]			
NAME OF ISSUER OF MORTGAGE CREDIT CERTIFICATE			
0251 [35]			
MORTGAGE CREDIT CERTIFICATE NUMBER		[22]	ISSUE DATE
0252		0253	- -
1	INTEREST PAID ON CERTIFIED INDEBTEDNESS AMOUNT		2953
2	CERTIFICATE CREDIT RATE PERCENT SHOWN ON MORTGAGE CREDIT CERTIFICATE (NOT INTEREST RATE ON MORTGAGE)		0056
3	REFINANCED MTG / REDUCTION OF MORTGAGE INTEREST		7387
4	2008 CREDIT CARRYFORWARD FROM PY FORM 8396, LINE 16		2954
5	2009 CREDIT CARRYFORWARD FROM PY FORM 8396, LINE 14		2957
6	2010 CREDIT CARRYFORWARD FROM PY FORM 8396, LINE 17		2994

8889		HEALTH SAVINGS ACCOUNTS (HSAs)	
SPOUSE'S FORM 8889		8071	<input type="checkbox"/> YES
TWO-LETTER STATE CODE		0118	[2]
ACCOUNT BENEFICIARY DIED AND DESIGNATED BENEFICIARY IS NOT SURVIVING SPOUSE		1263	<input type="checkbox"/> YES
PART I - HSA CONTRIBUTIONS AND DEDUCTION			
1	HIGH-DEDUCTIBLE HEALTH PLAN FOR CURRENT YEAR IS: 1 - SELF ONLY 2 - FAMILY		8072
2	HSA CONTRIBUTIONS MADE FOR CY, AND THOSE MADE FROM 01/01/NY THROUGH 04/18/NY. DO NOT INCLUDE EMPLOYER CONTRIBUTIONS OR CAFETERIA PLAN AMTS		7681
3	ALLOWABLE CONTRIBUTION AMOUNT OVERRIDE		7682
4	AMOUNT TAXPAYER AND EMPLOYER CONTRIBUTED TO ARCHER MSAs FOR CURRENT YEAR		7683
6	HALF OF LN 5 IF TP AND SP HAVE SEPARATE HSAs AND FAMILY COVERAGE HDHP AT ANY TIME IN CURR YR, (OR SHARE OF LINE 5 IF TP AND SP CHOOSE TO DIVIDE DIFFERENTLY)		7684
7	IF AGE 55 OR OLDER AND MARRIED, ENTER THE NUMBER OF MONTHS YOU OR SPOUSE HAD FAMILY COVERAGE UNDER AN HDHP WHILE NOT ENROLLED IN MEDICARE DURING CY		7685
9	EMPLOYER CONTRIB MADE TO TP HSAs FOR CY		7686
10	QUALIFIED HSA FUNDING DISTRIBUTIONS		7730
PART II - HSA DISTRIBUTIONS			
14	a	TOTAL DISTRIBUTIONS TP, AND SP IF MFJ, RECEIVED IN CURRENT YEAR FROM ALL HSAs	7687
	b	DISTRIBUTIONS INCLUDED ON LINE 14a ROLLED OVER TO ANOTHER HSA. ALSO INCLUDE ANY EXCESS CONTRIBUTIONS (AND EARNINGS FROM THEM) INCLUDED ON LINE 14a THAT WERE WITHDRAWN	7688
15	UNREIMBURSED QUALIFIED MEDICAL EXPENSES		7689
17	a	DISTRIBUTION AMOUNT NOT SUBJECT TO 20% TAX	7690
PT III - INCOME/ADD'L TAX FAILURE TO MAINTAIN HDHP COVERAGE			
18	QUALIFIED HSA DISTRIBUTION		7089
19	PART-YEAR COVERAGE		7090
20	QUALIFIED HSA FUNDING DISTRIBUTIONS		7091

SE		SCHEDULE SE			
PRINT EVEN IF NOT REQUIRED		1382	<input type="checkbox"/> YES		
		TAXPAYER	SPOUSE		
OVERRIDE DEDUCTION FOR 1/2 SE TAX IF REDUCED BECAUSE PUERTO RICO EXCLUDED INCOME IS INCLUDED IN SE INC		9316	9317		
SECTION A - SHORT SCHEDULE SE					
1	FARM	SCH F INC <input checked="" type="checkbox"/>	F	2222	2228
		PTSHP K-1 <input checked="" type="checkbox"/>	1065 K-1 (Box 14, Code A)	2224	2230
	b	CONSERVATION RESERVE PROGRAM PAYMENTS		9085	9086
2	NON-FARM	SCH C INC <input checked="" type="checkbox"/>	C / CEZ	2221	2227
		PTSHP K-1 <input checked="" type="checkbox"/>	1065 K-1 (Box 14, Code A)	2225	2231
		OTHER NONFARM INCOME		2226	2232
SECTION B - LONG SCHEDULE SE					
FILED FORM 4029		1193	<input type="checkbox"/> YES	1195	<input type="checkbox"/> YES
FILED FORM 4361		1394	<input type="checkbox"/> YES	1395	<input type="checkbox"/> YES
FORM 4361 EXEMPT INCOME AMOUNT <input checked="" type="checkbox"/>		2422		2423	
ALLOW CLERGY W-2 WAGES TO BE CONSIDERED FOR EARNED INCOME CREDIT AND ADDITIONAL CHILD TAX CREDIT			1482	<input type="checkbox"/> YES	
3	EXEMPT NOTARY AMOUNT		3016		2303
	CHAPTER 11 BANKRUPTCY INCOME		7789		7790
5	a	CHURCH EMP INC FROM W-2	2375		2380
8	a	TOTAL FICA W-2 WAGES / RAILROAD RETIREMENT <input checked="" type="checkbox"/>	2259		2260
PART II - OPTIONAL METHODS TO FIGURE NET EARNINGS					
FIGURE OPTIONAL METHOD		1387	<input type="checkbox"/> YES	1388	<input type="checkbox"/> YES
15	GROSS FARM INCOME <input checked="" type="checkbox"/>		2223		2229
17	GROSS NONFARM INCOME <input checked="" type="checkbox"/>		2432		2433

CLG		CLERGY		
HOUSING METHOD #1		TAXPAYER	SPOUSE	
3	a	FAIR RENTAL VALUE OF PARSONAGE PROV BY CHURCH	7507	7716
	b	UTILITY ALLOWANCE, IF ANY	7719	7720
	c	ACTUAL EXPENSES FOR UTILITIES	7721	7722
HOUSING METHOD #2				
4	a	HOUSING ALLOWANCE RECEIVED (INCLUDE UTILITY ALLOWANCE)	7723	7724
	b	UTILITY ALLOWANCE, IF SEPARATE	7782	7783
	d	ACTUAL HOUSING EXPENSES	7717	7718
	e	ACTUAL EXPENSES FOR UTILITIES	7784	7785
	g	FAIR RENT VALUE OF HOME, INCL FURNISHINGS AND UTILITIES (REQD FOR ACCURATE CALC) ☺	7786	7787
OTHER RELATED INPUTS				
OTHER ADJ TO SE INC (DESCRIBE BELOW)		7828	7829	
TP	0381 [35]			
SP	0382 [35]			
VALUE OF MEALS AND LODGING PROVIDED FOR EMPLOYER'S CONVENIENCE		7508	7727	
EXEMPT NOTARY INCOME		3016	2303	
OVERRIDE TOTAL TAXABLE EARNED INCOME <input checked="" type="checkbox"/>			7509	
OVERRIDE TOTAL SELF-EMPL INCOME FOR EIC <input checked="" type="checkbox"/>			3148	
ALLOW CLERGY W-2 WAGES TO BE CONSIDERED FOR EIC AND ADDITIONAL CTC		1482	<input type="checkbox"/> YES	

8814		ELECTION TO REPORT CHILD'S INTEREST / DIVIDENDS	
ALLOCATE TAXABLE INCOME TO SPOUSE'S FORM 8814		1465	<input type="checkbox"/> YES
TWO-LETTER STATE CODE		8171	
A	CHILD'S	FIRST NAME	4098 [15]
		LAST NAME	4099 [15]
B	CHILD'S SOCIAL SECURITY NUMBER		0128 - -
1	a	CHILD'S TAXABLE INTEREST INCOME	2552
		CHILD'S TAXABLE INTEREST INCOME FROM NOMINEE DISTRIBUTIONS	2558
		CHILD'S ACCRUED INTEREST INCOME ADJUSTMENT	2105
		CHILD'S ABP INTEREST INCOME ADJUSTMENT	2106
		CHILD'S OID INTEREST INCOME ADJUSTMENT	2107
b	CHILD'S TAX-EXEMPT INTEREST INCOME	2553	
	AMOUNT FROM LINE 1b SUBJECT TO AMT TAX	3073	
2	a	CHILD'S ORDINARY DIVIDENDS (Incl AK Perm Fund Div)	2554
		CHILD'S ORDINARY DIV FROM NOMINEE DISTRIBUTIONS	2559
		CHILD'S ALASKA PERMANENT FUND DIVIDEND	7798
b	CHILD'S QUALIFIED DIVIDENDS	2874	
3	CHILD'S CAPITAL GAIN DISTRIBUTIONS		2863
	CHILD'S CAP GAIN DISTRIB FROM NOMINEE DISTRIBUTIONS		2555
	28% RATE CAPITAL GAINS		3400
	UNRECAPTURED SECTION 1250 CAPITAL GAINS		3401

8862		INFO TO CLAIM EIC AFTER DISALLOWANCE	
PART I - FOR ALL FILERS			
2	ONLY REASON FOR PRIOR DISALLOWANCE WAS INCORRECTLY REPORTED EARNED INC OR INVEST INC		4205 <input type="checkbox"/> YES
3	TP (AND/OR SP IF MFJ) IS QUALIFYING DEPN OF ANOTHER		4270 <input type="checkbox"/> YES
PART II - FILERS WITH A QUALIFYING CHILD OR CHILDREN			
4	NUMBER OF DAYS CHILD LIVED WITH TAXPAYER IN THE U.S. DURING THE YEAR	a	CHILD #1 4206
		b	CHILD #2 4226
		c	CHILD #3 4216
5	IF CHILD WAS BORN OR DIED DURING THE YEAR, SHOW BIRTH AND/OR DEATH DATES FOR EACH. OTHERWISE, SKIP THIS LINE.		
	(1) BIRTH DATE <input checked="" type="checkbox"/> (2) DEATH DATE		
	a	CHILD #1 4207 - -	4208 - -
	b	CHILD #2 4227 - -	4228 - -
c	CHILD #3 4217	4218 - -	
ADDRESS IN U.S. WHERE TAXPAYER AND CHILD LIVED DURING THE YEAR			
a	CHILD #1	STREET ADDR	4209 [35]
		CITY, STATE, ZIP	4210 [25]
ADDRESS IS THE SAME FOR CHILD #2 AS CHILD #1		4211	<input type="checkbox"/> YES
b	CHILD #2	STREET ADDR	4229 [35]
		CITY, STATE, ZIP	4230 [25]
ADDRESS IS THE SAME FOR CHILD #3 AS CHILD #1		4219	<input type="checkbox"/> YES
ADDRESS THE SAME FOR CHILD #3 AS CHILD #2 (AND IS DIFFERENT FROM CHILD #1'S ADDRESS)		4220	<input type="checkbox"/> YES
c	CHILD #3	STREET ADDR	4221 [35]
		CITY, STATE, ZIP	4222 [25]
DID ANYONE (EXCEPT SP, IF MFJ, AND DEPNS UNDER AGE 19) LIVE WITH CHILD #1 OR #2 OR #3 OVER HALF THE YEAR?		4212	<input type="checkbox"/> YES
a	CHILD #1	NAME	4213 [35]
		RELATIONSHIP	4214 [11]
THIS PERSON IS THE SAME FOR CHILD #2 AS CHILD #1		4215	<input type="checkbox"/> YES
b	CHILD #2	NAME	4233 [35]
		RELATIONSHIP	4234 [11]
THIS PERSON IS THE SAME FOR CHILD #3 AS CHILD #1		4223	<input type="checkbox"/> YES
THIS PERSON IS THE SAME FOR CHILD #3 AS CHILD #2 (AND DIFFERENT FROM PERSON LIVING WITH CHILD #1)		4231	<input type="checkbox"/> YES
c	CHILD #3	NAME	4224 [35]
		RELATIONSHIP	4225 [11]
PART III - FOR FILERS WITHOUT A QUALIFYING CHILD			
8	DATES DURING YEAR THAT TAXPAYER'S HOME WAS IN UNITED STATES		FROM 4201 - - TO 4202 - -
9	IF MFJ, DATES DURING YEAR THAT SPOUSE'S HOME WAS IN U.S.		4203 - - 4204 - -

8853	MSAs AND LONG-TERM INSURANCE ACCTS					
PREPARE FORM 8853 ☺ 8027 <input type="checkbox"/> YES 2-LTR STATE CODE 0504						
PART I - ARCHER MSA CONTRIBUTIONS AND DEDUCTIONS						
		TAXPAYER	SPOUSE			
1	TOTAL EMPLOYER CONTRIB TO ARCHER MSAs FOR CY ☺	2649	2650			
2	ARCHER MSA CONTRIB MADE FOR CY INCL FROM 01/01/12-04/17/12 ☺	2758	2759			
LIMITATION WORKSHEET CALCULATIONS						
COVERAGE EQUAL FOR ENTIRE YEAR		8049	<input type="checkbox"/> YES			
3	ENTER COVER TYPE FOR EACH DATE  F= Family S=Self N=None	TAXPAYER		SPOUSE		
		TP / Fam Cover Code	TP / FAMILY DEDUCTIBLE	SP Cover Code	SP DEDUCTIBLE	
		JAN 1	8663	9003	8675	9015
		FEB 1	8664	9004	8676	9016
		MAR 1	8665	9005	8677	9017
		APR 1	8666	9006	8678	9018
		MAY 1	8667	9007	8679	9019
		JUN 1	8668	9008	8680	9020
		JUL 1	8669	9009	8681	9021
		AUG 1	8670	9010	8682	9022
		SEP 1	8671	9011	8683	9023
		OCT 1	8672	9012	8684	9024
		NOV 1	8673	9013	8685	9025
DEC 1	8674	9014	8686	9026		
4	COMPENSATION FROM EMPLOYR MAINTAINING HDHP (IF SELF-EMP, EARNED INC FROM TRADE/ BUSN UNDER WHICH PLAN WAS ESTABLISHED) ☺		7104	7129		
PART II - ARCHER MSA DISTRIBUTIONS						
6	a	TOTAL ARCHER MSA DISTRIB RECEIVED IN CURR YEAR	7105	7121		
	b	DISTRIB INCLUDED ON LINE 6a	ROLLED OVER TO ANOTHER MSA	7106	7122	
		WITHDRAWN BY RETURN DUE DATE	7500	7549		
7	UNREIMB QUAL MEDICAL EXPENSES		7107	7123		
SECTION B - MEDICARE ADVANTAGE MSA DISTRIBUTIONS						
10	TOTAL MEDICARE ADVANTAGE MSA DISTRIBUTIONS RECEIVED IN CY		7281	7283		
11	TOTAL UNREIMB QUAL MEDICAL EXP		7282	7284		
SECTION C - LONG-TERM CARE (LTC) INSURANCE CONTRACTS						
SPOUSE IS POLICYHOLDER			8087	<input type="checkbox"/> YES		
MORE THAN ONE SECTION C IS ATTACHED			8050	<input type="checkbox"/> YES		
14	a	NAME OF INSURED	FIRST NAME 8117 [15]	LAST NAME 8118 [19]		
		b SOCIAL SECURITY NUMBER OF INSURED 8119 - -				
15	NO ONE BUT TP RECEIVE PMTS ON PER DIEM OR OTHER BASIS UNDER QUAL LTC INSURANCE CONTRACT IN 2011		8088	<input type="checkbox"/> YES		
16	INSURED WAS TERMINALLY ILL		8089	<input type="checkbox"/> YES		
	ACCELERATED DEATH BENEFITS ONLY PMTS RECD THIS YEAR		8094	<input type="checkbox"/> YES		
17	GROSS LTC PMTS RECD ON PER DIEM / OTHER PRD BASIS		7295			
18	PART OF LINE 19 FROM QUALIFIED LTC INS CONTRACTS		7296			
19	ACCELERATED DEATH BENEFITS RECEIVED ON A PER DIEM OR OTHER PERIODIC BASIS		7297			
21	NUMBER OF DAYS IN LTC PERIOD		7298			
22	COSTS INCURRED FOR QUALIFIED LTC SERVICES PROVIDED FOR INSURED DURING LTC PERIOD		7299			
24	TOTAL REIMBURSEMENTS FOR QUALIFIED SERVICES PROVIDED FOR INSURED DURING LTC PERIOD		7280			

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8885	HEALTH COVERAGE TAX CREDIT			
SPOUSE'S FORM 8885		8066	<input type="checkbox"/> YES	
PART I - CHECK ELIGIBILITY FOR TAKING THE CREDIT				
CHECK BOXES FOR EACH MONTH THIS YR THAT ALL OF THE FOLLOWING STATEMENTS ARE TRUE ON FIRST DAY OF THAT MONTH:				
1	ELIGIBLE TRADE ADJ ASSISTANCE (TAA) RECIPIENT, ALTERNATIVE TAA RECIPIENT, REEMPLOYMENT TRADE ADJ ASSISTANCE (RTAA) RECIPIENT OR PENSION BENEFIT GUARANTY CORP (PBGC) PAYEE OR QUALIFIED FAMILY MEMBER OF AN INDIVIDUAL WHO FALLS UNDER ONE OF THE CATEGORIES LISTED ABOVE WHEN HE/SHE PASSED AWAY OR FILED FOR DIVORCE.			
	COVERED BY QUALIFIED HEALTH INS PLAN FOR WHICH TP PAID PREMIUMS OR TP PORTION OF PREMIUMS, DIRECTLY TO TP HEALTH PLAN (INCL MOS FOR WHICH TP PAID PREMIUMS TO U.S. TREASURY-HCTC)			
	NOT ENTITLED TO MEDICARE PART A NOR ENROLLED IN MEDICARE PART B OR ENROLLED IN MEDICARE BUT FAMILY MEMBER(S) QUALIFIED FOR THE HCTC			
	NOT ENROLLED IN MEDICAID OR STATE CHILDREN'S HEALTH INS PROGRAM			
	NOT ENROLLED IN FED EMPL HEALTH BENEFITS PROG OR ELIGIBLE TO RECEIVE BENEFITS UNDER U.S. MILITARY HEALTH SYSTEM (TRICARE)			
	NOT IMPRISONED UNDER FEDERAL, STATE, OR LOCAL AUTHORITY			
	EMPLOYER DID NOT PAY 50% OR MORE OF COST OF COVERAGE			
	TP DID NOT RECEIVE 65% COBRA PREMIUM REDUCTION FROM FORMER EMPLOYER OR COBRA ADMINISTRATOR			
	JANUARY 8067 <input type="checkbox"/> MAY 8434 <input type="checkbox"/> SEPTEMBER 8438 <input type="checkbox"/>			
	FEBRUARY 8068 <input type="checkbox"/> JUNE 8435 <input type="checkbox"/> OCTOBER 8439 <input type="checkbox"/>			
MARCH 8432 <input type="checkbox"/> JULY 8436 <input type="checkbox"/> NOVEMBER 8440 <input type="checkbox"/>				
APRIL 8433 <input type="checkbox"/> AUGUST 8437 <input type="checkbox"/> DECEMBER 8441 <input type="checkbox"/>				
PART II - HEALTH COVERAGE TAX CREDIT				
		COLUMN A JAN AND FEB	COLUMN B MAR - DEC	
2	AMOUNT PAID FOR QUAL HEALTH INS COVERAGE FOR ALL MONTHS CHECKED ON LINE 1. DO NOT INCLUDE HEALTH INS PREMIUMS PD TO 'US TREASURY-HCTC' OR ANY INSURANCE PREM ON COVERAGE THAT WAS PAID FOR WITH A NATIONAL EMERGENCY GRANT. ALSO, DO NOT INCLUDE ANY ADV (MONTHLY) PMTS OR REIMB CREDITS FROM FORM 1099-H, BOX 1		☺ 9769	☺ 9678
	TOTAL OF ANY ARCHER MSA OR HEALTH SAVINGS ACCT DISTRIBUTIONS USED TO PAY FOR QUAL HEALTH INSURANCE COVERAGE FOR MONTHS CHECKED ON LINE 1		9770	9679
7	ADVANCE PAYMENTS RECEIVED FOR ANY MONTHS NOT CHECKED ON LINE 1			9771
	ADDITIONAL RETROACTIVE CREDIT AMT REPORTED IN BOX TO LEFT OF BOX 8 OF FORM 1099-H			9319

3903	MOVING EXPENSES		
OWNERSHIP CODE: T - TAXPAYER S - SPOUSE J - JOINT		0205	
STATE MOVED TO (IF DIFFERENT THAN RESIDENT STATE)		0358	
MILES FROM OLD HOME TO NEW WORKPLACE ☺		3050	
MILES FROM OLD HOME TO OLD WORKPLACE ☺		3051	
ARMED FORCES PERMANENT CHANGE OF STATION		1341 <input type="checkbox"/> YES	
1	TOTAL TRANSPORTATION AND STORAGE OF HOUSEHOLD GOODS AND PERSONAL EFFECTS		3052
2	TRAVEL AND LODGING MOVING EXPENSES	TOTAL LODGING EXPENSES (NOT MEALS)	3053
		PARKING FEES AND TOLLS	9194
		ACTUAL VEHICLE EXPENSE	3566
		TOTAL MILEAGE (01-01-11 TO 06-30-11)	3567
		TOTAL MILEAGE (07-01-11 TO 12-31-11)	3568
4	TOTAL EMPLOYER-PAID MOVING EXPENSES (W-2, box 12, code P) ●●		3075

13	UNIVERSAL DATA SHEET 1 ( TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	LAST NAME	2011
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H		HOUSEHOLD EMPLOYMENT TAX		
Multiple	FILING AS STAND-ALONE (Firm data prints in signature area)	8323	<input type="checkbox"/> YES	
	SPOUSE'S SCHEDULE H	8007	<input type="checkbox"/> YES	
	FEDERAL ID NUMBER	8106	-	
A	PAID \$1,700 OR MORE TO ANY ONE HOUSEHOLD EMPLOYEE IN CURRENT YEAR	8001	<input type="checkbox"/> YES	
B	WITHHELD FEDERAL INCOME TAX IN CURRENT YEAR FOR ANY HOUSEHOLD EMPLOYEE	8002	<input type="checkbox"/> YES	
C	PAID TOTAL CASH WAGES OF \$1,000 OR MORE IN ANY CALENDAR QUARTER OF PRIOR YEAR OR CURRENT YEAR	8003	<input type="checkbox"/> YES	
PART I - SOCIAL SECURITY, MEDICARE, AND INCOME TAXES				
1	TOTAL CASH WAGES SUBJECT TO SOCIAL SECURITY TAXES	7125		
3	TOTAL CASH WAGES SUBJECT TO MEDICARE TAXES	7126		
5	FEDERAL INCOME TAX WITHHELD, IF ANY	7127		
PART II - FEDERAL UNEMPLOYMENT (FUTA) TAX				
8	PAID UNEMPLOYMENT CONTRIBUTIONS TO ONLY ONE STATE (IF PAID TO A CREDIT REDUCTION STATE, DO NOT CHECK)	8004	<input type="checkbox"/> YES	
9	PAID ALL STATE UNEMPLOYMENT CONTRIBUTIONS FOR CURRENT YEAR BY APRIL 16, 2012	8005	<input type="checkbox"/> YES	
10	ALL FUTA TAX WAGES ALSO TAXABLE FOR STATE UNEMPLOYMENT TAX	8006	<input type="checkbox"/> YES	
SECTION A				
11	STATE WHERE UNEMPLOYMENT CONTRIBUTIONS WERE PAID	8100	[2]	
12	CONTRIBUTIONS PAID TO STATE UNEMPLOYMENT FUND	8105		
	CONTRIB NOT REQUIRED DUE TO ZERO PCT EXPERIENCE RATE	1602	<input type="checkbox"/> YES	
SECTION A / B				
13 /	TOTAL CASH WAGES PD BEFORE JULY 1 SUBJECT TO FUTA TAX	7131		
18	TOTAL CASH WAGES PD AFTER JUNE 30 SUBJECT TO FUTA TAX	7128		
SECTION B				
15	COMPLETE ALL APPLICABLE LINES		STATE #1	STATE #2
	a	NAME OF STATE	4416	[2] 4423
	b	TAXABLE WAGES	4418	4425
	c	STATE EXPERIENCE RATE PERIOD	FROM 4419 - -	4426 - -
		TO 4420 - -	4427 - -	
	d	STATE EXPERIENCE RATE	4421	4428
	h	CONTRIBUTIONS PAID TO STATE UNEMPLOYMENT FUND	4422	4429
WORKSHEET FOR CREDIT REDUCTION STATES				
21	STATE	TAXABLE FUTA WAGES		

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4952		INVESTMENT INTEREST EXPENSE DEDUCTION	
1	INVESTMENT INTEREST EXP PAID / ACCRUED IN CY ☺ +	2745	
2	DISALLOWED INVEST INT EXP FROM PY FORM 4952, LN 7 ☺	2755	
4	a	GROSS INC FROM PROP HELD FOR INVESTMENT ●●	2746
		WORKSHEET ADJUSTMENT [38]	AMOUNT
		4713	4469
	b	QUALIFIED DIVIDENDS INCLUDED ON LINE 4a ●●	7665
	d	NET GAIN FROM DISPOSITION OF INVEST PROP ●●	3311
		WORKSHEET ADJUSTMENT [38]	AMOUNT
		4714	4470
e	NET CAPITAL GAIN FROM DISPOSITION OF PROPERTY HELD FOR INVESTMENT ●●	3312	
	WORKSHEET ADJUSTMENT [38]	AMOUNT	
		4715	4471
g	AMOUNT OF LINES 4b AND 4e ELECTED TO INCLUDE IN INVESTMENT INCOME	2754	
5	INVESTMENT EXPENSES ●●	7666	
	WORKSHEET ADJUSTMENT [38]	AMOUNT	
	0178	3171	

2210		UNDERPAYMENT OF ESTIMATED TAX		
FORCE PRINTING OF FORM 2210 / 2210F EVEN IF NO PENALTY		1187	<input type="checkbox"/> YES	
SUPPRESS PRINTING OF FORM 2210 / 2210F		1468	<input type="checkbox"/> YES	
TAKE SHORT METHOD CALCULATION, IF APPLICABLE		1281	<input type="checkbox"/> YES	
CARRY PENALTY TO FORM 1040 / 1041		1146	<input type="checkbox"/> NO	
F	PREPARE FORM 2210F (FARMER / FISHERMAN) ☺	1148	<input type="checkbox"/> YES	
	DATE AMOUNT DUE IS PAID	0047	-	
PART I - REQUIRED ANNUAL PAYMENT				
8	PRIOR YEAR TAX ☺	2401		
	PRIOR YEAR TAX OPTIONS: 0 - Not Applicable, Enter prior year tax above (Default) 1 - No Tax Liability (Whether or not return was required) 2 - Prior year return not filed or tax liability unknown (Penalty based on current year tax only) 3 - Prior year less than 12 months (Penalty based on current year tax only)		0512	
	PRIOR YEAR AGI		3314	
PART II - REASON FOR FILING				
WAIVER OF PENALTY REQUESTED		1107	<input type="checkbox"/> YES	
WAIVED AMOUNT		2602		
WAIVER EXPLANATION		0260	[30]	
C	ANNUALIZED INCOME INSTALLMENT METHOD USED	1256	<input type="checkbox"/> YES	
D	ACTUALLY WITHHELD METHOD USED	1257	<input type="checkbox"/> YES	
E	FILING STATUS HAS CHANGED	1246	<input type="checkbox"/> YES	
HAND PREPARED ANNUALIZED INCOME INSTALLMENT WKSHT FROM LN 25				
18	January to March	January to May	January to August	
	●● 2807	●● 2808	●● 2809	
19	ENTER ALL ES PAYMENT DATES AND AMOUNTS, OVERPAYMENT APPLIED, AND EXTENSION PAYMENTS ON THE ESTIMATES SCREEN			
	OVERRIDE FEDERAL WITHHOLDING PAYMENTS	FIRST QUARTER WITHHOLDING ●●	7366	
		SECOND QUARTER WITHHOLDING ●●	7367	
		THIRD QUARTER WITHHOLDING ●●	7368	
		FOURTH QUARTER WITHHOLDING ●●	7369	
SCHEDULE AI - ANNUALIZED INCOME INSTALLMENTS				
PERIODS		January - March	April - May	June - August
1	FEDERAL AGI	2240	2241	2242
4	ITEMIZE DEDUCTION ●●	2936	2937	2938
12	TAX RATE ●●	4796	4797	4798
15	TTL OTHER TAXES ●●	3458	2412	3320
16	CREDITS ●●	3174	3175	3176
17	1040NR - INCOME NOT EFFECTIVELY CONNECTED TO U.S. TRADE / BUSINESS:			
		3925	3926	3927
PART II - ANNUALIZED SELF-EMPLOYMENT TAX				
NET EARNINGS FROM SELF-EMPLOYMENT FOR EACH PERIOD:				
26	TAXPAYER	2391	2392	2393
	SPOUSE	4733	4734	4735
ACTUAL WAGES SUBJECT TO SOCIAL SECURITY TAX:				
28	TAXPAYER	2939	2940	2917
	SPOUSE	4736	4737	4738

8923		MINE RESCUE TEAM TRAINING CR			
1	TOTAL TRAINING PROGRAM COSTS OF QUALIFIED MINE RESCUE EMPLOYEES PAID/INCURRED DURING TAX YR	7853			
FORM 3800 PART III (1040, 1041, 1120 ONLY)					
NOTE: IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.					
ALLOCATION GRID					
OWNER (T, SP, J)	* CREDIT TYPE	AMT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					

OCCUPATION	☺ 0032	[20]	CLERGY FORM 2106	1449	<input type="checkbox"/>	YES	
BUSINESS EXPENSE OWNER	T - TAXPAYER	S - SPOUSE	0356	FORCE LONG FORM 2106	1343	<input type="checkbox"/>	YES
TWO-LETTER STATE CODE	0391	[2]					

PART I - EMPLOYEE BUSINESS EXPENSES AND REIMBURSEMENTS

STEP 1 - EXPENSES				COLUMN A	COLUMN B		
				NOT MEALS AND ENTERTAINMENT	MEALS AND ENTERTAINMENT		
2	PARKING FEES, TOLLS, AND TRANSPORTATION, INCLUDING TRAINS, BUSES, ETC. (Not overnight or commuting) + ★			2449			
3	TRAVEL EXPENSE AWAY FROM HOME OVERNIGHT (NOT MEALS AND ENTERTAINMENT)						
	LODGING			2440			
	CAR RENTAL			2215			
	OTHER			2216			
4	BUSINESS EXPENSES NOT INCLUDED (NOT MEALS AND ENTERTAINMENT) + ★			2454			
5	MEALS AND ENTERTAINMENT EXPENSES				2450		
	DEPARTMENT OF TRANSPORTATION EMPLOYEE				1137	<input type="checkbox"/>	YES

STEP 2 - REIMBURSEMENTS FROM EMPLOYER FOR EXPENSES IN STEP 1

7	REIMBURSEMENTS RECEIVED FROM THE EMPLOYER NOT REPORTED IN BOX 1 OF FORM W-2 ● ●	2453	2238
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STEP 3 - FIGURE EXPENSES TO DEDUCT ON SCHEDULE A

10	ARMED FORCES RESERVIST		1178	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO ARMED FORCES RESERVIST	● ●	2441		
	QUALIFIED PERFORMING ARTIST		1168	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO QUALIFIED PERFORMING ARTIST	● ●	2442		
	FEE-BASIS STATE/LOCAL GOVERNMENT EMPLOYEE		1118	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO FEE-BASIS STATE/LOCAL GOVERNMENT EMPLOYEE	● ●	2443		
	DISABLED EMPLOYEE		1169	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO DISABLED EMPLOYEE	● ●	2444		

PART II - VEHICLE EXPENSES

PART II - VEHICLE EXPENSES, SECTIONS A-D

VEHICLE DESCRIPTION		[20]
METHOD	(OPTIMIZE - FORCE SMR - FORCE ACTUAL)	
DATE PLACED IN SERVICE	- -	
TOTAL MILES DRIVEN		
BUSINESS MILES		
AVERAGE ROUND TRIP COMMUTING MILES		
COMMUTING MILES INCLUDED IN TOTAL MILES		
GASOLINE		
OIL		
REPAIRS		
AUTO INSURANCE		
OTHER MAINTENANCE EXPENSES		
VEHICLE RENT OR (LEASE)		
INCLUSION AMOUNT		
VALUE OF EMPLOYER-PROVIDED VEHICLE (ONLY IF 100% OF ANNUAL LEASE VALUE IS INCLUDED ON FORM W-2)		
COST OR OTHER BASIS		
AMOUNT OF SECTION 179 DEDUCTION		
DEPRECIATION METHOD	(200% - 150% - STRAIGHT LINE)	
DEPRECIATION PERCENTAGE		
DEPRECIATION BEFORE LIMITATION AND SECTION 179 DEDUCTION		
LIMITATION AMOUNT FROM TABLE IN INSTRUCTIONS		

ADDITIONAL LINES ARE AVAILABLE ON THE INPUT SCREEN

18	VEHICLE AVAILABLE FOR PERSONAL, OFF DUTY USE (DEFAULT = NO) ★	1210	<input type="checkbox"/>	YES
19	ANOTHER VEHICLE IS AVAILABLE FOR PERSONAL USE (DEFAULT = NO) ★	1209	<input type="checkbox"/>	YES
20	THERE IS EVIDENCE TO SUPPORT THIS DEDUCTION (DEFAULT = YES) ★	1211	<input type="checkbox"/>	YES
21	IF "YES", THE EVIDENCE IS WRITTEN (DEFAULT = YES) ★	1212	<input type="checkbox"/>	YES

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<b>NOL NET OPERATING LOSS FOR FORMS 1040 AND 1041</b>			
ELECTION IS MADE TO FOREGO NOL CARRYBACK (REG AND AMT)		1335	<input type="checkbox"/> YES
FORCE PRINTING OF FORM 1045, PAGE 2 ( REG AND AMT)		1231	<input type="checkbox"/> YES
<b>CURRENT YEAR INFORMATION</b>			
	REG	AMT	
11	BUSN CAPITAL LOSSES	2350	9040
	4797 LOSSES	9849	9851
12	BUSINESS CAPITAL GAINS	2351	9041
	4797 GAINS	9850	9852
NONBUSINESS DEDUCTIONS		●● 2360	●● 9042
NONBUSINESS INCOME		●● 2361	●● 9043
SECTION 1202 EXCLUSION		●● 9062	●● 9044
AGI ADJUSTMENTS (REG TAX)		7055	
QUALIFIED MORTGAGE INSURANCE PREMIUMS NOT ALREADY ADDED BACK ON FORM 6251			9854
QUAL CHARITABLE CONTRIB FOR RELIEF EFFORTS IN A MIDWESTERN DISASTER AREA INCLD ON LINE 26		9853	
NOL ABSORBED IN CRYBK PD		7149	9046
<b>PRIOR YEAR INFORMATION</b>			
	REG	AMT	
UNABSORBED NOL FOR 1996		7040	9047
UNABSORBED NOL FOR 1997		7041	9048
UNABSORBED NOL FOR 1998		7042	9049
UNABSORBED NOL FOR 1999		7043	9050
UNABSORBED NOL FOR 2000		7044	9051
UNABSORBED NOL FOR 2001		7045	9052
UNABSORBED NOL FOR 2002		7046	9053
UNABSORBED NOL FOR 2003		7047	9054
UNABSORBED NOL FOR 2004		7048	9055
UNABSORBED NOL FOR 2005		7049	9056
UNABSORBED NOL FOR 2006		7050	9057
UNABSORBED NOL FOR 2007		7051	9058
UNABSORBED NOL FOR 2008		7052	9059
UNABSORBED NOL FOR 2009		7053	9060
UNABSORBED NOL FOR 2010		7054	9061

<b>8820 ORPHAN DRUG CREDIT</b>					
<b>PART I</b>					
1	QUALIFIED CLINICAL TESTING EXPENSES PAID OR INCURRED DURING THE TAX YEAR		7834		
2	a	1120 ONLY CONTROLLED GROUPS ONLY SHARE OF GROUP CREDIT	7835		
	b	PORTION OF CREDIT FROM FORM 8932, LINE 2 ATTRIBUTABLE TO WAGES USED TO FIGURE CREDIT ON LINE 2a ABOVE	●● 9786		
<b>FORM 3800 PART III (1040, 1041, 1120 ONLY)</b>					
<b>NOTE:</b> IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.					
<b>ALLOCATION GRID</b>					
OWNER (T, S, J)	* CREDIT TYPE	AMT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					
5	1041 ONLY	AMOUNT ALLOCATED TO BENEFICIARIES		●●	7837
<b>PART II</b>					
NAME OF ORPHAN DRUG		DESIGNATION APPLICATION NUMBER		DATE DRUG DESIGNATED	

<b>8932 CREDIT FOR EMPLOYER DIFFERENTIAL WAGE PMTS</b>					
1	ELIGIBLE DIFFERENTIAL WAGE PAYMENTS PAID DURING THE TAX YEAR				7983
5	AMT ALLOCATED TO BENEFICIARIES OF ESTATE /TRUST				●● 7985
<b>FORM 3800 PART III (1040, 1041, 1120 ONLY)</b>					
<b>NOTE:</b> IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.					
<b>ALLOCATION GRID</b>					
OWNER (T, SP, J)	* CREDIT TYPE	AMT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					
<b>8941 CR FOR SMALL EMPLOYER HEALTH INS PREMIUMS</b>					
OWNERSHIP CODE (T / S / J) ON A MFJ RETURN, TWO FORMS 8941 MAY BE FILED, BUT ONLY IF EACH SP HAS COMPLETELY SEPARATE BUSINESSES THAT QUALIFY FOR THE CREDIT.					0583
1	NUMBER OF INDIVIDUALS EMPLOYED DURING TAX YEAR WHO ARE CONSIDERED EMPLOYEES FOR PURPOSES OF THIS CREDIT (SEE INSTRUCTIONS)				9862
2	NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES				9874
3	AVERAGE ANNUAL WAGES PAID FOR THE TAX YEAR				9863
4	PREMIUMS PAID DURING THE TAX YEAR FOR EMPLOYEES INCLUDED ON LINE 1a FOR HEALTH INSURANCE COVERAGE UNDER A QUALIFYING ARRANGEMENT				9864
5	PREMIUMS THAT WOULD HAVE BEEN PAID IF THE TOTAL PREMIUM FOR EACH EMPLOYEE EQUALED THE AVERAGE PREMIUM FOR THE SMALL GROUP MARKET FOR WHICH HEALTH INSURANCE COVERAGE WAS OFFERED				9865
7	TAX-EXEMPT SMALL EMPLOYER				1589 <input type="checkbox"/> YES
10	STATE PREMIUM SUBSIDIES PAID AND ANY STATE TAX CREDITS AVAILABLE FOR PREMIUMS ON LINE 4				9873
13	NUMBER OF EMPLOYEES ON LINE 1 FOR WHOM PREMIUMS WERE PAID FOR HEALTH INSURANCE COVERAGE UNDER A QUALIFYING ARRANGEMENT				9966
14	NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES THAT WOULD HAVE BEEN ENTERED ON LINE 2 IF THAT NUMBER ONLY INCLUDED EMPLOYEES FROM LINE 13				9967
<b>FORM 3800 PART III (1040, 1041, 1120 ONLY)</b>					
<b>NOTE:</b> IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.					
<b>ALLOCATION GRID</b>					
OWNER (T, S, J)	* CREDIT TYPE	AMT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					
17	1041 ONLY	AMOUNT ALLOCATED TO PATRONS OF THE COOPERATIVE OR BENEFICIARIES OF THE ESTATE OR TRUST			●● 9871
<b>TAX-EXEMPT SMALL EMPLOYERS ONLY:</b>					
19	AMOUNT PAID IN CURRENT YEAR FOR TAXES CONSIDERED PAYROLL TAXES FOR PURPOSES OF THIS CREDIT				9872

15	SUPPLEMENTAL INCOME (LOSS) SCHEDULE	LAST NAME	Number	2011
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ENTITY OWNERSHIP (1040 ONLY) [T] = Taxpayer [S] = Spouse [J] = Joint (Default)		0075		STATE AND CITY INFORMATION					
IF QUALIFIED JOINT VENTURE COMMUNITY, TP'S OWNERSHIP PERCENTAGE				STATE SINGLE MEMBER LLC	0282				
COMMUNITY PROPERTY FOR SELF-EMPLOYMENT PURPOSES		1623	<input type="checkbox"/>	CA LLC NUMBER	0273				
A	PAYMENTS WERE MADE IN 2011 THAT WOULD REQUIRE FILING FM(s) 1099	1624	<input type="checkbox"/>	TEXAS BUSINESS NAME	0610				
B	IF YES, ALL REQUIRED FORM(S) 1099 WILL BE FILED	1625	<input type="checkbox"/>	LLC EMPLOYER ID NUMBER	0281				
TWO-LETTER STATE CODE		0068							
1	PROPERTY DESCRIPTION		PROPERTY LOCATION						
	STREET ADDRESS		0051 [35]						
	0092	[30]	ZIP	0533	CITY	0531	[20]	STATE	0532
	TYPE OF PROPERTY	1 - Single-family residence 2 - Multi-family residence 3 - Vacation /short-term rental 4 - Commerical		5 - Land 6 - Royalties 7 - Self-rental 8 - Other		IF OTHER, DESCRIBE:		0612 0613	
	TYPE OF ACTIVITY	1 - Passive rental real estate with active participation 2 - Passive rental real estate 3 - Real estate professional 4 - Nonpassive rental real estate		5 - Land lease (nopassive investment income) 6 - Self-rental to busn in which taxpayer(s) materially participated 7 - Not rented for profit		8 - Vacation home (Also related party less than FMV rental) 9 - Royalty (Portfolio, non passive) 10 - Personal Use 100% (Carryover losses only)		ENTER NUMBER (1 - 10)	0306
PRINT SEC 469(ccc)(7)(a) RENTAL REAL ESTATE AGGREGATION ELECTION		1578		<input type="checkbox"/>		YES			
REAL ESTATE PRO INCOME (LOSS) IS PASSIVE FOR CA PURPOSES		1601		<input type="checkbox"/>		YES			
FINAL DISPOSITION		1261		<input type="checkbox"/>		YES			
PERCENT OF OWNERSHIP (IF NOT 100%)		0070							
PERCENT OF PERSONAL USE OR NON-VACATION USE		●●		8377					
2	NUMBER OF DAYS HOME USED PERSONALLY		9877						
	NUMBER OF DAYS HOME RENTED AT FAIR RENTAL PRICE		9878						
	QUALIFIED JOINT VENTURE		1629		<input type="checkbox"/>		YES		
	RENTAL IS PART OF PERSONAL RESIDENCE		1175		<input type="checkbox"/>		YES		
	SQUARE FEET USED FOR RENTAL PURPOSES		9875						
	TOTAL SQUARE FEET OF PERSONAL RESIDENCE		9876						
	SUPPRESS CARRYING OF INTEREST AND TAXES TO SCHEDULE A		1591		<input type="checkbox"/>		YES		
VACATION HOME									
USE THE TAX COURT METHOD TO ALLOCATE INTEREST AND TAXES		1592		<input type="checkbox"/>		YES			
NUMBER OF DAYS HOME ONWED, IF NOT 365 (FOR TAX COURT METHOD)		9879							
INCOME									
3	b	RENTS RECEIVED		+ 2876					
		ROYALTIES RECEIVED		2873					
EXPENSES									
NOTE: USE INDIRECT COLUMN ONLY IF: HOME									
				DIRECT AMOUNT	INDIRECT AMOUNT				
5	ADVERTISING			3344	9886				
6	AUTO MILEAGE EXPENSE ★●			3345	9887				
	OTHER TRAVEL EXPENSES			3316	9888				
7	CLEANING AND MAINTENANCE			3346	9889				
8	COMMISSIONS			3347	9890				
9	INSURANCE			3348	9891				
10	LEGAL AND OTHER PROFESSIONAL FEES			3349	9892				
11	MANAGEMENT FEES			3350	9893				
12	MORTGAGE INTEREST PAID TO BANKS, ETC.			3351	9894				
	QUALIFED MORTGAGE INSURANCE			9901	9895				
13	OTHER INTEREST ★ +			3352	9896				
14	REPAIRS			3353	9897				
15	SUPPLIES			3354	9898				
16	TAXES ★ +			3355	9899				
17	UTILITIES			3356	9900				
18	DEPRECIATION EXPENSE (FROM FORM 4562) ★●			2879	9905				
	DEPLETION (QJV DEPRECIATION IF NO 4562 REQUIRED) +			3570	9906				
19	OTHER EXPENSES:								
	DESCRIPTION: [20]			DIRECT AMOUNT	INDIRECT AMOUNT				
AMORTIZATION ★			3361	9902					
OFFICE IN HOME DEDUCTION +			9962	9903					
OIL AND GAS DEDUCTION +			3573	9904					

15	SUPPLEMENTAL INCOME (LOSS) SCHEDULE	LAST NAME	Number	2011
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ENTITY OWNERSHIP (1040 ONLY) [T] = Taxpayer [S] = Spouse [J] = Joint (Default)		0075		STATE AND CITY INFORMATION						
IF QUALIFIED JOINT VENTURE COMMUNITY, TP'S OWNERSHIP PERCENTAGE				STATE SINGLE MEMBER LLC	0282					
COMMUNITY PROPERTY FOR SELF-EMPLOYMENT PURPOSES		1623	<input type="checkbox"/>	CA LLC NUMBER	0273					
A	PAYMENTS WERE MADE IN 2011 THAT WOULD REQUIRE FILING FM(s) 1099	1624	<input type="checkbox"/>	TEXAS BUSINESS NAME	0610					
B	IF YES, ALL REQUIRED FORM(S) 1099 WILL BE FILED	1625	<input type="checkbox"/>	LLC EMPLOYER ID NUMBER	0281					
TWO-LETTER STATE CODE		0068								
1	PROPERTY DESCRIPTION		PROPERTY LOCATION							
	STREET ADDRESS		0051 [35]							
	0092	[30]	ZIP	0533	CITY	0531	[20]	STATE	0532	
	TYPE OF PROPERTY	1 - Single-family residence 2 - Multi-family residence 3 - Vacation /short-term rental 4 - Commerical		5 - Land 6 - Royalties 7 - Self-rental 8 - Other		IF OTHER, DESCRIBE:		0612 0613		
	TYPE OF ACTIVITY	1 - Passive rental real estate with active participation 2 - Passive rental real estate 3 - Real estate professional 4 - Nonpassive rental real estate		5 - Land lease (nopassive investment income) 6 - Self-rental to busn in which taxpayer(s) materially participated 7 - Not rented for profit		8 - Vacation home (Also related party less than FMV rental) 9 - Royalty (Portfolio, non passive) 10 - Personal Use 100% (Carryover losses only)		ENTER NUMBER (1 - 10)	0306	
PRINT SEC 469(ccc)(7)(a) RENTAL REAL ESTATE AGGREGATION ELECTION							1578	<input type="checkbox"/>	YES	
REAL ESTATE PRO INCOME (LOSS) IS PASSIVE FOR CA PURPOSES							1601	<input type="checkbox"/>	YES	
FINAL DISPOSITION							1261	<input type="checkbox"/>	YES	
PERCENT OF OWNERSHIP (IF NOT 100%)							0070			
PERCENT OF PERSONAL USE OR NON-VACATION USE							●●	8377		
2	NUMBER OF DAYS HOME USED PERSONALLY							9877		
	NUMBER OF DAYS HOME RENTED AT FAIR RENTAL PRICE							9878		
	QUALIFIED JOINT VENTURE							1629	<input type="checkbox"/>	YES
	RENTAL IS PART OF PERSONAL RESIDENCE							1175	<input type="checkbox"/>	YES
	SQUARE FEET USED FOR RENTAL PURPOSES							9875		
	TOTAL SQUARE FEET OF PERSONAL RESIDENCE							9876		
	SUPPRESS CARRYING OF INTEREST AND TAXES TO SCHEDULE A							1591	<input type="checkbox"/>	YES
VACATION HOME										
USE THE TAX COURT METHOD TO ALLOCATE INTEREST AND TAXES							1592	<input type="checkbox"/>	YES	
NUMBER OF DAYS HOME ONWED, IF NOT 365 (FOR TAX COURT METHOD)							9879			
INCOME										
3	b	RENTS RECEIVED					+	2876		
		ROYALTIES RECEIVED					2873			
EXPENSES										
NOTE: USE INDIRECT COLUMN ONLY IF: HOME										
						DIRECT AMOUNT	INDIRECT AMOUNT			
5	ADVERTISING					3344	9886			
6	AUTO MILEAGE EXPENSE					★●	3345	9887		
	OTHER TRAVEL EXPENSES						3316	9888		
7	CLEANING AND MAINTENANCE						3346	9889		
8	COMMISSIONS						3347	9890		
9	INSURANCE						3348	9891		
10	LEGAL AND OTHER PROFESSIONAL FEES						3349	9892		
11	MANAGEMENT FEES						3350	9893		
12	MORTGAGE INTEREST PAID TO BANKS, ETC.						3351	9894		
	QUALIFED MORTGAGE INSURANCE						9901	9895		
13	OTHER INTEREST					★ +	3352	9896		
14	REPAIRS						3353	9897		
15	SUPPLIES						3354	9898		
16	TAXES					★ +	3355	9899		
17	UTILITIES						3356	9900		
18	DEPRECIATION EXPENSE (FROM FORM 4562)					★●	2879	9905		
	DEPLETION (QJV DEPRECIATION IF NO 4562 REQUIRED)					+	3570	9906		
19	OTHER EXPENSES:									
	DESCRIPTION:					[20]	DIRECT AMOUNT	INDIRECT AMOUNT		
AMORTIZATION					★	3361	9902			
OFFICE IN HOME DEDUCTION					+	9962	9903			
OIL AND GAS DEDUCTION					+	3573	9904			



<b>16</b>	<b>W-2 WAGES AND TAX STATEMENT DATA</b>	LAST NAME	Multiple	<b>2011</b>
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#		W-2 WAGE AND TAX STATEMENT									
		[T]AXPAYER OR [S]POUSE ☺				5 MEDICARE WAGES AND TIPS		SEE INSTR FOR BOX 12			
		EMPLOYEE NAME (IF DIFFERENT)		8201 [35]		7305		8227		7291	
		EMPLOYEE ADDRESS (IF DIFFERENT)		8202 [35]		6 MEDICARE TAX WITHHELD		8228		7292	
		CITY STATE ZIP (IF DIFFERENT)		8203 [35]		7 SOCIAL SECURITY TIPS		8229		7293	
a		CONTROL NUMBER		8209 [14]		7307		12 8230		7294	
b		FEDERAL ID NUMBER		8207 [9]		8 ALLOCATED TIPS		"J" SICK PAY - RR		8008 <input type="checkbox"/>	
c	E M P L O Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES		9 ADVANCE EIC PAYMENT		"L" TO FM 2106 #		8221	
		NAME ☺		8204 [35]		7308		"P" TO FM 3903 #		8182	
		ADDRESS		8205 [35]		10 ADVANCE EIC PAYMENT		"W" TO FM 8889 #		8701	
		ZIP CODE		8199 [10] STATE 8198 [2]		9 7309		STATUTORY EMPLOYEE SCH C #		8222	
		CITY		8197 [20]		11 DEPENDENT CARE BENEFITS		13 RETIREMENT PLAN		8226 <input type="checkbox"/>	
1		WAGES, TIPS, OTHER COMP.		7301		3 SOCIAL SECURITY WAGES		THIRD PARTY SICK PAY		8225 <input type="checkbox"/>	
2		FEDERAL INCOME TAX WITHHELD		7302		4 SOCIAL SECURITY TAX WITHHELD		OTHER			
						7303		8213 [8]		7313	
						7304		8214 [8]		7314	
								8215 [8]		7315	
								8216 [8]		7316	
STATE DATA		STATE	STATE IDENTIFICATION NO [16]	STATE WAGES	STATE TAX WITHHELD	LOCAL WAGES, ETC	LOCAL TAX WITHHELD	LOCALITY NAME			
1											
2											
3											
		NON-STANDARD INDICATOR		8223 <input type="checkbox"/> YES	MICHIGAN CITIES ONLY - WORKSTATION ADDRESS (Street and City)						
		CORRECTED FORM W-2		8224 <input type="checkbox"/> YES	8231 [30]						

\* **LOCALITY NAME** - Enter code NYC for New York City Residents or NYY (for New York Yonkers Residents), the wages will carry to the state and the income tax will carry to Schedule A (Form 1040), line 5, as well as the state withholding line on the state return. If the residency for either city is part-year or nonresident, then PY or NR must be added to the city code respectively. For example, a city resident should enter NYC or NYY. If a part-year resident of either city, then enter NYCPY or NYYPY. If a nonresident of either city, then enter NYCNR or NYYNR.

#		W-2 WAGE AND TAX STATEMENT									
		[T]AXPAYER OR [S]POUSE ☺				5 MEDICARE WAGES AND TIPS		SEE INSTR FOR BOX 12			
		EMPLOYEE NAME (IF DIFFERENT)		8201 [35]		7305		8227		7291	
		EMPLOYEE ADDRESS (IF DIFFERENT)		8202 [35]		6 MEDICARE TAX WITHHELD		8228		7292	
		CITY STATE ZIP (IF DIFFERENT)		8203 [35]		7 SOCIAL SECURITY TIPS		8229		7293	
a		CONTROL NUMBER		8209 [14]		7307		12 8230		7294	
b		FEDERAL ID NUMBER		8207 [9]		8 ALLOCATED TIPS		"J" SICK PAY - RR		8008 <input type="checkbox"/>	
c	E M P L O Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES		9 ADVANCE EIC PAYMENT		"L" TO FM 2106 #		8221	
		NAME ☺		8204 [35]		7308		"P" TO FM 3903 #		8182	
		ADDRESS		8205 [35]		10 ADVANCE EIC PAYMENT		"W" TO FM 8889 #		8701	
		ZIP CODE		8199 [10] STATE 8198 [2]		9 7309		STATUTORY EMPLOYEE SCH C #		8222	
		CITY		8197 [20]		11 DEPENDENT CARE BENEFITS		13 RETIREMENT PLAN		8226 <input type="checkbox"/>	
1		WAGES, TIPS, OTHER COMP.		7301		3 SOCIAL SECURITY WAGES		THIRD PARTY SICK PAY		8225 <input type="checkbox"/>	
2		FEDERAL INCOME TAX WITHHELD		7302		4 SOCIAL SECURITY TAX WITHHELD		OTHER			
						7303		8213 [8]		7313	
						7304		8214 [8]		7314	
								8215 [8]		7315	
								8216 [8]		7316	
STATE DATA		STATE	STATE IDENTIFICATION NO [16]	STATE WAGES	STATE TAX WITHHELD	LOCAL WAGES, ETC	LOCAL TAX WITHHELD	LOCALITY NAME			
1											
2											
3											
		NON-STANDARD INDICATOR		8223 <input type="checkbox"/> YES	MICHIGAN CITIES ONLY - WORKSTATION ADDRESS (Street and City)						
		CORRECTED FORM W-2		8224 <input type="checkbox"/> YES	8231 [30]						

<b>16</b>	<b>W-2 WAGES AND TAX STATEMENT DATA</b>	LAST NAME	Multiple	<b>2011</b>
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#		W-2 WAGE AND TAX STATEMENT									
		[T]AXPAYER OR [S]POUSE ☺				5 MEDICARE WAGES AND TIPS		SEE INSTR FOR BOX 12			
		EMPLOYEE NAME (IF DIFFERENT)		8201 [35]		7305		8227		7291	
		EMPLOYEE ADDRESS (IF DIFFERENT)		8202 [35]		6 MEDICARE TAX WITHHELD		8228		7292	
		CITY STATE ZIP (IF DIFFERENT)		8203 [35]		7 SOCIAL SECURITY TIPS		8229		7293	
a		CONTROL NUMBER		8209 [14]		7307		12 8230		7294	
b		FEDERAL ID NUMBER		8207 [9]		8 ALLOCATED TIPS		"J" SICK PAY - RR		8008 <input type="checkbox"/>	
c	E M P L O Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES		9 ADVANCE EIC PAYMENT		"L" TO FM 2106 #		8221	
		NAME ☺		8204 [35]		7308		"P" TO FM 3903 #		8182	
		ADDRESS		8205 [35]		10 ADVANCE EIC PAYMENT		"W" TO FM 8889 #		8701	
		ZIP CODE		8199 [10] STATE 8198 [2]		9 7309		STATUTORY EMPLOYEE SCH C #		8222	
		CITY		8197 [20]		11 DEPENDENT CARE BENEFITS		13 RETIREMENT PLAN		8226 <input type="checkbox"/>	
1		WAGES, TIPS, OTHER COMP.		7301		3 SOCIAL SECURITY WAGES		THIRD PARTY SICK PAY		8225 <input type="checkbox"/>	
2		FEDERAL INCOME TAX WITHHELD		7302		4 SOCIAL SECURITY TAX WITHHELD		7304			
STATE DATA		STATE	STATE IDENTIFICATION NO [16]	STATE WAGES	STATE TAX WITHHELD	LOCAL WAGES, ETC	LOCAL TAX WITHHELD	LOCALITY NAME			
1											
2											
3											
		NON-STANDARD INDICATOR		8223 <input type="checkbox"/> YES	MICHIGAN CITIES ONLY - WORKSTATION ADDRESS (Street and City)						
		CORRECTED FORM W-2		8224 <input type="checkbox"/> YES	8231 [30]						

\* **LOCALITY NAME** - Enter code NYC for New York City Residents or NYY (for New York Yonkers Residents), the wages will carry to the state and the income tax will carry to Schedule A (Form 1040), line 5, as well as the state withholding line on the state return. If the residency for either city is part-year or nonresident, then PY or NR must be added to the city code respectively. For example, a city resident should enter NYC or NYY. If a part-year resident of either city, then enter NYCPY or NYYPY. If a nonresident of either city, then enter NYCNR or NYYNR.

#		W-2 WAGE AND TAX STATEMENT									
		[T]AXPAYER OR [S]POUSE ☺				5 MEDICARE WAGES AND TIPS		SEE INSTR FOR BOX 12			
		EMPLOYEE NAME (IF DIFFERENT)		8201 [35]		7305		8227		7291	
		EMPLOYEE ADDRESS (IF DIFFERENT)		8202 [35]		6 MEDICARE TAX WITHHELD		8228		7292	
		CITY STATE ZIP (IF DIFFERENT)		8203 [35]		7 SOCIAL SECURITY TIPS		8229		7293	
a		CONTROL NUMBER		8209 [14]		7307		12 8230		7294	
b		FEDERAL ID NUMBER		8207 [9]		8 ALLOCATED TIPS		"J" SICK PAY - RR		8008 <input type="checkbox"/>	
c	E M P L O Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES		9 ADVANCE EIC PAYMENT		"L" TO FM 2106 #		8221	
		NAME ☺		8204 [35]		7308		"P" TO FM 3903 #		8182	
		ADDRESS		8205 [35]		10 ADVANCE EIC PAYMENT		"W" TO FM 8889 #		8701	
		ZIP CODE		8199 [10] STATE 8198 [2]		9 7309		STATUTORY EMPLOYEE SCH C #		8222	
		CITY		8197 [20]		11 DEPENDENT CARE BENEFITS		13 RETIREMENT PLAN		8226 <input type="checkbox"/>	
1		WAGES, TIPS, OTHER COMP.		7301		3 SOCIAL SECURITY WAGES		THIRD PARTY SICK PAY		8225 <input type="checkbox"/>	
2		FEDERAL INCOME TAX WITHHELD		7302		4 SOCIAL SECURITY TAX WITHHELD		7304			
STATE DATA		STATE	STATE IDENTIFICATION NO [16]	STATE WAGES	STATE TAX WITHHELD	LOCAL WAGES, ETC	LOCAL TAX WITHHELD	LOCALITY NAME			
1											
2											
3											
		NON-STANDARD INDICATOR		8223 <input type="checkbox"/> YES	MICHIGAN CITIES ONLY - WORKSTATION ADDRESS (Street and City)						
		CORRECTED FORM W-2		8224 <input type="checkbox"/> YES	8231 [30]						

#		FORM 1099R	
[T] TAXPAYER OR [S] POUSE		8208	
NON-STANDARD INDICATOR		8227 <input type="checkbox"/> YES	
R E C I P I E N T	RECIPIENT NAME IF DIFFERENT	8201 [30]	
	RECIPIENT ADDRESS IF DIFFERENT	8202 [30]	
	CITY STATE ZIP IF DIFFERENT	8203 [30]	
	FEDERAL IDENTIFICATION NUMBER	8207 - [9]	
P A Y E R	FOREIGN ADDRESS	8235 <input type="checkbox"/> YES	
	NAME ☺	8204 [30]	
	ADDRESS	8205 [30]	
	ZIP CODE	8199 [10]	STATE 8198 [2]
	CITY	8197 [20]	
	ACCOUNT NUMBER	8209 [30]	
	1 GROSS DISTRIBUTION	7301	
2	a TAXABLE AMOUNT	7303	
	b TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/> YES	
TOTAL DISTRIBUTION		8224 <input type="checkbox"/> YES	
3	CAPITAL GAIN INCLUDED IN BOX 2a	7304	
4	FEDERAL INCOME TAX WITHHELD	7302	
5	EMPL / DESIGNATED ROTH CONTRIB OR INSURANCE PREM	7305	
6	NET UNREALIZED APPRECIATION IN EMPLOYER SECURITIES	7306	
7	DISTRIB CODE(S)	8211 [4]	IRA / SEP / SIMPLE 8225 <input type="checkbox"/> YES
8	OTHER	8212 [6]	PERCENT 8213 [6]
9	a PERCENT OF TOTAL DISTRIBUTION	8214 [6]	
	b TOTAL EMPLOYEE CONTRIBUTION	7307	
10	AMOUNT ALLOCABLE TO IRR WITHN 5 YEARS	9306	
11	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION	8228	
ROLLOVERS, CONVERSIONS, AND SPECIAL TREATMENTS			
ROLLOVER TO IRA OR CONVERSION INFORMATION			
IRA ROLLOVER DISTRIBUTION: 1 - IRA 2 - Conversion to ROTH		8210	
PARTIAL ROLLOVER AMOUNT INCL IN LN 2a TOTAL TAXABLE INC		7796	
SPECIAL TREATMENTS			
QUALIFIED CHARITABLE DISTRIBUTION (QCD) INCLUDED IN TOTAL TAXABLE AMOUNT		7797	
QUALIFIED HEALTH SAVINGS ACCOUNT FUNDING (HSA)		7937	
INS PREMIUM FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
DISABILITY INCOME IS EARNED INCOME		8226 <input type="checkbox"/> YES	
12	STATE	STATE TAX WITHHELD	LOCAL TAX WITHHELD
	8217	7314	7316
13	8220	7318	7320
	PAYER STATE ID NUMBER	LOCALITY NAME	
14	8216 [16]	16	8218 [9]
	8219 [16]	16	8221 [9]
15	STATE DISTRIBUTION	LOCAL DISTRIBUTION	
	7313	7315	
16	7317	7319	
	FOR STATE EXCLUSION PURPOSES. SEE INSTRUCTIONS		
STATE #1 TYPE		8457	
STATE #2 TYPE		8458	
FORM 4852 - SUBSTITUTE FOR FORM W-2 OR FORM 1099-R			
PREPARE SUBSTITUTE 1099-R (FORM 4852)		8196 <input type="checkbox"/> YES	
9	HOW WERE DISTRIBUTIONS FROM PENSIONS, ANNUITIES, ETC., DETERMINED?		
8321		[72]	
10	EXPLAIN EFFORTS TO OBTAIN FORM 1099-R		
8322		[72]	
TAXABLE PENSION CALCULATION (SIMPLIFIED METHOD)	COST IN PLAN AT STARTING DATE	7309	
	AGE AT STARTING DATE	8231	
	AMOUNT RECEIVED TAX-FREE AFTER 1986	7310	
	ANNUITY STARTING DATE	8234	
	NUMBER OF MONTHS PAYMENTS MADE THIS YR	8232	
TABLE 1 OR TABLE 2		8233	

#		FORM 1099R	
[T] TAXPAYER OR [S] POUSE		8208	
NON-STANDARD INDICATOR		8227 <input type="checkbox"/> YES	
R E C I P I E N T	RECIPIENT NAME IF DIFFERENT	8201 [30]	
	RECIPIENT ADDRESS IF DIFFERENT	8202 [30]	
	CITY STATE ZIP IF DIFFERENT	8203 [30]	
	FEDERAL IDENTIFICATION NUMBER	8207 - [9]	
P A Y E R	FOREIGN ADDRESS	8235 <input type="checkbox"/> YES	
	NAME ☺	8204 [30]	
	ADDRESS	8205 [30]	
	ZIP CODE	8199 [10]	STATE 8198 [2]
	CITY	8197 [20]	
	ACCOUNT NUMBER	8209 [30]	
	1 GROSS DISTRIBUTION	7301	
2	a TAXABLE AMOUNT	7303	
	b TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/> YES	
TOTAL DISTRIBUTION		8224 <input type="checkbox"/> YES	
3	CAPITAL GAIN INCLUDED IN BOX 2a	7304	
4	FEDERAL INCOME TAX WITHHELD	7302	
5	EMPL / DESIGNATED ROTH CONTRIB OR INSURANCE PREM	7305	
6	NET UNREALIZED APPRECIATION IN EMPLOYER SECURITIES	7306	
7	DISTRIB CODE(S)	8211 [4]	IRA / SEP / SIMPLE 8225 <input type="checkbox"/> YES
8	OTHER	8212 [6]	PERCENT 8213 [6]
9	a PERCENT OF TOTAL DISTRIBUTION	8214 [6]	
	b TOTAL EMPLOYEE CONTRIBUTION	7307	
10	AMOUNT ALLOCABLE TO IRR WITHN 5 YEARS	9306	
11	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION	8228	
ROLLOVERS, CONVERSIONS, AND SPECIAL TREATMENTS			
ROLLOVER TO IRA OR CONVERSION INFORMATION			
IRA ROLLOVER DISTRIBUTION: 1 - IRA 2 - Conversion to ROTH		8210	
PARTIAL ROLLOVER AMOUNT INCL IN LN 2a TOTAL TAXABLE INC		7796	
SPECIAL TREATMENTS			
QUALIFIED CHARITABLE DISTRIBUTION (QCD) INCLUDED IN TOTAL TAXABLE AMOUNT		7797	
QUALIFIED HEALTH SAVINGS ACCOUNT FUNDING (HSA)		7937	
INS PREMIUM FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
DISABILITY INCOME IS EARNED INCOME		8226 <input type="checkbox"/> YES	
12	STATE	STATE TAX WITHHELD	LOCAL TAX WITHHELD
	8217	7314	7316
13	8220	7318	7320
	PAYER STATE ID NUMBER	LOCALITY NAME	
14	8216 [16]	16	8218 [9]
	8219 [16]	16	8221 [9]
15	STATE DISTRIBUTION	LOCAL DISTRIBUTION	
	7313	7315	
16	7317	7319	
	FOR STATE EXCLUSION PURPOSES. SEE INSTRUCTIONS		
STATE #1 TYPE		8457	
STATE #2 TYPE		8458	
FORM 4852 - SUBSTITUTE FOR FORM W-2 OR FORM 1099-R			
PREPARE SUBSTITUTE 1099-R (FORM 4852)		8196 <input type="checkbox"/> YES	
9	HOW WERE DISTRIBUTIONS FROM PENSIONS, ANNUITIES, ETC., DETERMINED?		
8321		[72]	
10	EXPLAIN EFFORTS TO OBTAIN FORM 1099-R		
8322		[72]	
TAXABLE PENSION CALCULATION (SIMPLIFIED METHOD)	COST IN PLAN AT STARTING DATE	7309	
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	NUMBER OF MONTHS PAYMENTS MADE THIS YR	8232	
TABLE 1 OR TABLE 2		8233	

#		FORM 1099R	
[T]AXPAYER OR [S]POUSE		8208	
NON-STANDARD INDICATOR		8227 <input type="checkbox"/> YES	
R E C I P I E N T	RECIPIENT NAME IF DIFFERENT	8201 [30]	
	RECIPIENT ADDRESS IF DIFFERENT	8202 [30]	
	CITY STATE ZIP IF DIFFERENT	8203 [30]	
	FEDERAL IDENTIFICATION NUMBER	8207 - [9]	
P A Y E R	FOREIGN ADDRESS	8235 <input type="checkbox"/> YES	
	NAME ☺	8204 [30]	
	ADDRESS	8205 [30]	
	ZIP CODE	8199 [10]	STATE 8198 [2]
	CITY	8197 [20]	
	ACCOUNT NUMBER	8209 [30]	
	1	GROSS DISTRIBUTION	
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/> YES
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/> YES
3	CAPITAL GAIN INCLUDED IN BOX 2a		7304
4	FEDERAL INCOME TAX WITHHELD		7302
5	EMPL / DESIGNATED ROTH CONTRIB OR INSURANCE PREM		7305
6	NET UNREALIZED APPRECIATION IN EMPLOYER SECURITIES		7306
7	DISTRIB CODE(S)	8211 [4]	IRA / SEP / SIMPLE 8225 <input type="checkbox"/> YES
8	OTHER	8212 [6]	PERCENT 8213 [6]
9	a	PERCENT OF TOTAL DISTRIBUTION	8214 [6]
	b	TOTAL EMPLOYEE CONTRIBUTION	7307
10	AMOUNT ALLOCABLE TO IRR WITHN 5 YEARS		9306
11	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228
ROLLOVERS, CONVERSIONS, AND SPECIAL TREATMENTS			
ROLLOVER TO IRA OR CONVERSION INFORMATION			
IRA ROLLOVER DISTRIBUTION: 1 - IRA 2 - Conversion to ROTH		8210	
PARTIAL ROLLOVER AMOUNT INCL IN LN 2a TOTAL TAXABLE INC		7796	
SPECIAL TREATMENTS			
QUALIFIED CHARITABLE DISTRIBUTION (QCD) INCLUDED IN TOTAL TAXABLE AMOUNT		7797	
QUALIFIED HEALTH SAVINGS ACCOUNT FUNDING (HSA)		7937	
INS PREMIUM FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
DISABILITY INCOME IS EARNED INCOME		8226 <input type="checkbox"/> YES	
12	STATE	STATE TAX WITHHELD	LOCAL TAX WITHHELD
	8217	7314	7316
	8220	7318	7320
13	PAYER STATE ID NUMBER		LOCALITY NAME
	8216 [16]	8219 [16]	8218 [9]
			8221 [9]
14	STATE DISTRIBUTION		LOCAL DISTRIBUTION
	7313	7317	7315
			7319
FOR STATE EXCLUSION PURPOSES. SEE INSTRUCTIONS			
STATE #1 TYPE		8457	
STATE #2 TYPE		8458	
FORM 4852 - SUBSTITUTE FOR FORM W-2 OR FORM 1099-R			
PREPARE SUBSTITUTE 1099-R (FORM 4852)		8196 <input type="checkbox"/> YES	
9	HOW WERE DISTRIBUTIONS FROM PENSIONS, ANNUITIES, ETC., DETERMINED?		
	8321 [72]		
10	EXPLAIN EFFORTS TO OBTAIN FORM 1099-R		
	8322 [72]		
TAXABLE PENSION CALCULATION (SIMPLIFIED METHOD)	COST IN PLAN AT STARTING DATE		7309
	AGE AT STARTING DATE		8231
	AMOUNT RECEIVED TAX-FREE AFTER 1986		7310
	ANNUITY STARTING DATE		8234
	NUMBER OF MONTHS PAYMENTS MADE THIS YR		8232
	TABLE 1 OR TABLE 2		8233

#		FORM 1099R	
[T]AXPAYER OR [S]POUSE		8208	
NON-STANDARD INDICATOR		8227 <input type="checkbox"/> YES	
R E C I P I E N T	RECIPIENT NAME IF DIFFERENT	8201 [30]	
	RECIPIENT ADDRESS IF DIFFERENT	8202 [30]	
	CITY STATE ZIP IF DIFFERENT	8203 [30]	
	FEDERAL IDENTIFICATION NUMBER	8207 - [9]	
P A Y E R	FOREIGN ADDRESS	8235 <input type="checkbox"/> YES	
	NAME ☺	8204 [30]	
	ADDRESS	8205 [30]	
	ZIP CODE	8199 [10]	STATE 8198 [2]
	CITY	8197 [20]	
	ACCOUNT NUMBER	8209 [30]	
	1	GROSS DISTRIBUTION	
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/> YES
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/> YES
3	CAPITAL GAIN INCLUDED IN BOX 2a		7304
4	FEDERAL INCOME TAX WITHHELD		7302
5	EMPL / DESIGNATED ROTH CONTRIB OR INSURANCE PREM		7305
6	NET UNREALIZED APPRECIATION IN EMPLOYER SECURITIES		7306
7	DISTRIB CODE(S)	8211 [4]	IRA / SEP / SIMPLE 8225 <input type="checkbox"/> YES
8	OTHER	8212 [6]	PERCENT 8213 [6]
9	a	PERCENT OF TOTAL DISTRIBUTION	8214 [6]
	b	TOTAL EMPLOYEE CONTRIBUTION	7307
10	AMOUNT ALLOCABLE TO IRR WITHN 5 YEARS		9306
11	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228
ROLLOVERS, CONVERSIONS, AND SPECIAL TREATMENTS			
ROLLOVER TO IRA OR CONVERSION INFORMATION			
IRA ROLLOVER DISTRIBUTION: 1 - IRA 2 - Conversion to ROTH		8210	
PARTIAL ROLLOVER AMOUNT INCL IN LN 2a TOTAL TAXABLE INC		7796	
SPECIAL TREATMENTS			
QUALIFIED CHARITABLE DISTRIBUTION (QCD) INCLUDED IN TOTAL TAXABLE AMOUNT		7797	
QUALIFIED HEALTH SAVINGS ACCOUNT FUNDING (HSA)		7937	
INS PREMIUM FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
DISABILITY INCOME IS EARNED INCOME		8226 <input type="checkbox"/> YES	
12	STATE	STATE TAX WITHHELD	LOCAL TAX WITHHELD
	8217	7314	7316
	8220	7318	7320
13	PAYER STATE ID NUMBER		LOCALITY NAME
	8216 [16]	8219 [16]	8218 [9]
			8221 [9]
14	STATE DISTRIBUTION		LOCAL DISTRIBUTION
	7313	7317	7315
			7319
FOR STATE EXCLUSION PURPOSES. SEE INSTRUCTIONS			
STATE #1 TYPE		8457	
STATE #2 TYPE		8458	
FORM 4852 - SUBSTITUTE FOR FORM W-2 OR FORM 1099-R			
PREPARE SUBSTITUTE 1099-R (FORM 4852)		8196 <input type="checkbox"/> YES	
9	HOW WERE DISTRIBUTIONS FROM PENSIONS, ANNUITIES, ETC., DETERMINED?		
	8321 [72]		
10	EXPLAIN EFFORTS TO OBTAIN FORM 1099-R		
	8322 [72]		
TAXABLE PENSION CALCULATION (SIMPLIFIED METHOD)	COST IN PLAN AT STARTING DATE		7309
	AGE AT STARTING DATE		8231
	AMOUNT RECEIVED TAX-FREE AFTER 1986		7310
	ANNUITY STARTING DATE		8234
	NUMBER OF MONTHS PAYMENTS MADE THIS YR		8232
	TABLE 1 OR TABLE 2		8233

FEDERAL DATA		ASSET #	
1	DESCRIPTION [20] ☺		
2	TYPE (TABLE 1)		
3	DATE PLACED IN SERVICE ☺	-	-
4	FORM DESCRIPTION (TABLE 2) ☺		
5	MULTIPLE FORM NUMBER		
6	STATE (1040 RETURNS ONLY)		
7	QUALIFIES FOR SPECIAL DEPRECIATION ALLOWANCE	<input type="checkbox"/>	YES
FEDERAL			
8	STATE SAME AS FEDERAL	<input type="checkbox"/>	YES
9	COST ☺		
10	- CURRENT SECTION 179 EXPENSE		
11	- PRIOR SECTION 179 EXPENSE		
12	- PRIOR SPECIAL ALLOWANCE		
13	- LAND		
14	- OTHER		
15	- SALVAGE VALUE		
16	DEPRECIATION METHOD (TABLE 3) ☺		
17	RECOVERY PERIOD		
18	CONVENTION (TABLE 4)		
19	PRIOR DEPRECIATION		
20	PRIOR AMT DEPRECIATION		
OVERRIDE			
21	CURRENT DEPRECIATION (MANUAL) ●●		
22	CURRENT AMT DEPRECIATION (MANUAL) ●●		
23	FORCE OPTIONS (TABLE 5)		
24	AMORTIZATION CODE SECTION		
25	AMORTIZATION PERIOD		
26	BUSINESS USE PERCENTAGE (e.g. 66.66)		
LISTED PROPERTY			
27	LISTED PROPERTY (TABLE 6)		
28	HAVE EVIDENCE OF BUSINESS USE CLAIMED	<input type="checkbox"/>	YES
29	IF "YES", IS EVIDENCE WRITTEN?	<input type="checkbox"/>	YES
AUTO EXPENSE WORKSHEET			
30	METHOD SELECTED (TABLE 7)		
31	OPTIONS (TABLE 8)		
32	BUSINESS MILEAGE 01-01-2008 to 06-30-2008 ☺		
33	COMMUTING MILEAGE		
34	OTHER MILEAGE		
35	GASOLINE AND OIL		
36	REPAIRS		
37	INTEREST EXPENSE		
38	OTHER EXPENSE		
39	VALUE OF EMPLOYER-PROVIDED VEHICLE		
40	LEASE PAYMENT EXPENSE		
41	INCLUSION AMOUNT		
42	PARKING FEES AND TOLLS (SMR AND ACTUAL)		
43	PRIOR STD MILEAGE RATE DEPRECIATION ALLOWANCE		
QUESTIONS			
44	AVAILABLE FOR PERSONAL USE DURING OFF-DUTY HOURS?	<input type="checkbox"/> YES	<input type="checkbox"/> N/A
45	USED PRIMARILY BY 5% OWNER OR RELATIVE?	<input type="checkbox"/> YES	<input type="checkbox"/> N/A
46	ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?	<input type="checkbox"/> YES	<input type="checkbox"/> N/A
47	WRITTEN POLICY PROHIBITS ALL PRSNL USE, INCLUDING COMMUTING?	<input type="checkbox"/> YES	
48	POLICY PROHIBITS PERSONAL USE EXCEPT COMMUTING?	<input type="checkbox"/> YES	
49	ALL USE IS PERSONAL USE?	<input type="checkbox"/> YES	
50	PROVIDE OVER 5 VEHICLES AND RETAIN INFORMATION CONCERNING USE?	<input type="checkbox"/> YES	
51	MEETS QUALIFIED AUTO DEMONSTRATION REQUIREMENTS	<input type="checkbox"/> YES	

TABLE 1
TYPE
Land
Residential Real Estate
Res Rental Furn & Fixtures
Nonresidential Real Estate
Machinery and Equipment
Furniture and Fixtures
Vehicles
Trucks and Vans
Over 6,000 GVW Vehicles
6,000 to 14,000 GVW SUV
Computer Systems
Depreciable Computer Software
Amortization
Improvements
Indian Reservation
Water Utility Property
Qual Leasehold Improvements
Other / Miscellaneous
Not Applicable

TABLE 3
MACRS Method:
MSL - ADS Straight Line
M3YR - 3 Yr 200% DB Switch to SL
M5YR - 5 Yr 200% DB Switch to SL
M7YR - 7 Yr 200% DB Switch to SL
M10YR - 10 Yr 200% DB Switch to SL
M15YR - 15 Yr 150% DB Switch to SL
M20YR - 20 Yr 150% DB Switch to SL
M27.5R - 27.5 Yr. SL Residential
M39/M31.5NR - 31.5 / 39 Yr SL Nonresidential
ACRS Method:
ASL - Alternate SL
A3YR - 3 Year - No longer in use
A5YR - 5 Year - No longer in use
A10YR - 10 Year
A15PU - 15 Year Public Util.
A15LIH - 15 Year Low-Income Housing
A15RP - 15 Year Real Property
A18YR - 18 Year
A19YR - 19 Year
Nonrecovery Method:
NRSL - Straight Line
NR200 - 200% Declining Balance
NR150 - 150% Declining Balance
NR125 - 125% Declining Balance
NRAMRT - Amortization
NRSYD - Nonrecov Sum of Yrs Digits
0 - Manual Override Method
See Operations Manual to force MACRS or ACRS Tables.

TABLE 2
FORM DESCRIPTION
Schedule A (Points)
Schedule A (Misc)
Form 8829
Schedule C
Schedule E
Schedule F
Form 2106 (Auto)
Form 2106 (Other)
Form 4835
PT K-1 Recd - URE
Do Not Carry

TABLE 4
CONVENTION
HY - Half-Year
MQ - Mid-Quarter
MM - Mid-Month

TABLE 6
LISTED PROPERTY
Not Applicable
Auto
Other Listed Property

TABLE 7
METHOD SELECTED
Optimize
Force SMR
Force Actual

TABLE 8
OPTIONS
Not Applicable
Suppress Luxury Auto Limitations
Electric Vehicle Limitation
Trucks & Vans (Higher Limitation)
6000 - 14000 GVW SUV (179 Limit Only)

TABLE 5
FORCE OPTIONS
Not Applicable
Straight Line
Actual Calculation
Land
Qualified Zone Property
Sec 168(l)(4) Grouped Asset
Cellulosic Biomass Ethanol Plant
Property
Subject to Sec 168(f)(1) Election
Qual Indian Reservation Property
Long Prod Period, Transportation or Non-Commercial Aircraft
Asset Placed in Service in Short Yr
Qual NY Liberty Zone Property
NYC Qual Resurgence Zone Prop
Qual Gulf Opportunity Zone Prop
Short Yr & Qual Gulf Opp Zone Prop
S/L & Qual Gulf Oppy Zone Prop
Ext Qual Gulf Oppy Zone Prop
Short Yr & Extended Qual GOZ Prop
S/L & Extended Qual GOZ Prop
Qual KS Recovery Assistance Prop
Short Yr & Qual KS Recov Assist Prop
S/L & Qual KS Recov Assist Prop
Qual Disaster Assistance Property
Short Yr & Qual Disaster Assist Prop
S/L & Qual Disaster Assist Prop
Cellulosic Biofuel Plant Property
Qual Reuse & Recycling Property

20

SALE OF DEPRECIATED PROPERTY

NAME OR CLIENT NUMBER

2011

AUTOMATICALLY PREPARES FORMS 6252, AND 4797 AND SCHEDULE D

SOFTWARE  
USERS ONLY

DISPOSITION INFORMATION

ASSET #

52 TYPE OF DISPOSITION (TABLE 9)

53 DATE DISPOSED

54 GROSS SALES PRICE

55 EXPENSE OF DISPOSITION

TABLE 9

TYPE OF DISPOSITION

Not Disposed

Sale

Installment Sale

Like-Kind Exchange

TABLE 10

FORM 4797 PART

Not Applicable

Part 1 - Held Over 1 Year

Part 2 - Ordinary Gains and Losses

Part 3 - Section 1245

Part 3 - Section 1250

Part 3 - Other

FORM 4797

56 CARRY TO 4797 PART (Default = Pt II, Sec 1245)

SECTION 1245 - BUSINESS ASSETS

57 OVERRIDE CALCULATION

FEDERAL

DEPRECIATION ALLOWED

SEC 1250 - REAL ESTATE (ACCUM DEPRECIATION ONLY)

58 ADDITIONAL DEPRECIATION AFTER 1975

59 APPLICABLE PERCENT AFTER 1975

60 ADDITIONAL DEPRECIATION AFTER 1969 AND BEFORE 1975

61 SECTION 291 AMOUNT

SECTION 1252 - SOIL, WATER, LAND CLEARING

62 SOIL, WATER, LAND CLEARING EXPENSE

63 APPLICABLE PERCENT

SECTION 1254 - DRILLING AND DEVELOPMENT COSTS

64 COSTS FOR MINING, ETC.

SECTION 1255 - COST SHARE PAYMENTS (SECTION 126)

65 PAYMENTS EXCLUDED FROM INCOME

66 APPLICABLE PAYMENT PERCENT

FORM 8824

69 DESCRIPTION

70 DATE PROPERTY RECEIVED WAS IDENTIFIED

71 DATE PROPERTY WAS ACTUALLY RECEIVED

72 CASH RECEIVED

73 FAIR MARKET VALUE OF OTHER PROPERTY RECEIVED

74 LIABILITY ASSUMED BY OTHER PARTY

75 FAIR MARKET VALUE OF LIKE-KIND PROPERTY RECEIVED

76 NET AMOUNTS PAID TO OTHER PARTY

77 ORDINARY INCOME UNDER RECAPTURE RULES

FORM 6252

67 MORTGAGE PURCHASER ASSUMES

68 CURRENT YEAR PRINCIPAL PAYMENTS RECEIVED

EXAMPLES OF ITEMS REPORTABLE ON FORM 4797  
(WHERE TO ENTER FIRST)

EXAMPLES (a)		SHORT TERM (b)	LONG TERM (c)	EXAMPLES (a)		LESS THAN 24 MONTHS (b)	24 MONTHS OR MORE (c)
1. DEPRECIABLE TRADE OR BUSINESS PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	6. CATTLE AND HORSES USED IN TRADE OR BUSINESS	a	SOLD AT A GAIN	PART II
	b	SOLD OR EXCHANGED AT A LOSS	PART II		b	SOLD AT A LOSS	PART II
2. DEPRECIABLE RESIDENTIAL RENTAL PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	7. OTHER LIVESTOCK USED IN TRADE OR BUSINESS	c	RAISED CATTLE AND HORSES SOLD AT A GAIN	PART II
	b	SOLD OR EXCHANGED AT A LOSS	PART II				LESS THAN 12 MONTHS
3. FARMLAND (SEE INSTRUCTIONS)	a	SOLD AT A GAIN	PART II	a	SOLD AT A GAIN	PART II	PART III
	b	SOLD AT A LOSS	PART II	b	SOLD AT A LOSS	PART II	PART I
4. ALL OTHER FARMLAND		PART II	PART I	c	RAISED LIVESTOCK SOLD AT A GAIN	PART II	PART I
5. DISPOSITION OF COST-SHARING PAYMENT PROPERTY DESCRIBED IN SECTION 126		PART II	PART III				

21		1040 ADDITIONAL DEPENDENTS / EIC / 8867				LAST NAME		2011			
DI		DEPENDENTS									
		DEPENDENT #6		DEPENDENT #7		DEPENDENT #8		DEPENDENT #9		DEPENDENT #10	
FIRST NAME & INIT		[12]		[12]		[12]		[12]		[12]	
LAST NAME IF DIFF		[12]		[12]		[12]		[12]		[12]	
BIRTHDATE		[8]		[8]		[8]		[8]		[8]	
SOC SEC NUMBER											
RELATIONSHIP		[11]		[11]		[11]		[11]		[11]	
CLAIMED BY T / S											
# MOS IN HOME											
DISABLED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
COLLEGE STUDENT		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
INELIGIBLE FOR CTC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CHILD CARE EXP											
TUITION AND FEES											
AOC EXPENSES											
TYPE OF ED EXP *											
AOC PRIOR YRS											
STATUS ** (ENTER 1 - 9)		[1]		[1]		[1]		[1]		[1]	
INSURED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
KIDNAPPED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
* TYPE OF EDUCATION EXP:		1 = Optimize: AOC, Lifetime, Tuition    3 = Force AOC    5 = Force Tuition Dedn 2 = Optimize: Lifetime, Tuition Dedn    4 = Force Lifetime									
** STATUS OPTIONS		0 = CLAIMED 1 = NOT CLAIMING CHILD THIS YEAR 2 = NOT CLAIMED BUT CHILD QUALIFIES FOR EIC 3 = NOT CLAIMED BUT QUALIFYING CHILD FOR 4 = NOT CLAIMED BUT QUALIFIES FOR DEPN CARE BENEFITS (DCB) 5 = NOT CLAIMED BUT QUALIFIES FOR BOTH EIC AND HOH 6 = NOT CLAIMED BUT QUALIFIES FOR BOTH EIC AND DCB 7 = NOT CLAIMED BUT QUALIFIES FOR HOH AND DCB 8 = NOT CLAIMED BUT QUALIFIES FOR ALL THREE 9 = CLAIMED BUT INELIGIBLE FOR EIC									
ADDITIONAL DEPENDENTS MAY BE ENTERED BY USING FIELDS 6 THROUGH 100.											
		CHILD #6		CHILD #7		CHILD #8		CHILD #9		CHILD #10	
9 IS CHILD TP'S SON, DTR, STEPCHILD, FOSTER CHILD, BRO, SIS, STEPBRO, STEPSIS, OR DESCENDENT OF THEM? (YES / NO)											
10 IS EITHER OF FOLLOWING TRUE? (1) CHILD UNMARRIED OR (2) CHILD MARRIED AND CAN BE CLAIMED AS TP DEPN? (YES / NO)											
11 DID CHILD LIVE W / TP IN U.S. OVER HALF THE YR? (YES / NO)											
a COULD ANY OTHER PERSON ANSWER YES ON LINE 9 THROUGH 11 FOR THE CHILD? (YES / NO)											
13 b CHILD'S RELATIONSHIP TO THE OTHER PERSON											
c IF TIE-BREAKER RULES APPLY, WOULD CHILD BE TREATED AS TP'S QUALIFYING CHILD? (YES / NO)											
14 DOES CHILD HAVE SSN ALLOWING WORK OR IS VALID (YES / NO)											
NUMBER OF CHILDREN LIVING AT HOME (DEFAULT) ●● 2324		NUMBER OF CHILDREN NOT LIVING AT HOME DUE TO DIVORCE OR SEPARATION ●● 2286		NUMBER OF OTHER DEPENDENTS LISTED ABOVE ●● 2325							
EIC / 8867		EARNED INCOME CREDIT QUESTIONS MUST BE ANSWERED FOR THE EIC TO BE CALCULATED									
INELIGIBLE FOR EARNED INCOME CREDIT		1172		<input type="checkbox"/> YES		DATE INFORMATION WAS OBTAINED ☺ 4370					
FORCE PRINTING OF SCHEDULE EIC WORKSHEETS		1273		<input type="checkbox"/> YES		FROM WHOM WAS INFO OBTAINED? (TP - SP - BOTH - OTHER) 4371					
ELECT TO INCLUDE NONTAXABLE COMBAT PAY		TAXPAYER 1409		<input type="checkbox"/> YES		IF OTHER, NAME: 4372		[35]			
		SPOUSE 1410		<input type="checkbox"/> YES		EXPLAIN: 1		[60]			
						2		[60]			
						3		[60]			
FM 8867 - PAID PREPARER'S EARNED INCOME CREDIT CHECKLIST											
PART I - ALL TAXPAYERS											
3 DOES TP/SP HAVE SSN THAT ALLOWS THEM TO WORK? SSN IS NOT VALID IF "NOT VALID FOR EMPLOYMENT" IS PRINTED ON THE CARD AND NUMBER WAS ISSUED SOLELY TO APPLY FOR OR RECEIVE A FEDERALLY FUNDED BENEFIT. IT MAY BE USEFUL TO LOOK AT SOC SEC CARD TO VERIFY VALIDITY FOR EIC. ☺		YES 4367		<input type="checkbox"/>		NO 0272		<input type="checkbox"/>			
5a a WAS TP A NONRES ALIEN FOR ANY PART OF YR? ☺		8022		<input type="checkbox"/>		1501		<input type="checkbox"/>			
7 TP OR SP IS QUALIFYING DEPN OF ANOTHER THIS YR ☺		1358		<input type="checkbox"/>		1502		<input type="checkbox"/>			
PART II - TAXPAYERS WITH A QUALIFYING CHILC											
THE EIC QUESTIONS IN THE DEPENDENT INFORMATION GRID MUST BE ANSWERED FOR ANY CHILD USED IN THE EIC CALCULATIONS.											
PART III - TAXPAYERS WITHOUT QUALIFYING CHILC											
16 TAXPAYER'S (OR SPOUSE'S, IF MFJ) MAIN HOME WAS IN U.S. MORE THAN HALF THE YEAR ☺		1517		<input type="checkbox"/>		1366		<input type="checkbox"/>			
PART IV - DUE DILIGENCE REQUIREMENTS											
20 HAS FORM 8867 BEEN COMPLETED BASED ON INFORMATION PROVIDED BY TAXPAYER? ☺		1520		<input type="checkbox"/>		4366		<input type="checkbox"/>			
22 IN COMPLIANCE WITH KNOWLEDGE REQUIREMENTS? ☺		1521		<input type="checkbox"/>		4368		<input type="checkbox"/>			
23 FOLLOWING RECORDS BEEN MAINTAINED? FM 8867 - EIC WKSHTS - RECORD OF HOW, WHEN & FROM WHOM INFO TO PREPARE FORMS WAS OBTAINED ☺		1522		<input type="checkbox"/>		4369		<input type="checkbox"/>			
WORKSHEET B											
2 b SELF-EMPLOYMENT INCOME IF UNDER \$400 NECESSARY FOR EIC		TAXPAYER ● 2726		SPOUSE ● 2727							
4 a PENSION OR ANNUITY FROM NONQUALIFIED DEFERRED COMP PLAN OR NONGOVERNMENTAL SECTION 457(b) PLAN		7544									
		OTHER ADJUSTMENTS [40]									
		8612		7844							
b OVERRIDE INVESTMENT INC FOR EIC PURPOSES ●●		3044									

<b>X</b>		<b>AMENDED RETURN</b>	
PREPARE FORM 1040X ONLY ☺		1380	<input type="checkbox"/> YES
PREPARE 1040X WITH FULL RETURN AND DIAGNOSTIC ☺		1379	<input type="checkbox"/> YES
DATE PREPARED ●● 8643 - -			
15	TAX PAID WITH ORIGINAL RETURN, PLUS ADDITIONAL TAX PAID AFTER FILING	2978	
17	OVERPAYMENT, IF ANY, AS SHOWN ON ORIGINAL RETURN	2979	
22	REFUND AMOUNT TO BE APPLIED TO FUTURE YR EST TAX	2964	
	YEAR REFUND APPLIED	8103	
<b>PART II - PRESIDENTIAL ELECTION CAMPAIGN FUND</b>			
TAXPAYER NOW WISHES TO CONTRIBUTE \$3 TO FUND		1377	<input type="checkbox"/> YES
SPOUSE NOW WISHES TO CONTRIBUTE \$3 TO FUND		1378	<input type="checkbox"/> YES
<b>PART III - EXPLANATION OF CHANGES</b>			
[72]			
[72]			
[72]			
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

<b>R</b>		<b>CREDIT FOR ELDERLY AND DISABLED</b>	
SUPPRESS PRINTING OF SCHEDULE R		1320	<input type="checkbox"/> YES
PRINT SCHEDULE R EVEN IF NOT QUALIFIED		1120	<input type="checkbox"/> YES
<b>PART I - FILING STATUS</b>			
		<b>TAXPAYER</b>	<b>SPOUSE</b>
	PERMANENTLY AND TOTALLY DISABLED	1197 <input type="checkbox"/> YES	1198 <input type="checkbox"/> YES
8	MARRIED FILING SEPARATELY AND LIVED APART FROM SPOUSE DURING ENTIRE YEAR	1199	<input type="checkbox"/> YES
<b>PART II - STATEMENT OF PERMANENT AND TOTAL DISABILITY</b>			
2	PREVIOUSLY FILED STATEMENT AND UNABLE TO ENGAGE IN GAINFUL ACTIVITY IN CURRENT YEAR	1234 <input type="checkbox"/> YES	1398 <input type="checkbox"/> YES
	DATE RETIRED IF AFTER 12-31-1976	0123	0122
	SPOUSE'S PHYSICIAN INFORMATION SAME AS TAXPAYER	1455	<input type="checkbox"/> YES
TAXPAYER'S PHYSICIAN INFORMATION			
PHYSICIAN'S NAME	0366 [30]		
PHYSICIAN'S ADDRESS	0367 [40]		
ZIP CODE, CITY, STATE	0368 [40]		
ZIP CODE, CITY, STATE	0369 [40]		
SPOUSE'S PHYSICIAN INFORMATION			
PHYSICIAN'S NAME	0370 [30]		
PHYSICIAN'S ADDRESS	0371 [40]		
ZIP CODE, CITY, STATE	0372 [40]		
ZIP CODE, CITY, STATE	0373 [40]		
<b>PART III - FIGURE CREDIT</b>			
		<b>TAXPAYER</b>	<b>SPOUSE</b>
11	TAXABLE DISABILITY INC ●●	2385	●● 2386
13	b NONTAXABLE VETERANS' PENSIONS, ANY OTHERS EXCLUDED FROM INCOME:		
		2387	2388

<b>8379</b>		<b>INJURED SPOUSE CLAIM AND ALLOCATION</b>	
FILE AS STAND-ALONE FORM (Firm data prints in signature area)		8316	<input type="checkbox"/> YES
FOR LINES 5-9, CHOOSE FROM THE FOLLOWING: AZ, CA, ID, LA, NV, NM, TX, WA, WI			
5	TWO-LETTER STATE CODE IF MAIN HOME WAS IN A COMMUNITY PROPERTY STATE	8085	[2]
6	MADE AND REPORTED PMTS, SUCH AS FED INCOME TAX WITHHOLDING OR ESTIMATED TAX PAYMENTS	0524	[2]
7	HAD EARNED INCOME, SUCH AS WAGES, SALARIES, OR SELF-EMPLOYMENT INCOME	0525	[2]
8	CLAIMED EARNED INCOME CREDIT OR ADDITIONAL CHILD TAX CREDIT	0526	[2]
9	CLAIMED REFUNDABLE TAX CREDIT, SUCH AS HEALTH COVERAGE TAX CREDIT OR REFUNDABLE CREDIT FOR PRIOR YEAR MINIMUM TAX	0527	[2]
CHECK ONLY ONE BOX. INJURED SPOUSE IS:			
10	TAXPAYER ☺	8309	<input type="checkbox"/> YES
	SPOUSE ☺	8310	<input type="checkbox"/> YES
11	DIVORCED OR SEPARATED FROM SPOUSE ON MFJ RETURN AND WANT REFUND ISSUED IN THIS NAME ONLY	8311	<input type="checkbox"/> YES
ADDRESS FOR INJURED SPOUSE REFUND, IF DIFF FROM ADDRESS ON JOINT RETURN:			
12	ST ADDRESS ●●	8081	[30]
	ZIP ●●	8084 [10]	STATE ●● 8083
	CITY ●●	8082	[20]
<b>PART II - ITEMS ALLOCATED TO INJURED SPOUSE</b>			
13	a WAGES ●●	7375	
	b OTHER INCOME ALLOCATED TO INJURED SPOUSE		
	8044 [30]		
	OTHER INCOME ALLOCATED TO OTHER SPOUSE		
	8045 [30]	7376	
14	ADJUSTMENTS TO INCOME	7377	
15	STANDARD OR ITEMIZED DEDUCTIONS	7378	
16	NUMBER OF EXEMPTIONS	7379	
17	CREDITS (DO NOT INCLUDE ANY EARNED INCOME CREDIT)	7380	
18	OTHER TAXES	7381	
19	FEDERAL INCOME TAX WITHHELD ●●	7382	
20	ESTIMATED PAYMENTS	7383	



## PART II - ORDINARY DIVIDENDS

DIVIDEND INCOME BASIC / DIVIDEND INCOME ADVANCED (WITHHOLDING, INVESTMENTS, FOREIGN, ETC.) (Shaded items are found on the Advanced grid only)

DIVIDEND INCOME DESCRIPTION		1	2	3	4	5	6	7
[33]								
ACCOUNT NUMBER [20]								
OWNERSHIP CODE (T / S / J)								
1	a TOTAL ORDINARY DIVIDENDS							
	b QUALIFIED DIVIDENDS							
% U.S. GOVERNMENT BONDS								
U.S. GOVERNMENT BONDS								
TOTAL MUNICIPAL BONDS								
ISSUING STATE [2]								
% IN-STATE MUNICIPAL BONDS								
IN-STATE MUNICIPAL BONDS								
POST 8-7-86 PRIVATE ACTIVITY BONDS								
2	a TOTAL CAPITAL GAINS							
	d COLLECTIBLES (28%) GAIN							
	b UNRECAPTURED SECTION 1250							
	c SECTION 1202 GAIN							
3	NONDIVIDEND DISTRIBUTION							
8	CASH LIQUIDATING DISTRIBUTION							
9	NONCASH LIQUIDATING DISTRIBUTION							
* ADJUSTMENT TYPE								
* ADJUSTMENT TYPES:		0 = None; 1 = Nominee - Ordinary Dividend; 2 = Nominee - U.S. Government Obligation Dividend; 3 = Nominee - Prorated Municipal Bond Dividend; 4 = Nominee - Instate Municipal Bond Dividend; 5 = Nominee - Out-of-State Municipal Bond Dividend; 6 = Nominee - Capital Gain Distribution; 7 = Dividend on Restricted Stock						
ADJUSTMENT AMOUNT								
5	INVESTMENT EXPENSE							
6	FOREIGN TAX PAID							
7	FGN COUNTRY OR US POSSESSION [12]							
4	FEDERAL TAX WITHHELD							
FEDERAL EIN [10]		-	-	-	-	-	-	-
STATE TAX WITHHELD								
CARRY TO STATE CODE [2]								
STATE ID NUMBER [10]								
BANK INTEREST (MA / TN ONLY)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONTAXABLE TO TN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
** NH TYPE								
** NH TYPES		1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans 5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid 9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital						

## PART III - FOREIGN ACCOUNTS AND TRUSTS

7	a FOREIGN ACCOUNT	1112	<input type="checkbox"/> YES	IF YES, REQUIRED TO FILE FORM TD F 90-22.1 (DEFAULT = NO)	1637	<input type="checkbox"/> YES
	b NAME OF COUNTRY 0069	[12]	8		1147	<input type="checkbox"/> YES
EF ONLY ACCRUED MARKET DISCOUNT					3263	

## PART II - ORDINARY DIVIDENDS

DIVIDEND INCOME BASIC / DIVIDEND INCOME ADVANCED (WITHHOLDING, INVESTMENTS, FOREIGN, ETC.) (Shaded items are found on the Advanced grid only)

DIVIDEND INCOME DESCRIPTION		8	9	10	11	12	13	14
[33]								
ACCOUNT NUMBER [20]								
OWNERSHIP CODE (T / S / J)								
1	a TOTAL ORDINARY DIVIDENDS							
	b QUALIFIED DIVIDENDS							
% U.S. GOVERNMENT BONDS								
U.S. GOVERNMENT BONDS								
TOTAL MUNICIPAL BONDS								
ISSUING STATE [2]								
% IN-STATE MUNICIPAL BONDS								
IN-STATE MUNICIPAL BONDS								
POST 8-7-86 PRIVATE ACTIVITY BONDS								
2	a TOTAL CAPITAL GAINS							
	d COLLECTIBLES (28%) GAIN							
	b UNRECAPTURED SECTION 1250							
	c SECTION 1202 GAIN							
3	NONDIVIDEND DISTRIBUTION							
8	CASH LIQUIDATING DISTRIBUTION							
9	NONCASH LIQUIDATING DISTRIBUTION							
* ADJUSTMENT TYPE								
* ADJUSTMENT TYPES:		0 = None; 1 = Nominee - Ordinary Dividend; 2 = Nominee - U.S. Government Obligation Dividend; 3 = Nominee - Prorated Municipal Bond Dividend; 4 = Nominee - Instate Municipal Bond Dividend; 5 = Nominee - Out-of-State Municipal Bond Dividend; 6 = Nominee - Capital Gain Distribution; 7 = Dividend on Restricted Stock						
ADJUSTMENT AMOUNT								
5	INVESTMENT EXPENSE							
6	FOREIGN TAX PAID							
7	FGN COUNTRY OR US POSSESSION [12]							
4	FEDERAL TAX WITHHELD							
FEDERAL EIN [10]		-	-	-	-	-	-	-
STATE TAX WITHHELD								
CARRY TO STATE CODE [2]								
STATE ID NUMBER [10]								
BANK INTEREST (MA / TN ONLY)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONTAXABLE TO TN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
** NH TYPE								
** NH TYPES		1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans 5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid 9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital						

## PART III - FOREIGN ACCOUNTS AND TRUSTS

7	a	FOREIGN ACCOUNT	1112	<input type="checkbox"/> YES	IF YES, REQUIRED TO FILE FORM TD F 90-22.1 (DEFAULT = NO)	1637	<input type="checkbox"/> YES
	b	NAME OF COUNTRY 0069	[12]	8		1147	<input type="checkbox"/> YES
EF ONLY		ACCRUED MARKET DISCOUNT					3263

PART 1 - INTEREST INCOME												
INTEREST INCOME BASIC / INTEREST INCOME ADVANCED (FOREIGN, WITHHOLDING, INVESTMENT, ETC.) (Shaded items are found on the Advanced grid only)												
INTEREST INCOME DESCRIPTION [33]		1	2	3	4	5	6	7				
ACCOUNT NUMBER [20]												
OWNERSHIP CODE (T / S / J)												
1	INTEREST INCOME (NOT U.S. GOVT)											
2	EARLY WITHDRAWAL PENALTY											
3	U.S. GOVT SAVINGS BONDS											
8	TAX-EXEMPT MUNI BONDS											
ISSUING STATE												
% IN-STATE MUNICIPAL BONDS												
IN-STATE MUNICIPAL BONDS												
9	POST 8-7-86 PRIVATE ACTIVITY BONDS											
* ADJUSTMENT TYPE												
ADJUSTMENT AMOUNT (+ / -)												
*ADJUSTMENT TYPES		0 = None 1 = Nominee - Ordinary Interest 2 = Nominee - U.S. Government Obligation Interest 3 = Nominee - Prorated Muni Bond Interest 4 = Nominee - In-state Muni Bond Interest 5 = Nominee - Out-of-state Muni Bond Interest 6 = Accrued - Ordinary Interest 7 = Accrued - U.S. Gov't Obligation Interest 8 = Accrued - Prorated Muni Bond Interest 9 = Accrued - In-state Muni Bond Interest 10 = Accrued - Out-of-state Muni Bond Interest 11 = OLD Adjustment 12 = Amortizable Bond Premium 13 = U.S. Savings Bonds Previously Reported										
4	FEDERAL INCOME TAX WITHHELD											
FEDERAL EIN		-	-	-	-	-	-	-				
5	INVESTMENT EXPENSE											
6	FOREIGN TAX PAID											
7	FOREIGN COUNTRY OR US POSSESSION											
STATE WITHHOLDING												
CARRY TO STATE CODE												
STATE ID NUMBER [10]												
BANK INTEREST (MA / TN ONLY)												
** NH TYPE												
** NH TYPES		1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans 5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid 9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhlrd Federal Income Tax Return 11 - Return of Capital										
SELLER FINANCED-MORTGAGES												
NAME [25]		ADDRESS [32]		ZIP CODE	IDENTIFYING NUMBER	T, S, J	AMOUNT	ST	FOREIGN CITY	FOREIGN PROVINCE/STATE	FOREIGN COUNTRY	POSTAL CODE
					SSN - -							
					EIN -							
					SSN - -							
					EIN -							
					SSN - -							
					EIN -							
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN												

PART 1 - INTEREST INCOME												
INTEREST INCOME BASIC / INTEREST INCOME ADVANCED (FOREIGN, WITHHOLDING, INVESTMENT, ETC.) (Shaded items are found on the Advanced grid only)												
INTEREST INCOME DESCRIPTION [33]		8	9	10	11	12	13	14				
ACCOUNT NUMBER [20]												
OWNERSHIP CODE (T / S / J)												
1 INTEREST INCOME (NOT U.S. GOVT)												
2 EARLY WITHDRAWAL PENALTY												
3 U.S. GOVT SAVINGS BONDS												
8 TAX-EXEMPT MUNI BONDS												
ISSUING STATE												
% IN-STATE MUNICIPAL BONDS												
IN-STATE MUNICIPAL BONDS												
9 POST 8-7-86 PRIVATE ACTIVITY BONDS												
* ADJUSTMENT TYPE												
ADJUSTMENT AMOUNT (+ / -)												
*ADJUSTMENT TYPES		0 = None 1 = Nominee - Ordinary Interest 2 = Nominee - U.S. Government Obligation Interest 3 = Nominee - Prorated Muni Bond Interest 4 = Nominee - In-state Muni Bond Interest 5 = Nominee - Out-of-state Muni Bond Interest 6 = Accrued - Ordinary Interest 7 = Accrued - U.S. Gov't Obligation Interest 8 = Accrued - Prorated Muni Bond Interest 9 = Accrued - In-state Muni Bond Interest 10 = Accrued - Out-of-state Muni Bond Interest 11 = OLD Adjustment 12 = Amortizable Bond Premium 13 = U.S. Savings Bonds Previously Reported										
4 FEDERAL INCOME TAX WITHHELD												
FEDERAL EIN		-	-	-	-	-	-	-				
5 INVESTMENT EXPENSE												
6 FOREIGN TAX PAID												
7 FOREIGN COUNTRY OR US POSSESSION												
STATE WITHHOLDING												
CARRY TO STATE CODE												
STATE ID NUMBER [10]												
BANK INTEREST (MA / TN ONLY)												
** NH TYPE												
** NH TYPES		1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans 5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid 9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital										
SELLER FINANCED-MORTGAGES												
NAME [25]		ADDRESS [32]		ZIP CODE	IDENTIFYING NUMBER	T, S, J	AMOUNT	ST	FOREIGN CITY	FOREIGN PROVINCE/STATE	FOREIGN COUNTRY	POSTAL CODE
					SSN - -							
					EIN -							
					SSN - -							
					EIN -							
					SSN - -							
					EIN -							
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN												

FORM 8949 / SCHEDULE D - SALES OF CAPITAL ASSETS																		
1       and     8	1099 TRANSACTIONS PROPERTY DESCRIPTION [25]	# OF SHRS	T S J	1099-B BASIS	ADJUSTMENT CODES COL #1, 2, 3	ACQUIRED DATE	SOLD DATE	Term	SALES PRICE	COST OR BASIS	ADJUST TO GAIN/LOSS	FEDERAL W/HOLDING	FEDERAL EIN	STATE COST (If Different)	ST CODE	ST TAX WITHHELD	STATE EIN	
						- -	- -											
						- -	- -											
						- -	- -											
						- -	- -											
						- -	- -											
						- -	- -											
						- -	- -											
ADJUSTMENT CODES		B - 1099-B Box 3 incorrect   T - 1099-B Box 6 incorrect   N - Nominee Owner   H - Sale of Home   50% S - 50% Small Business Stock 60% S - 60% Small Business Stock   X - DC Zone or Qual Comm Assets   R - Postponed Gain   W - Wash Sale L - Other Nondeductible Loss   O - Other Adjustments not Listed																
PART I - SHORT-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD 1 YEAR OR LESS																		
													GAIN OR (LOSS)		AMT GAIN / (LOSS)			
4	SHORT-TERM GAIN FROM 6252, INSTALLMENT SALES													● 2646		●● 3380		
	SHORT-TERM GAIN (LOSS) FROM FORM 4684, CASUALTIES AND THEFT													● 2724		●● 3381		
	SHORT-TERM GAIN (LOSS) FROM FORM 6781, CONTRACTS AND STRADDLES													● 2731		●● 3382		
	SHORT-TERM GAIN (LOSS) FROM FORM 8824, LIKE-KIND EXCHANGES													● 2851		●● 3383		
5	NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (1065, 1120S, 1041 SCHEDULES K-1)													● 2208		●● 3384		
6	SHORT-TERM CAPITAL LOSS CARRYOVER													●● 2370		3385		
PART II - LONG-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD MORE THAN 1 YEAR																		
									GAIN OR (LOSS)		AMT GAIN / (LOSS)		28% RATE		AMT 28% RATE			
11	GAIN FROM FORM 4797, PART I. SALES OF BUSINESS PROPERTY									● 2210		●● 3386		●● 2904		●● 3823		
	L/T GAIN FROM FORM 2439, UNDISTRIBUTED CAPITAL GAIN									● 2736		●● 3387		2906		●● 3824		
	L/T GAIN FROM FORM 6252, INSTALLMENT SALES									● 2647		●● 3388		●● 2905		●● 3825		
	L/T GAIN / (LOSS) FROM FORM 4684, CASUALTIES AND THEFT									● 2933		●● 3392		●● 2144		●● 3826		
	L/T GAIN / (LOSS) FROM FORM 6781, CONTRACTS AND STRADDLES									● 2855		●● 3393		●● 2856		●● 3827		
	L/T GAIN / (LOSS) FROM FORM 8824, LIKE-KIND EXCHANGES									● 2852		●● 3394		2907		●● 3828		
12	NET L/T GAIN/(LOSS) SCHEDULES K-1 (1065, 1120S, AND 1041)									● 2211		●● 3395		●● 2903		●● 3829		
13	CAPITAL GAIN DISTRIBUTIONS (ENTER ON SCH B - DIVIDENDS DATA)									● 2200		●● 3396		●● 2908		●● 3830		
14	L/T CAPITAL LOSS CARRYOVER									●● 2372		●● 3397						
21	LIMIT CAPITAL LOSS TO \$1,500													1481 <input type="checkbox"/>				
CAPITAL LOSS CARRYOVER WORKSHEET													REGULAR TAX		AMT TAX			
AMOUNT FROM PRIOR YEAR FORM 1040, LINE 41													3372					
AMOUNT FROM PRIOR YEAR SCHEDULE D, LINE 21													3373		●● 3873			
AMOUNT FROM PRIOR YEAR SCHEDULE D, LINE 7 (ENTER '-' IF NEGATIVE)													3374		●● 3874			
AMOUNT FROM PRIOR YEAR SCHEDULE D, LINE 15 (ENTER '-' IF NEGATIVE)													3375		●● 3875			
PART III - SUMMARY AND WORKSHEETS													REGULAR TAX		AMT TAX			
28% RATE GAIN WORKSHEET      SECTION 1202 EXCLUSION													●● 7673		●● 3831			
TOTAL OF 28% COLLECTIBLE AMOUNTS INCLUDED IN SCHEDULE D GRID													9341		9342			
19	UNRECAPTURED SECTION 1250 GAIN, IF ANY												●● 3448		●● 3835			
	UNRECAPTURED SECTION 1250 WORKSHEET	TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM 6252 HELD MORE THAN 1 YEAR												3296		3832		
		TOTAL UNRECAPTURED SECTION 1250 GAIN FROM SALE OR EXCHANGE OF INTEREST IN PTNSHP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAI												3297		3833		
		TOTAL OF ANY AMOUNTS REPORTED ON A SCHEDULE K-1, FORM 1099-DIV, AND FORM 2439 AS "UNRECAPTURED" SECTION 1250 GAIN FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND												●● 7794		●● 7795		
		TOTAL UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 HELD OVER 1 YEAR WITH NO ENTRY ON PART I OF FORM 4797 FOR YEAR OF SALE												●● 3299		●● 3834		

PARTS IV AND V - SALES OF SHORT-TERM AND LONG-TERM CAPITAL ASSETS																	
TRANSACTIONS WILL BE SORTED ACCORDING TO DATE ACQUIRED. ACQUIRED DATES OF "VARIOUS" WILL DEFAULT TO LONG-TERM.																	
1099 TRANSACTIONS PROPERTY DESCRIPTION	# OF SHRS	T S J	1099R REPORT	ADJUSTMENT CODE	ACQUIRED DATE	SOLD DATE	Term	SALES PRICE	COST OR BASIS	AMT COST (If Different)	FEDERAL W/HOLDING	FEDERAL EIN	STATE COST (If Different)	ST CODE	ST TAX WITHHELD	STATE EIN	
	[25]				- -	- -											
8					- -	- -											
9					- -	- -											
10					- -	- -											
11					- -	- -											
12					- -	- -											
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41					- -	- -											
42					- -	- -											
43					- -	- -											
44					- -	- -											
45					- -	- -											
TYPES: 0 = NONSPECIFIC 1 = 28% RATE 2 = SECTION 1202 3 = WASH SALE 4 = SECTION 1202 EZBS 5 = SECTION 1045 ROLLOVER 6 = PERSONAL 7 = QUALIFIED COMMUNITY ASSETS																	
ADDITIONAL INPUT LINES ARE AVAILABLE FOR TRANSACTIONS BY USING FIELD NUMBERS 51 THROUGH 9999.																	

8859		DC FIRST-TIME HOMEBUYER CREDIT			
PART I - GENERAL INFORMATION					
ADDRESS OF HOME QUALIFYING FOR THE CREDIT (IF DIFFERENT FROM ADDRESS SHOWN ON RETURN)					
A	ADDRESS		0384		
	ZIP	0387	CITY	0385	STATE 0386
INFORMATION FROM SETTLEMENT STATEMENT OR DEED:					
B	LOT NUMBER		0388		
C	SQUARE NUMBER		0389		
SETTLEMENT OR CLOSING DATE					0390 - -
PART II - TENTATIVE CREDIT					
1	IF THE PURCHASE PRICE OF HOME WAS LESS THAN \$5,000, ENTER PURCHASE PRICE. IF SOMEONE OTHER THAN A SP ALSO HELD AN INTEREST IN HOME, ENTER ONLY TP'S SHARE				7874
PART III - CREDIT CARRYFORWARD FROM PRIOR YEAR					
AMOUNT FROM LINE 4 OF PRIOR YEAR FORM 8859					7875
PRIOR YEAR CARRYFORWARD SUPPORTING STATEMENT					
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					

J		FARM INCOME AVERAGING	
FORCE PRINTING OF SCHEDULE J		1315	<input type="checkbox"/> YES
USE SCHEDULE J TAX EVEN IF REGULAR TAX IS GREATER		1304	<input type="checkbox"/> YES
2	a ELECTED FARM INCOME ☺	7114	
	CAPITAL GAIN INCLUDED ON LINE 2a:		
	b EXCESS, IF ANY, OF NET LONG-TERM CAP GAIN OVER NET SHORT-TERM CAPITAL LOSS	9063	
c	UNRECAPTURED SECTION 1250 GAIN	9064	
	AMOUNT FROM 2010 SCHEDULE J, LINE 11; 2009 SCHEDULE J, LINE 15; 2008 SCHEDULE J, LINE 3; OR TAXABLE INCOME FROM 2008 FORM 1040, LINE 43; FORM 1040A, LINE 27; FORM 1040EZ, LINE 6, FORM 1040NR, LINE 40		
5		7115	
2008 FORM 2555, LINE 45 (INCLUDE SPOUSES IF FILED JOINTLY)		9179	
2008 UNALLOWED ITEMIZED DED DUE TO FOREIGN EXCLUSION		9180	
8	IF 2008 SCH D TAX APPLIES:	2008 FILING STATUS IF DIFFERENT: 1 = SGL 2 = MFJ 3 = MFS 4 = HOH 5 = WIDOW(ER) ●●	8109
		2008 QUALIFIED DIVIDENDS	7139
		2008 SCHEDULE D, LINE 15	7140
		2008 SCHEDULE D, LINE 16	7137
		2008 FORM 4952, LINE 4e	7674
		2008 FORM 4952, LINE 4g	7138
		2008 SCHEDULE D, LINE 18	7675
		2008 SCHEDULE D, LINE 19	7141
2008 CAPITAL GAIN DISTRIBUTION IF TAX WAS FIGURED ON CAPITAL GAIN TAX WORKSHEET		7522	
9	TAXABLE INCOME FROM 2010 SCHEDULE J, LINE 15, 2009 SCHEDULE J, LINE 3 OR 2009 FORM 1040, LINE 43; FORM 1040A, LINE 27; FORM 1040EZ, LINE 6; OR FORM 1040NR, LINE 40	7116	
	2009 FORM 2555, LINE 45 (INCLUDE SPOUSES IF FILED JOINTLY)	9181	
12	IF 2009 SCHEDULE D TAX APPLIES:	2009 FILING STATUS IF DIFFERENT: 1 = SGL 2 = MFJ 3 = MFS 4 = HOH 5 = WIDOW(ER) ●●	8107
		2009 QUALIFIED DIVIDENDS	7692
		2009 SCHEDULE D, LINE 15	7693
		2009 SCHEDULE D, LINE 16	7694
		2009 FORM 4952, LINE 4e	7695
		2009 FORM 4952, LINE 4g	7696
		2009 SCHEDULE D, LINE 18	7698
		2009 SCHEDULE D, LINE 19	7697
2009 CAPITAL GAIN DISTRIBUTION IF TAX WAS FIGURED ON CAPITAL GAIN TAX WKSHT		7520	
13	AMOUNT FROM 2010 SCHEDULE J, LINE 3 OR TAXABLE INCOME FROM 2010 FORM 1040, LINE 43; FORM 1040A, LINE 27; FORM 1040EZ, LINE 6; OR FORM 1040NR, LINE 41	7117	
	2010 FORM 2555, LINE 45 (INCLUDE SPOUSES IF FILED JOINTLY)	9182	
2010 FORM 2555, LINE 50 (INCLUDE SPOUSES IF FILED JOINTLY)		9183	
16	IF 2010 SCHEDULE D TAX APPLIES:	2010 FILING STATUS IF DIFFERENT: 1 = SGL 2 = MFJ 3 = MFS 4 = HOH 5 = WIDOW(ER) ●●	8108
		2010 QUALIFIED DIVIDENDS	7132
		2010 SCHEDULE D, LINE 15	7133
		2010 SCHEDULE D, LINE 16	7134
		2010 FORM 4952, LINE 4e	7135
		2010 FORM 4952, LINE 4g	7136
		2010 SCHEDULE D, LINE 18	7653
		2010 SCHEDULE D, LINE 19	7652
2010 CAPITAL GAIN DISTRIBUTION IF TAX WAS FIGURED ON CAPITAL GAIN TAX WKSHT		7521	
19	AMOUNT FROM 2010 SCHEDULE J, LINE 12; 2009 SCHEDULE J, LINE 16; 2008 SCHEDULE J, LINE 4; OR TAX FROM 2008 FORM 1040, LINE 44; FORM 1040A, LINE 28; FORM 1040EZ, LINE 11; OR FORM 1040NR, LINE 41*	7118	

SCHEDULE J CONTINUED NEXT COLUMN

SCHEDULE J (CONTINUED)		
20	AMOUNT FROM 2010 SCHEDULE J, LINE 16; 2009 SCHEDULE J, LINE 4; OR TAX FROM 2009 FORM 1040, LINE 44; FORM 1040A, LINE 28; FORM 1040EZ, LINE 11; OR FORM 1040NR, LINE 41*	7119
21	AMOUNT FROM 2010 SCHEDULE J, LINE 4 OR TAX FROM 2010 FORM 1040, LINE 44; FORM 1040A, LINE 28; FORM 1040EZ, LINE 11; OR FORM 1040NR, LINE 42*	7120
* DO NOT INCLUDE ANY AMOUNT FROM FORM 4972 OR FORM 8814		

SOH		SALE OF HOME WORKSHEET	
SPOUSE'S SALE OF HOME WORKSHEET (Default = TP)		1447	<input type="checkbox"/> YES
TWO-LETTER STATE CODE		0361	
PRINT WORKSHEET EVEN IF NOT REQUIRED		1265	<input type="checkbox"/> YES
PRINT SALE AND EXCLUSION OF HOME ON SCHEDULE D EVEN IF NOT REQUIRED		1282	<input type="checkbox"/> YES
DESCRIPTION OF PROPERTY ☺	8290 [27]	8349 [27]	
DATE HOME WAS ACQUIRED	8291	-	-
DATE HOME WAS SOLD	8292	-	-
WORKSHEET 1 - ADJUSTED BASIS OF HOME SOLD			
1	PURCHASE PRICE OF HOME SOLD	7565	
2	SELLER PAID POINTS FOR HOME PURCHASED AFTER 1990	7566	
4	a ABSTRACT AND RECORDING FEES	7567	
	b LEGAL FEES (INCL TITLE SEARCH, DOCUMENT PREPARATION FEES)	7568	
	c SURVEYS	7569	
	d TITLE INSURANCE	7570	
	e TRANSFER OR STAMP TAXES	7571	
	f AMOUNTS OWED BY SELLER BUT PAID BY TAXPAYER	7572	
	g OTHER SETTLEMENT FEES OR CLOSING COSTS	7573	
6	COSTS OF ADDITIONS AND IMPROVEMENTS	7574	
7	SPECIAL TAX ASSESSMENTS PAID	7575	
8	OTHER INCREASES TO BASIS	7576	
10	DEPRECIATION ALLOWED/ALLOWABLE RELATED TO HOME BUSINESS USE	7577	
11	OTHER DECREASES TO BASIS	7578	
WORKSHEET 2 - GAIN (LOSS) EXCLUSION AND TAXABLE GAIN			
1	SELLING PRICE OF HOME	+	7579
2	SELLING EXPENSES		7580
6	DEPRECIATION ALLOWED OR ALLOWABLE FOR PERIOD AFTER MAY 6, 1997 ●●		7581
TP SATISFIES ALL REQ FOR MAX SALE OF HOME EXCLUSION		1515	<input type="checkbox"/> NO
SP SATISFIES ALL REQ FOR MAX SALE OF HOME EXCLUSION		1516	<input type="checkbox"/> NO
DECEASED SP QUALIFIES FOR MAXIMUM SALE OF HOME EXCLUSION		1576	<input type="checkbox"/> YES
WORKSHEET 3 - REDUCED MAXIMUM EXCLUSION			
REDUCE MAXIMUM EXCL BECAUSE: 1) OWNERSHIP & USE TESTS NOT MET OR 2) HOME WAS SOLD WITHIN 2 YRS OF PRIOR SALE. EITHER REASON MUST BE DUE TO: 1) EMPLOYMENT PLACE CHANGED, 2) HEALTH, 3) UNFORESEEN CIRCUMSTANCES AS DEFINED IN IRS PUB 523.		TAXPAYER	SPOUSE
		8069 <input type="checkbox"/> YES	8070 <input type="checkbox"/> YES
1	MAXIMUM AMOUNT	\$250,000.00	\$250,000.00
2	a NO. DAYS PROP WAS USED AS MAIN HOME DURING 5-YEAR PERIOD ENDED ON SALE DATE	7582	7583
	b NUMBER OF DAYS PROP WAS OWNED DURING 5-YEAR PD ENDED ON DATE OF SALE	7584	7585
3	IF GAIN FROM SALE OF ANOTHER HOME DURING 2-YEAR PERIOD ENDED ON DATE OF THIS SALE WAS EXCLUDED, ENTER DATE OF PRIOR SALE	8293	8294



27	INVESTMENT CREDIT	NAME	2011
PAGE 1	(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)		

PART I - ELECTION TO TREAT LESSEE AS PURCHASER OF INVESTMENT CREDIT PROPERTY						
INFORMATION ON PROPERTY ACQUIRED AS A LESSEE						
LESSOR NAME [24]		STREET ADDRESS [27]	ZIP CODE	PROPERTY DESCRIPTION [35]	AMOUNT	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN						
PART II - QUALIFYING ADV COAL PROJECT CREDIT, QUALIFYING GASIFICATION PROJECT CREDIT, AND QUALIFYING ADV ENERGY PROJECT CREDIT						
QUALIFYING ADVANCED COAL PROJECT CREDIT:						
5	a	QUALIFIED INVESTMENT IN INTEGRATED GASIFICATION COMBINED CYCLE PROPERTY PLACED IN SERVICE DURING TAX YEAR FOR PROJECTS DESCRIBED IN SECTION 48A(d)(3)(b)(i) (x20%(.20))			3815	
	b	QUALIFIED INVESTMENT IN ADVANCED COAL-BASED GENERATION TECHNOLOGY PROPERTY PLACED IN SERVICE DURING TAX YEAR FOR PROJECTS DESCRIBED IN SECTION 48A(d)(3)(B)(ii) (x15% (.15))			3816	
	c	QUALIFIED INVESTMENT IN ADVANCED COAL-BASED GENERATION TECHNOLOGY PROPERTY PLACED IN SERVICE DURING TAX YEAR FOR PROJECTS DESCRIBED IN SECTION 48A(d)(3)(B)(iii) (x30%(.30))			9728	
QUALIFYING GASIFICATION PROJECT CREDIT:						
6	a	QUALIFIED INVESTMENT IN QUALIFIED GASIFICATION PROPERTY PLACED IN SERVICE DURING THE TAX YEAR FOR WHICH CREDITS WERE ALLOCATED OR REALLOCATED AFTER 10/03/2008, AND THAT INCLUDE EQUIPMENT THAT SEPARATES AND SEQUESTERS AT LEAST 75% OF THE PROJECT'S CARBON DIOXIDE EMISSIONS			3817	
	b	QUALIFIED INVESTMENT IN PROPERTY OTHER THAN IN "a" ABOVE PLACED IN SERVICE DURING THE TAX YEAR			9729	
7	QUALIFIED INVESTMENT IN ADVANCED ENERGY PROJECT PROPERTY PLACE IN SERVICE DURING THE TAX YEAR				9803	
8	QUALIFIED INVESTMENT IN A QUALIFYING THERAPEUTIC DISCOVERY PROJECT				9964	
9	ENTER THE APPLICABLE UNUSED INVESTMENT CREDIT FROM COOPERATIVES				2868	
FORM 3800 PART III (1040, 1041, 1120 ONLY)						
NOTE: IF ALLOCATION GRID ENTIRES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.						
ALLOCATION GRID						
OWNER (T, S, J)	CREDIT TYPE	AMOUNT ALLOCATED TO TYPE	PASS-THROUGH ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #	
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback						
PART III - REHABILITATION CREDIT AND ENERGY CREDIT						
1120S/1065 ONLY	QUALIFIED REHABILITATION EXPENDITURES - OTHER THAN RENTAL REAL ESTATE				8468	<input type="checkbox"/> YES
11	a	ELECT TO TAKE QUALIFIED REHABILITATION EXPENDITURES INTO ACCOUNT FOR TAX YEAR IN WHICH PAID			1224	<input type="checkbox"/> YES
		REHABILITATION CREDIT EXPLANATION				
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
	b	24- OR 60-MONTH MEASURING PERIOD	BEGINS 0322 - -	ENDS 0323 - -		
	c	ADJUSTED BASIS OF BUILDING AS OF BEGINNING DATE			3601	
	d	QUALIFIED REHABILITATION EXPENDITURES INCURRED DURING LINE 10b PERIOD			3602	
QUALIFIED REHABILITATION EXPENDITURES:						
	e	PRE-1936 BUILDINGS LOCATED IN THE GULF OPPORTUNITY ZONE			3902	
	f	PRE-1936 BUILDINGS AFFECTED BY A MIDWESTERN DISASTER			9735	
11	g	OTHER PRE-1936 BUILDINGS			2864	
		1041 ONLY	FIDUCIARY PORTION	●●	7907	
			BENEFICIARY PORTION	●●	7908	
		h	CERTIFIED HISTORIC STRUCTURES LOCATED IN THE GULF OPPORTUNITY ZONE			3903
	i	CERTIFIED HISTORIC STRUCTURES AFFECTED BY A MIDWESTERN DISASTER			9736	
11	j	OTHER CERTIFIED HISTORIC STRUCTURES			2865	
		1041 ONLY	FIDUCIARY PORTION	●●	7909	
			BENEFICIARY PORTION	●●	7910	
FOR PROPERTIES ON LINES 10h, 10i, OR 10j, COMPLETE LINES 10k AND 10l						
11	k	ENTER PROJECT # OR PASS-THROUGH EIN BUT NOT BOTH:				
		PASS-THROUGH EIN	0507 -			
		NPS PROJECT NUMBER	0136		[18]	
11	l	DATE NPS APPROVED REQUEST FOR CERTIFICATION OF COMPLETED WORK			0321 - -	
		EXPLANATION OF PENDING APPROVAL				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN						
	m	REHABILITATION CREDIT FROM ELECTING LARGE PARTNERSHIP (FORM 1065-B, Sch K-1, Box 9)			2323	

**PART III - REHABILITATION CREDIT AND ENERGY CREDIT (CONTINUED)**

## ENERGY CREDIT:

a	BASIS OF PROPERTY USING GEOTHERMAL ENERGY OR SOLAR ENERGY (ACQUIRED BEFORE 01/01/06, AND THE BASIS ATTRIBUTED TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER BEFORE 01/01/2006) PLACED IN SERVICE DURING THE TAX YEAR		3809
	1041 ONLY	FIDUCIARY PORTION	●● 7911
		BENEFICIARY PORTION	●● 7912
b	BASIS OF PROPERTY USING SOLAR ILLUMINATION OR SOLAR ENERGY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2005, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2005		3810
	1041 ONLY	FIDUCIARY PORTION	●● 7913
		BENEFICIARY PORTION	●● 7914
QUALIFIED FUEL CELL PROPERTY:			
c	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2005, AND BEFORE 10/04/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2005, AND BEFORE 10/04/2008		3811
d	APPLICABLE KILOWATT CAPACITY OF PROPERTY ON LINE 12c		3812
f	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008		3813
g	APPLICABLE KILOWATT CAPACITY OF PROPERTY ON LINE 12f		3814
QUALIFIED MICROTURBINE PROPERTY:			
i	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2005, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2005		9726
j	KILOWATT CAPACITY OF PROPERTY ON LINE 12i		9727
COMBINED HEAT AND POWER SYSTEM PROPERTY. <b>CAUTION:</b> CREDIT CANNOT BE CLAIMED IF ELECTRICAL CAPACITY IS MORE THAN 50 MEGAWATTS OR 67,000 HORSEPOWER.			
l	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008		9730
m	ELECTRICAL CAPACITY (ENTER EITHER MEGAWATTS OR HORSEPOWER)	MEGAWATTS	9731
		HORSEPOWER	9732
QUALIFIED SMALL WIND ENERGY PROPERTY:			
o	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND BEFORE 01/01/2009, AND THE BASIS ATTRIBUTABLE TO THE CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008, AND BEFORE 01/01/2009		9733
q	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2008		9734
GEOTHERMAL HEAT PUMP SYSTEMS:			
r	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008		9801
QUALIFIED INVESTMENT CREDIT FACILITY PROPERTY:			
s	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR		9802
APPLICABLE UNUSED INVESTMENT CREDIT FROM COOPERATIVES		9748	

## FORM 3800 PART III (1040, 1041, 1120 ONLY)

NOTE: IF ALLOCATION GRID ENTIRES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED.  
ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.

### ALLOCATION GRID

OWNER (T, S, J)	CREDIT TYPE	AMOUNT ALLOCATED TO TYPE	PASS-THROUGH ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #

\* A - GBC Non-passive    B - GBC Passive    C - GBC Carryforward    D - GBC Carryback    E - ESBC Non-passive    F - ESBC Passive    G - ESBC Carryforward    H - ESBC Carryback

ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN

<b>28</b>	<b>UNIVERSAL DATA SHEET 28</b> <small>(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)</small>	NAME	<b>2011</b>
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2439 NOTICE TO SHRHLDR OF UNDISTRIB LT CAP GAIN			
1040 ONLY: SPOUSE'S FORM 2439 (DEFAULT = TP)		0451	<input type="checkbox"/> YES
VOID FORM 2439		0452	<input type="checkbox"/> YES
CORRECTED FORM 2439		0453	<input type="checkbox"/> YES
RIC / REIT IDENTIFICATION NUMBER		0454	[11]
RIC / REIT	NAME	0455	[35]
	NAME	0456	[35]
	ADDRESS	0457	[35]
	ZIP CODE	0458 [12] CITY 0459 [22] ST 0460	
1	REGULAR TAX		AMT (IF DIFFERENT)
	a	TOTAL UNDISTRIBUTED LONG TERM CAPITAL GAIN	7887 7888
	b	UNRECAPTURED SECTION 1250 GAIN	7889 7890
	c	SECTION 1202 GAIN	7891 7892
	d	COLLECTIBLES (28%) GAIN	7893 7894
2	TAX PAID BY REGULATED INVESTMENT COMPANY		7895

4972 LUMP-SUM DISTRIBUTIONS			
		TAXPAYER	SPOUSE
3	DISTRIBUTION PAID AS A BENEFICIARY OF PLAN PARTICIPANT WHO WAS BORN BEFORE 1936	1228 <input type="checkbox"/> YES	1276 <input type="checkbox"/> YES
4	TAXPAYER WAS: a) PLAN PARTICIPANT WHO RECEIVED DISTRIBUTION, b) WAS BORN BEFORE 1936, AND c) HAS BEEN IN PLAN AT LEAST 5 YRS BEFORE DISTRIBUTION	1223 <input type="checkbox"/> YES	1275 <input type="checkbox"/> YES
DIVIDE DEDUCTIONS BETWEEN CAP GAINS & ORDINARY INCOME		1283 <input type="checkbox"/> YES	1284 <input type="checkbox"/> YES
6	CAPITAL GAIN PORTION FROM FORM 1099-R, BOX 3 ●●	2239 <input type="checkbox"/> YES	2613 <input type="checkbox"/> YES
8	ORDINARY INCOME FROM FORM 1099-R, BOX 2a ●●	2523 <input type="checkbox"/> YES	2612 <input type="checkbox"/> YES
9	DEATH BENEFIT EXCLUSION FOR BENEFICIARY OF PARTICIPANT WHO DIED BEFORE 08-21-1996	2549 <input type="checkbox"/> YES	2615 <input type="checkbox"/> YES
11	CURRENT ACTUARIAL VALUE OF ANNUITY (FORM 1099-R, BOX 8)	2524 <input type="checkbox"/> YES	2614 <input type="checkbox"/> YES
18	FEDERAL ESTATE TAX ATTRIBUTABLE TO LUMP-SUM DISTRIBUTION	2512 <input type="checkbox"/> YES	2616 <input type="checkbox"/> YES

8903 DOMESTIC PRODUCTION ACTIVITIES DEDUCTION		
TWO-LETTER STATE CODE		0503
USING SMALL BUSINESS SIMPLIFIED OVERALL METHOD		1420 <input type="checkbox"/> YES
		OIL-RELATED PROD ACTIVITIES
		ALL OTHER ACTIVITIES
1	DOMESTIC PRODUCTION GROSS RECEIPTS (DPGR)	3780 9972
2	ALLOCABLE COST OF GOODS SOLD	3781 9973
3	DEDN/LOSS ALLOCABLE TO DPGR	3782 9974
4	COST OF GOODS SOLD & OTHER DEDN/ LOSS RATABLY APPORTIONED TO DPGR (SB SIMPLIFIED METHOD)	3783 9975
7	QUALIFIED PRODUCTION ACTIVITY INC, ESTATES, TRUST, CERTAIN PTNRSHPS, AND S CORPS +	3784 9976
9	AMOUNT ALLOC TO BENEFICIARIES ●●	9718 9977
11	INCOME LIMITATION (NOT FOR 1040) ☺	3672
16	FORM W-2 WAGES (SEE INSTRUCTIONS FOR CALCULATION METHODS)	3871
17	FORM W-2 WAGES FROM ESTATE, TRUSTS, AND CERTAIN PARTNERSHIPS AND S CORPORATIONS +	3785
19	AMOUNT ALLOC TO BENEFICIARIES OF ESTATE/TRUST ●●	9719
23	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION FROM COOPERATIVES (FORM 1099-PATR, BOX 6)	3786
24	EXPANDED AFFILIATED GROUP ALLOCATION	3787

8609-A ANNUAL STATEMENT LOW-INC HOUSING CR			
PART I - COMPLIANCE INFORMATION			
Multiple	DATE BUILDING PLACED IN SERVICE		0519 - -
	A	BUILDING IDENTIFICATION NUMBER	8095 [9]
THIS FORM 8609-A IS FOR:			
B	A NEWLY CONSTRUCTED OR EXISTING BUILDING		1427 <input type="checkbox"/>
	SECTION 42(e) REHABILITATION EXPENDITURES		1428 <input type="checkbox"/>
C	ORIGINAL FORM 8609 MAINTAINED IN TAXPAYER'S RECORDS		8452 <input type="checkbox"/> NO
D	BUILDING QUALIFIES AS PART OF QUALIFIED LOW-INCOME HOUSING PROJECT AND MEETS SEC 42 REQUIREMENTS		8453 <input type="checkbox"/> YES
E	THERE WAS A DECREASE IN QUALIFIED BASIS OF BUILDING THIS TAX YEAR		8454 <input type="checkbox"/> YES
	ENTIRE CREDIT WAS CLAIMED IN PRIOR TAX YEARS		8634 <input type="checkbox"/> YES
PART II - COMPUTATION OF CREDIT			
1	ELIGIBLE BASIS OF BUILDING FROM FORM 8609, PART II, LINE 7b ☺		7191
2	LOW-INCOME PERCENTAGE		8096 %
3	QUALIFIED BASIS OF LOW-INCOME BUILDING IS -0-		8011 <input type="checkbox"/> YES
4	NO. OF MONTHS OWNED IF LESS THAN 12 MONTHS		7192
5	CREDIT PERCENTAGE FROM FORM 8609, PART I, LINE 2		8097 %
7	ORIGINAL QUALIFIED BASIS OF BUILDING AT CLOSE OF FIRST YEAR FROM FORM 8609, PART II, LINE 8a		7193
11	QUALIFIED BASIS OF BUILDING FROM PREVIOUS YEARS' FORM 8609-A		7194
	AMOUNT FROM PREVIOUS YEARS' FORM 8609-A, LINE 1		7195
	AMOUNT FROM PREVIOUS YEARS' FORM 8609-A, LINE 2		8110 %
	MODIFIED PERCENTAGE		8098 %
14	TOTAL OF ALL FEDERAL GRANTS FOR THIS BUILDING		7197
15	AMOUNT ON FORM 8609, PART I, LINE 1b		7198
16	PERCENT OF INTEREST IN THIS BUILDING IF LESS THAN 100% PROPORTIONATE SHARE OF CREDIT ●●		8099 % 7199
17	PRO RATA REDUCTION FOR INCREASED CREDIT IN PRIOR YEAR		7359

8948 EXPLANATION FOR NOT FILING ELECTRONICALLY			
CHECK APPLICABLE BOX TO INDICATE REASON RETURN IS NOT BEING FILED ELECTRONICALLY. DO NOT CHECK MORE THAN ONE BOX.			
1	TAXPAYER CHOSE TO FILE THIS RETURN ON PAPER		4201 <input type="checkbox"/> YES
	OVERRIDE FOR TAXPAYER CHOICE STATEMENT:		
	0642		
	0643		
	0644		
	0645		
	0646		
2	PREPARER RECEIVED WAIVER FROM REQUIREMENT TO ELECTRONICALLY FILE TAX RETURN		0629 <input type="checkbox"/> YES
	WAIVER REFERENCE NUMBER	0630 [25]	
3	APPROVAL LETTER DATE		0631
	PREPARER IS MEMBER OF RECOGNIZED RELIGIOUS GROUP CONSCIENTIOUSLY OPPOSED TO FILING ELECTRONICALLY		0632 <input type="checkbox"/> YES
4	RETURN WAS REJECTED BY IRS E-FILE AND REJECT CONDITION COULD NOT BE RESOLVED		0633 <input type="checkbox"/> YES
	REJECT CODE	0634 [25]	
5	NUMBER OF ATTEMPTS TO RESOLVE REJECT		0635
	PREPARER'S E-FILE SOFTWARE PACKAGE DOES NOT SUPPORT FORM OR SCHEDULE ATTACHED TO RETURN		0636 <input type="checkbox"/> YES
	FORM	0637	
6	SCHEDULE		0638
	CHECK APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION IF REQUESTED:		
	a	PREPARER IS INELIGIBLE TO E-FILE BECAUSE IRS E-FILE DOES NOT ACCEPT FOREIGN PREPARERS WITHOUT SOC SEC NUMBERS WHO LIVE AND WORK ABROAD.	0639 <input type="checkbox"/> YES
		PREPARER IS INELIGIBLE TO PARTICIPATE IN IRS E-FILE	0640 <input type="checkbox"/> YES
	c	OTHER. DESCRIBE CIRCUMSTANCES BELOW:	0641 <input type="checkbox"/> YES
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

29	UNIVERSAL DATA SHEET		NAME	2011
	(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)			

6198		AT-RISK LIMITATIONS	
Multiple	DESCRIPTION OF ACTIVITY	0285 [25]	
PART I - CURRENT YEAR PROFIT (LOSS) FROM ACTIVITY			
1	ORDINARY INCOME (LOSS) FROM ACTIVITY THIS YEAR	2462	
GAIN (LOSS) FROM SALE BEING REPORTED ON:			
2	a SCHEDULE D	2463	
	b FORM 4797	2464	
	c OTHER FORM OR SCHEDULE	2465	
3	OTHER INCOME AND GAINS FROM SCHEDULES K-1 NOT INCLUDED ABOVE	2466	
4	OTHER DEDUCTIONS AND LOSSES (INCLUDING INVESTMENT INTEREST EXPENSE ALLOWED)	2467	
PART II - SIMPLIFIED COMPUTATION			
6	ADJUSTED BASIS IN ACTIVITY ON FIRST DAY OF TAX YEAR	2468	
7	INCREASES FOR THE TAX YEAR	2469	
9	DECREASES FOR THE TAX YEAR	2470	
PART III - DETAILED COMPUTATION			
11	INVESTMENT IN ACTIVITY AT EFFECTIVE DATE	2471	
12	INCREASES AT EFFECTIVE DATE	2801	
14	DECREASES AT EFFECTIVE DATE	2802	
AMOUNT AT RISK:			
15	a AT EFFECTIVE DATE	1305	<input type="checkbox"/> YES
	b FROM PRIOR YEAR FORM 6198, LINE 19b	1306	<input type="checkbox"/> YES
AMOUNT (AUTOMATIC IF AT EFFECTIVE DATE)		2803	
INCREASES SINCE:			
16	a EFFECTIVE DATE	1307	<input type="checkbox"/> YES
	b AT END OF PRIOR YEAR TAX YEAR	1308	<input type="checkbox"/> YES
AMOUNT		2804	
DECREASES SINCE:			
18	a EFFECTIVE DATE	1309	<input type="checkbox"/> YES
	b AT END OF PRIOR YEAR TAX YEAR	1310	<input type="checkbox"/> YES
AMOUNT		2805	

8611		RECAPTURE OF LOW-INCOME HOUSING CREDIT	
MULTIPLE	C	BUILDING ADDRESS	STREET ADDRESS 0021 [35]
			ZIP CODE 0027 [35]
D	BUILDING ID NUMBER (BIN)		0038 -
E	DATE PLACED IN SERVICE		0100 - -
F	(1) ISSUER'S NAME (IF FINANCED WITH TAX-EXEMPT BONDS): 4489 [50]		
	(2) DATE OF ISSUE 4490 - -		
	(3) NAME OF ISSUE 4491 [50]		
	(4) CUSIP NUMBER 4492 [9]		
IF RECAPTURE IS PASSED THROUGH FROM A FLOW-THROUGH ENTITY (PTSHF, S-CORP, ESTATE OR TRUST), SKIP LINES 1 THROUGH 7 AND GO TO LINE 8.			
1	TOTAL PRIOR YR CREDITS FROM FORM 8586 FOR BUILDING		2912
2	CREDITS ATTRIB TO ADDITIONS TO QUALIFIED BASIS		2913
4	CREDIT RECAPTURE PERCENTAGE: 1 - YRS 2-11 = .333    3 - YR 13 = .200    5 - YR 15 = .067 2 - YR 12 = .267    4 - YR 14 = .133		0278
6	PERCENTAGE DECREASE IN QUALIFIED BASIS		0137 [2]
7	FLOW-THROUGH ENTITY EXCEPT ELECTING LARGE PARTNERSHIP OR SECTION 42(j)(5) PARTNERSHIP		8284 <input type="checkbox"/> YES
AMOUNT OF ACCELERATED PORTION RECAPTURED			
8	SECTION 42(j)(5) PARTNERSHIP		8283 <input type="checkbox"/> YES
RECAPTURE AMOUNT FROM FLOW-THRU ENTITIES		2915	
9	UNUSED CREDIT ATTRIBUTABLE TO THIS BUILDING		2916
UNUSED CR ATTRIBUTABLE TO ADDITIONS TO QUAL BASIS		2927	
10	NET RECAPTURE (LINE 7 OR 8 LESS LINE 9)		
11	INTEREST ON NET RECAPTURE AMOUNT (LINE 10)		2481
SECTION 42(j)(5) PARTNERSHIPS ONLY			
16	INTEREST ON RECAPTURE AMOUNT - FLOW-THRU ENTITIES		2427

8801		CREDIT FOR PRIOR YEAR MINIMUM TAX	
*** FOR USE WITH 1040 AND 1041 ***			
FORCE PRINTING OF FORM 8801		1194	<input type="checkbox"/> YES
1040 ONLY - FILED FORM 2555 OR 2555-EZ IN PRIOR YEAR		1430	<input type="checkbox"/> YES
PART I - NET MINIMUM TAX ON EXCLUSION ITEMS			
1	TAXABLE INCOME FROM PY FORM 6251, LINES 1, 6, AND 11	2737	
2	ADJUSTMENTS AND PREFERENCE ITEMS TREATED AS EXCLUSION ITEMS	2738	
3	FORM 1040 MINIMUM TAX CREDIT NOL DEDUCTION	2988	
5	CY FILING STATUS, IF DIFFERENT (1 - 2 - 3 - 4 - 5)	3254	
9	AMOUNT FOR CHILD UNDER 24	9126	
10	PRIOR YEAR 1040NR ONLY - NET GAIN ON DISPOSITION OF U.S. REAL PROPERTY INTERESTS	3420	
11	1040 ONLY- PY FORM 2555, LINES 45 AND 50, OR PY FORM 2555-EZ, LINE 18	3419	
12	MINIMUM TAX FOREIGN TAX CREDIT ON EXCLUSION ITEMS	2741	
14	AMOUNT FROM PRIOR YEAR FORM 6251, LINE 34, OR PRIOR YEAR FORM 1041, SCHEDULE I, LINE 55	2742	
PART II - MINIMUM TAX CREDIT AND CARRYFORWARD TO 2010			
16	AMOUNT FROM PRIOR YEAR FORM 6251, LINE 35, OR PRIOR YEAR FORM 1041, SCHEDULE I, LINE 56	2795	
19	PRIOR YEAR MIN TAX CREDIT CRYFWD ON PY FM 8801 LN 28	2619	
20	PRIOR YEAR UNALLOWED QUAL ELECTRIC VEHICLE CREDIT	2796	
26	1040 ONLY - THERE WAS MIN TAX OR CARRYFORWARD FROM 2008 TO 2009	8470	<input type="checkbox"/> YES
PT III - LINE 11 COMPUTATION USING MAX CAPITAL GAIN RATES			
IF QUALIFIED DIVIDENDS / CAPITAL GAIN TAX WORKSHEET, SCHEDULE D TAX WKSHT OR PART V OF SCHEDULE D (FORM 1041) WAS NOT COMPLETED IN PRIOR YEAR SEE F-1 HELP BEFORE COMPLETING THIS SECTION.			
PY TAX WAS FIGURED USING SCH D TAX WKSHT (1040 ONLY)		1439	<input type="checkbox"/> YES
30	AMOUNT FROM: PY QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET, LINE 6 OR PY SCHEDULE D TAX WORKSHEET, LINE 13 OR PY SCHEDULE D (FORM 1041), LINE 22	2756	
31	AMOUNT FROM: PY SCHEDULE D (FORM 1040), LINE 19 OR PY SCHEDULE D (FORM 1041), LINE 14b, COLUMN (2)	2760	
32	IF PY SCHEDULE D TAX WORKSHEET WAS COMPLETED, AMOUNT FROM LINE 10 OF THAT WORKSHEET	2762	
37	AMOUNT FROM: PY QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET, LINE 7 OR PY SCHEDULE D TAX WORKSHEET, LINE 14 OR PY SCHEDULE D (FORM 1041), LINE 23	2295	
PART IV - TENTATIVE REFUNDABLE CREDIT			
49	2009 FM 8801, LINES 18 & 20 (IF ZERO OR LESS LEAVE BLANK)	7939	
50	2010 FM 8801, LINES 18 & 20 (IF ZERO OR LESS LEAVE BLANK)	7940	
55	2010 FORM 8801, LINE 57	7941	

46841	CASUALTY AND THEFT OF PERSONAL PROPERTY - PAGE 1										
GROUP		DESCRIPTION FOR CASUALTIES AND THEFTS									STATE
1	DESCRIPTION / LOCATION [30]	T / S	DATE ACQUIRED	CASUALTY & THEFT GROUP NUMBER	COST OR BASIS	INSURANCE OR OTHER REIMBURSEMENT	FAIR MARKET VALUE BEFORE	FAIR MARKET VALUE AFTER	HELD UNDER 1 YR	28% RATE PROPERTY	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN											

46842	CASUALTY AND THEFT OF BUSINESS & INCOME-PRODUCING PROPERTY - PAGE 2										
GROUP		DESCRIPTION FOR CASUALTIES AND THEFTS									STATE
22	DESCRIPTION / LOCATION [30]	T / S	DATE ACQUIRED	CASUALTY & THEFT GROUP NUMBER	COST OR BASIS	INSURANCE OR OTHER REIMBURSEMENT	FAIR MKT VALUE BEFORE	FAIR MKT VALUE AFTER	HELD UNDER 1 YR	28% RATE PROP	INCOME PRODUCING PROPERTY (1 = Income, 2 = Empl Prop)
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN											

33	CASUALTY OR THEFT GAINS FROM FORM 4797, LINE 32										3441
REV. PROC. 2009-20 THEFT LOSS DEDUCTION											
OWNERSHIP CODE -1040 ONLY (T=TAXPAYER S=SPOUSE J=JOINT)					4373	TWO-LETTER STATE CODE				0529	
QUALIFY FOR REV. PROC. 2009-20 THEFT LOSS DEDUCTION FROM FRAUDULENT ARRANGEMENT										<input checked="" type="checkbox"/> 1541	<input type="checkbox"/> YES
INSTRUCTIONS: ENTER THE INFORMATION REQUESTED BELOW. NOTE: IF TAXPAYER IS CLAIMING A REV. PROC. 2009-20 THEFT LOSS DEDUCTION, IT WILL BE ASSIGNED GROUP #1. IF TAXPAYER HAS OTHER CASUALTIES NOT RELATED TO REV. PROC. 2009-20, ASSIGN THEM A GROUP NUMBER OTHER THAN GROUP 1.											
THEFT LOSS TERM		1= LONG TERM		2=SHORT TERM		4343					
PART II - COMPUTATION OF DEDUCTION											
1	INITIAL INVESTMENT										9806
2	SUBSEQUENT INVESTMENTS										9807
3	INCOME REPORTED IN PRIOR YEARS										9808
4	WITHDRAWALS										9809
6	PERCENTAGE OF QUAL INVESTMENT 1=95% OF LINE 5 WITH NO 3rd-PARTY RECOVERY 2=75% OF LINE 5 WITH POTENTIAL 3rd-PARTY RECOVERY										4374
7	ACTUAL RECOVERY										9810
8	POTENTIAL INSURANCE / SIPC RECOVERY										9811

PART III - REQUIRED STATEMENTS AND DECLARATIONS												
1	TAXPAYER CLAIMING REV. PROC. 2009-20 THEFT LOSS DEDUCTION FROM A SPECIFIED FRAUDULENT ARRANGEMENT										<input checked="" type="checkbox"/> 1542	<input type="checkbox"/> YES
1	FRAUDULENT ARRANGEMENT CONDUCTED BY:		NAME		4375					[37]		
			STREET ADDRESS		4377					[25]		
			ZIP	4379	CITY	4380	[18]	STATE	4381			
TAXPAYER SSN			4376 - -		TAXPAYER EIN			4399 -				
2	TAXPAYER HAS WRITTEN DOCUMENTATION TO SUPPORT AMOUNTS REPORTED IN PART II										<input checked="" type="checkbox"/> 1543	<input type="checkbox"/> YES
3	TAXPAYER IS A QUALIFIED INVESTOR AS DEFINED IN SECTION 4.03 OF REV. PROC. 2009-20										<input checked="" type="checkbox"/> 1544	<input type="checkbox"/> YES
4	TAXPAYER DOES NOT INTEND TO PURSUE ANY POTENTIAL THIRD-PARTY RECOVERY										<input checked="" type="checkbox"/> 1545	<input type="checkbox"/> YES
5	TAXPAYER AGREES TO ALL ADJUSTMENTS NECESSARY TO COMPLY WITH REV. PROC. 2009-20 OF RETURN(S) HAVE ALREADY BEEN FILED THAT DO NOT SATISFY THE CONDITIONS IN REV. PROC. 2009-20										<input checked="" type="checkbox"/> 1546	<input type="checkbox"/> YES
	ENTER TAX YEARS AND DATES FOR WHICH RETURNS WERE FILED:						TAX YEAR		DATE RETURN FILED			
							4382	4383	-	-		
							4384	4385	-	-		
							4386	4387	-	-		
						4388	4389	-	-			

31	FORM 6252 INSTALLMENT SALE INCOME ( TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	LAST NAME	Multiple	2011
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1	DESCRIPTION ☺ 0095 [45]	1040 ONLY: OWNERSHIP CODE [T] = Taxpayer [S] = Spouse [J] = Joint (Default)	0216
	1040 ONLY: TWO-LETTER STATE CODE		0217
2	a DATE ACQUIRED ☺	0096 - -	
	b DATE SOLD ☺	0097 - -	
3	PROPERTY WAS SOLD TO RELATED PARTY AFTER 05-14-1980	8424	<input type="checkbox"/> YES
4	PROPERTY SOLD TO RELATED PARTY WAS A MARKETABLE SECURITY	8425	<input type="checkbox"/> YES
	CARRY TO FORM 4797 (SCHEDULE D IS AUTOMATIC)	1164	<input type="checkbox"/> YES
	SHORT TERM GAIN	1165	<input type="checkbox"/> YES

PART I - GROSS PROFIT AND CONTRACT PRICE (YEAR OF SALE ONLY)			
	FEDERAL	AMT MIN IF DIFFERENT	STATE IF DIFFERENT
5	SELLING PRICE	2883	
6	MORTGAGES, DEBTS, AND OTHER LIABILITIES PURCHASER ASSUMES	2884	
8	COST OR OTHER BASIS OF PROPERTY SOLD	2885	3860 2621
9	DEPRECIATION ALLOWED OR ALLOWABLE	2886	3861 2624
11	COMMISSIONS AND OTHER EXPENSES OF SALE	2887	
12	INCOME RECAPTURE FROM FORM 4797, LINE 31	2533	3862
	INCOME RECAPTURE FROM CA SCHEDULE D-1, PART III		2625
15	IF MAIN HOME, AMOUNT OF EXCLUDED GAIN	2659	3863 2626

PART II - INSTALLMENT SALE INCOME (ALL YEARS)			
	FEDERAL	AMT MIN IF DIFFERENT	STATE IF DIFFERENT
19	GROSS PROFIT PERCENTAGE (AFTER YEAR OF SALE)	0043	8545 0174
	PAYMENTS RECEIVED DURING YEAR (EXCEPT 28%) (DO NOT INCLUDE INTEREST RECEIVED)	2889	
21	PAYMENTS RECEIVED THAT QUALIFY FOR 28% RATE (NOT APPLICABLE FOR 1120)	2902	3864
	CURRENT YEAR INTEREST PAYMENTS RECEIVED	3446	
23	PAYMENTS RECEIVED IN PRIOR YEARS	2890	
	PRIOR YEAR INTEREST PAYMENTS RECEIVED	3447	
25	PORTION THAT IS TAXABLE AS ORDINARY INCOME	2891	3865 2628
26	TOTAL UNRECAPTURED SECTION 1250 GAIN	7664	3866

PART III - RELATED PARTY INSTALLMENT SALE INCOME			
(DO NOT COMPLETE IF FINAL PAYMENT IS RECEIVED THIS YEAR)			

27	RELATED PARTY:		
	NAME ☺	8394 [25]	
	SOCIAL SECURITY NUMBER	8395 - - FEDERAL EIN 8400 -	
	STREET ADDRESS	8396 [35]	
	ZIP CODE	8397 [35]	
28	DID RELATED PARTY RESELL OR DISPOSE OF PROPERTY DURING TAX YEAR?	8169	<input type="checkbox"/> YES
29	IF LINE 28 IS YES, COMPLETE LINES 30 - 37 UNLESS ONE OF THE FOLLOWING APPLY:		
	a SECOND DISPOSITION MORE THAN 2 YEARS AFTER FIRST DISPOSITION	8170	<input type="checkbox"/> YES
	DATE OF DISPOSITION	8398 - -	
	b FIRST DISPOSITION WAS SALE OR EXCHANGE OF STOCK TO ISSUING CORPORATION	8195	<input type="checkbox"/> YES
	c SECOND DISPOSITION WAS INVOLUNTARY CONVERSION AND THREAT OF CONVERSION OCCURRED AFTER FIRST DISPOSITION	8299	<input type="checkbox"/> YES
	d SECOND DISPOSITION OCCURRED AFTER DEATH OF ORIGINAL SELLER OR BUYER	8388	<input type="checkbox"/> YES
	IT CAN BE ESTABLISHED TO SATISFACTION OF IRS THAT TAX AVOIDANCE WAS NOT A PRINCIPAL PURPOSE FOR EITHER OF THE DISPOSITIONS	8389	<input type="checkbox"/> YES
	e EXPLAIN:		[70]
			[70]
			[70]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

	FEDERAL	AMT MIN IF DIFFERENT	STATE IF DIFFERENT
30	SELLING PRICE OF PROPERTY SOLD BY RELATED PARTY	3633	
31	CONTRACT PRICE FROM LINE 18 FOR YEAR OF FIRST SALE ●●	3634	7896
33	TOTAL PAYMENTS RECEIVED BY END OF CURRENT TAX YEAR (NOT 28% RATE) ●●	3635	
	PAYMENTS RECEIVED THAT QUALIFY FOR 28% RATE (NOT APPLICABLE FOR 1120)	3637	3867
36	PORTION OF LINE 35 THAT IS ORDINARY INCOME UNDER RECAPTURE RULES	3636	3868 7897

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32 PAGE 1	FORM 1116 FOREIGN TAX CREDIT	LAST NAME	Multiple	2011
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OWNERSHIP CODE (T / S / J)			0270
SUPPRESS PRINTING OF FORM 1116 AND PRESERVE CARRYFORWARDS FOR NEXT YEAR			1608 <input type="checkbox"/> YES
SUPPRESS PRINTING OF FORM 1116 AMT			1285 <input type="checkbox"/> YES
ELECT TO USE SIMPLIFIED FOREIGN TAX CREDIT LIMITATION FOR ALTERNATIVE MINIMUM TAX PURPOSES			1125 <input type="checkbox"/> YES
CARRY AMOUNTS FROM FORM 2555 (1 - Taxpayer Form 2555 2 - Spouse Form 2555)			0584
TYPE OF INCOME	1 - Passive category income 2 - General category income 3 - Section 901 (j) income	4 - Certain income re-sourced treaty 5 - Lump-sum distributions 6 - HTKO (passive category)	7 - HTKO (general category) (See Helps for completing Form 1116 with high taxed income (HTKO))  ENTER NUMBER (1 - 5)  2503
f	RESIDENT OF (NAME OF COUNTRY)		0059 [30]

PART I - TAXABLE INCOME FROM SOURCES OUTSIDE THE UNITED STATES				
g	NAME OF FOREIGN COUNTRY OR UNITED STATES POSSESSION		4494 [11]	
	INCOME FROM A REGULATED INVESTMENT COMPANY (RIC)		8642 <input type="checkbox"/> YES	
1	a	GROSS INCOME FROM WITHIN THE COUNTRY	3250	
		GROSS AMT INCOME FROM SOURCES WITHIN THE COUNTRY	•• 7061	
	FOREIGN QUALIFIED DIVIDENDS AND CAPITAL GAINS (LOSSES) WORKSHEET			
	ENTRIES ARE USED TO CALCULATE ADJUSTMENTS FOR FOREIGN QUALIFIED DIVIDENDS, AS WELL AS WORKSHEET A OR WORKSHEET B AMOUNTS THAT CARRY TO FORM 1116, LINES 1a AND 5. WORKSHEETS A AND B CAN ONLY BE USED IF THERE ARE NO MORE THAN TWO CATEGORIES OF FOREIGN SOURCE CAPITAL GAINS OR LOSSES. IF THERE ARE MORE THAN TWO, MANUAL CALCULATIONS ARE REQUIRED AND THE RESULTS ARE ENTERED IN THE OVERRIDE FIELDS BELOW.			
	FOREIGN SOURCE QUALIFIED DIVIDENDS	7100	FOREIGN SOURCE LONG-TERM CAPITAL GAINS AND LOSSES (IF NEGATIVE, ENTER AS NEGATIVE)	7096
	FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	7102	FOREIGN SOURCE CAPITAL GAINS ADJUSTMENT FOR FORM 1116, LINE 1a	•• 7097
	FOREIGN SOURCE QUALIFIED DIVIDENDS INCLUDED ON FORM 4952, LINE 4g	7099	FOREIGN SOURCE QUALIFIED DIVIDENDS ADJUSTMENT FOR FORM 1116, LINE 1a	•• 7098
	FOREIGN CAPITAL GAINS INCLUDED ON FM 4952, LINE 4g	7094	FOREIGN SOURCE CAPITAL LOSS ADJUSTMENT FOR FORM 1116, LINE 5	•• 7101
	FOREIGN SOURCE SHORT-TERM CAPITAL GAINS AND LOSSES (IF NEGATIVE, ENTER AS NEGATIVE)	7095		
		TYPE OF INCOME	0127	[30]
b	LINE 1a IS COMPENSATION FOR PERSONAL SERVICES AS EMPLOYEE, TOTAL COMPENSATION FROM ALL SOURCES IS \$250,000 OR MORE, AND AN ALTERNATIVE METHOD WAS USED TO DETERMINE ITS SOURCE.		1474 <input type="checkbox"/> YES	
	ALTERNATIVE METHOD TO SOURCE COMPENSATION EXPLANATION			
	[60]			
	[60]			
[60]				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
2	EXPENSES DEFINITELY RELATED TO LINE 1a INCOME		3251	
	ALLOCABLE EXPENSES EXPLANATION			
	[60]			
	[60]			
[60]				
	AMT EXPENSES DEFINITELY RELATED LINE 1a INCOME		•• 7062	
3	PRO RATA SHARE OF OTHER DEDUCTIONS NOT DEFINITELY RELATED:			
	a	ITEMIZED OR STANDARD DEDUCTION	•• 3252	
		AMT ITEMIZED OR STANDARD DEDUCTION	•• 7063	
	b	OTHER DEDUCTIONS	3253	
		EXPLAIN OTHER DEDUCTIONS		
		[60]		
		[60]		
	[60]			
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			
		AMT OTHER DEDUCTIONS	•• 7064	
d	GROSS FOREIGN SOURCE INCOME	•• 3418		
	AMT GROSS FOREIGN SOURCE INCOME	•• 7065		
	GROSS INCOME FROM ALL SOURCES	•• 3255		
	AMT GROSS INCOME FROM ALL SOURCES	•• 7066		
4	PRO RATA SHARE OF INTEREST EXPENSE:			
	a	HOME MORTGAGE INTEREST	•• 3298	
		AMT HOME MORTGAGE INTEREST	•• 7067	
	b	OTHER INTEREST EXPENSE	3256	
AMT OTHER INTEREST EXPENSE		•• 7068		
5	LOSSES FROM FOREIGN SOURCES		3257	
	AMT LOSSES FROM FOREIGN SOURCES		•• 7069	
	FOREIGN QUALIFIED DIVIDENDS AND CAPITAL GAINS (LOSSES) (SEE WORKSHEET FOR LINE 1a ABOVE)			
6	TOTAL HTKO DEDUCTIONS		3274	
	TOTAL AMT HTKO DEDUCTIONS		•• 3275	

PART II - FOREIGN TAXES PAID OR ACCRUED					
i	CREDIT IS CLAIMED FOR TAXES: ACCRUED (DEFAULT = PAID)			1171 <input type="checkbox"/> YES	
j	DATE PAID OR ACCRUED			0035 - -	
IN FOREIGN CURRENCY TAXES WITHHELD AT SOURCE ON:	k	DIVIDENDS		3266	
	l	RENTS AND ROYALTIES		3267	
	m	INTEREST		3268	
	n	OTHER FOREIGN TAXES PAID OR ACCRUED		3269	
IN U.S. DOLLARS TAXES WITHHELD AT SOURCE ON:	o	DIVIDENDS		3270	
	p	RENTS AND ROYALTIES		3271	
	q	INTEREST		3272	
	r	OTHER FOREIGN TAXES PAID OR ACCRUED		3273	
8	TOTAL FOREIGN ALT MIN TAXES PAID OR ACCRUED FOR COLUMN (s)			•• 7080	
PART III - FIGURING THE CREDIT					
CARRYBACK OR CARRYOVER (USE WORKSHEET BELOW)			••	2654	
AMT CARRYOVER OR CARRYBACK			••	7081	
FOREIGN TAX CREDIT CARRYOVER STATEMENT					
NOTE: ENTRIES FOR THE YEARS FROM 2000 TO 2004 OF REGULAR TAX AND ALTERNATIVE MINIMUM TAX ARE FOUND ON THE INPUT SCREENS.					
REGULAR TAX	FOREIGN TAX PAID / ACCRUED	REDUCTION IN FOREIGN TAXES	USED CREDIT	CARRYBACK TO PRIOR YEAR (SEE NOTE ON SCREEN*)	
2006	3735	3736	3737	3738	
2007	3739	3740	3741	3742	
2008	3743	3744	3745	3746	
2009	3747	3748	3749	3750	
2010	3751	3752	3753	3754	
2011				3755	
ALT MINIMUM TAX	FOREIGN TAX PAID / ACCRUED	REDUCTION IN FOREIGN TAXES	USED CREDIT	CARRYBACK TO PRIOR YEAR (SEE NOTE ON SCREEN*)	
2006	3756	3757	3758	3759	
2007	3760	3761	3762	3763	
2008	3764	3765	3766	3767	
2009	3768	3769	3770	3771	
2010	3772	3773	3774	3775	
2011				3776	
THESE ENTRIES ARE FOR CARRYBACK AMOUNT UTILIZED IN THE CURRENT YEAR (USUALLY FOR AMENDED RETURNS OR IF THE PRIOR YEAR RETURN WAS NOT FILED BEFORE SUBSEQUENT RETURNS). FOR INSTANCE, IF AN AMOUNT IS UTILIZED IN THE 2011 RETURN FROM A 2012 CARRYBACK, ENTER THE APPLICABLE AMOUNT IN THIS SECTION.					
REGULAR TAX			3277		
AMT TAX			3278		
EXPLANATION FOR CARRYBACK BEING UTILITZED IN CURRENT YEAR					
[60]					
[60]					
[60]					
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
REDUCTION IN FOREIGN TAXES (EXPLAIN BELOW)				2655	
EXPLANATION FOR REDUCTION IN FOREIGN TAXES					
[60]					
[60]					
[60]					
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
ALTERNATIVE MINIMUM TAX REDUCTION IN FOREIGN TAXES			••	7082	
ADJUSTMENTS TO TAXABLE INCOME (LOSS) OUTSIDE U.S.				2653	
ALTERNATIVE MINIMUM TAX ADJUSTMENT TO TAXABLE INCOME (LOSS)			••	7083	
EXPLANATION FOR ADJUSTMENTS TO TAXABLE INCOME					
[60]					
[60]					
[60]					
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
17	AMOUNT FROM FORM 4972, LINES 6 AND 12, THAT ARE FROM FOREIGN SOURCES (OPTION 5 ONLY)				2888
18	AMOUNT FROM FORM 1040, LINE 41 (SEE FEDERAL INSTRUCTIONS FOR WORKSHEET AMOUNT)			••	3172
	ALTERNATIVE MINIMUM TAX WORKSHEET AMOUNT OVERRIDE FOR LINE 17			••	3173
PART IV - SUMMARY OF CREDITS					
29	REDUCTION OF CREDIT FOR INTERNATIONAL BOYCOTT OPERATIONS				2656
FORM 1041 ONLY		PERCENT OF FOREIGN TAXES PASSED THROUGH TO BENEFICIARIES			8111



APPLICABLE FORM OR SCHEDULE					
1 - Sch A (Points) 2 - Form 8829 3 - Schedule C 4 - Schedule E 5 - Schedule F 6 - Fm 2106 (Auto) 7 - Fm 2106 (Other) 8 - Form 1041 9 - Form 1065	10 - 1125-A (1065) 11 - Form 8825 12 - Form 1120 13 - 1125-A (1120) 14 - Form 1120S 15 - 1125-A (1120S) 16 - Form 4835 17 - Do not carry 18 - Other Rental Wksht	19 - Sec 179 Summary 20 - Schedule A Misc 21 - PT Sch K Other Dedns 22 - CS Sch K Other Dedns 23 - Beneficiaries 24 - Reserved 25 - Form 990 26 - Form 990-PF 27 - Form 990-EZ Line 14	28 - Form 990-EZ Line 16 29 - Form 990-T 30 - Form 990-T Sch A 31 - Form 990-T Sch C 32 - Form 990-T Sch E 33 - Form 990-T Sch I 34 - Form 990-T Sch J 35 - PT K-1 Recv'd Unreimb Exp Wksht	CARRY THIS FORM 4562 TO:  Enter Number (1 - 35)  4501	ADDITIONAL SCHEDULE OR FORM NUMBER  4502

	PROPERTY A	PROPERTY B	PROPERTY C	PROP D (Fm 8825 ONLY)
SCHEDULE E AND FORM 8825 DEPRECIATION APPORTIONMENT	4552	4553	4554	4559

PART I - SECTION 179 EXPENSES

Do not use this section for automobiles, certain vehicles, computers and property used for entertainment, recreation or amusement.  
Instead, use Part V, Listed Property section on page 2.

1	COST OF QUALIFIED ZONE PROPERTY (QUALIFIED BUSINESS ONLY)	4505
	COST OF QUALIFIED EXTENDED GULF OPPORTUNITY ZONE PROPERTY	7725
	COST OF QUALIFIED KANSAS RECOVERY ASSISTANCE PROPERTY	7726
	COST OF QUALIFIED DISASTER ASSISTANCE PROPERTY	7731
2	TOTAL COST OF SECTION 179 PROPERTY PLACED IN SERVICE	● 4589
5	DOLLAR LIMITATION (1040 MFS ONLY)	●● 4510

SECTION 179 PROPERTY			
6	(a) Description of Property [20]	(b) Cost (Business Use Only)	(c) Elected Cost
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			
10	CARRYOVER OF DISALLOWED DEDUCTION FROM PRIOR YEAR	4576	
11	BUSINESS INCOME LIMITATION FOR TAX YEAR (Automatic only if using Asset Manager) (LESSER OF BUSINESS INCOME OR LINE 5)	●● 4512	
13	CARRYOVER OF DISALLOWED DEDUCTION TO NEXT YEAR (Automatic only if using Asset Manager)	● 4577	

PART II - SPECIAL DEPRECIATION ALLOWANCE AND OTHER DEPRECIATION		
14	SPECIAL DEPRECIATION ALLOWANCE FOR QUALIFIED PROPERTY (OTHER THAN LISTED PROPERTY) PLACED IN SERVICE DURING THE TAX YEAR	2137
15	PROPERTY SUBJECT TO SECTION 168(f)(1) ELECTION EF EXPLANATION	4548
	PROPERTY SUBJECT TO SECTION 168(f)(1) ELECTION EF EXPLANATION	[60]
		[60]
		[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN		
16	OTHER DEPRECIATION (INCLUDING ACRS)	4549

PART III - MACRS DEPRECIATION		
SECTION A		
17	GDS AND ADS FOR ASSETS PLACED IN SERVICE IN TAX YEARS BEFORE CURRENT YEAR-	4547
18	ELECTION MADE UNDER SECTION 168(l)(4) TO GROUP ASSETS PLACED IN SERVICE THIS YEAR	1317 <input type="checkbox"/> YES

SECTION B - ASSETS PLACED IN SERVICE DURING CURRENT TAX YEAR USING GEN'L DEPRECIATION SYSTEM OR ALT DEPRECIATION SYSTEM							
(a) Classification of Property (See Types Below)	Asset Description [20]	(b) *Date in Service (Only applicable to Res rental, Nonres real property & 40-yr ADS)	(c) Basis for Depr (Busn Use Only. See Instr)	(d) Recovery Period	(e) Convention HY / MM / MQ	(f) Method: 200 DB / 150 DB / DB / SL	(g) Depreciation Deduction
				●●	●●	●●	●●
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
Property Classification Types:	3 - YEAR PROPERTY	10 - YEAR PROPERTY	25 - YEAR PROPERTY	CLASS LIFE ADS			
	5 - YEAR PROPERTY	15 - YEAR PROPERTY	RESIDENTIAL RENTAL PROP	12 - YEAR ADS			
	7 - YEAR PROPERTY	20 - YEAR PROPERTY	NONRESIDENTIAL REAL PROP	40 - YEAR ADS			

PART IV - SUMMARY		
23	FOR ASSETS PLACED IN SERVICE DURING THE CURRENT YEAR, SECTION 263A COSTS	4550



SALES OF BUSINESS PROPERTY (LINE 2 OR 10)											
(a) Description of Property [18]	T S J	PT I or II	(b) Date Acquired (MM-DD-YYYY)	(c) Date Sold (MM-DD-YYYY)	(d) Gross Sales Price	(e) Depreciation Allowed (or Allowable)	(f) Cost or Other Basis	AMT Cost or Other Basis (if different)	AMT Depreciation (if different)	State Depreciation (if different)	State
			- -	- -							
			- -	- -							
			- -	- -							
			- -	- -							
			- -	- -							
			- -	- -							
			- -	- -							
			- -	- -							

ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN

PART I - SALE OR EXCHANGE OF PROPERTY USED IN TRADE OR BUSINESS			
1	GROSS PROCEEDS FROM SALES OR EXCHANGES REPORTED ON FORM(S) 1099-S OR 1099-B INCLUDED ON LINES 2, 10 OR 20		2841
		GAIN OR (LOSS)	AMT GAIN OR (LOSS) (1040 ONLY)
S CORPORATION, PARTNERSHIP AND FIDUCIARY GAIN OR (LOSS)		● 2777	●● 3844
STATE S CORPORATION, PARTNERSHIP AND FIDUCIARY GAIN OR (LOSS) IF DIFFERENT		2743	
3	GAIN, IF ANY FROM FORM 4684, LINE 39	+ 2778	●● 3845
4	SECTION 1231 GAIN FROM INSTALLMENT SALES FROM FORM 6252, LINE 26 OR 37	● 2779	● 3846
5	SECTION 1231 GAIN OR (LOSS) FROM LIKE-KIND EXCHANGES FROM FORM 8824	●● 2301	●● 3847
6	GAIN, IF ANY, FROM LINE 32, FROM OTHER THAN CASUALTY OR THEFT	●	
7	LONG-TERM GAIN TO SCHEDULE D LOSS CARRIES TO LINE 11	●	
8	UNRECAPTURED NET SECTION 1231 LOSS FROM PRIOR YEARS (NOT APPLICABLE TO S CORPORATIONS AND PARTNERSHIPS EXCEPT ELECTING LARGE PARTNERSHIPS)	●● 2799	●● 3848
	PRIOR YEAR NET SECTION 1231 CARRYOVER LOSS WORKSHEET	REGULAR	AMT
	FROM 2006	7676	3667
	FROM 2007	7677	3668
	FROM 2008	7678	3669
	FROM 2009	7679	3670
	FROM 2010	7680	3671

PART II - ORDINARY GAINS AND LOSSES				
			GAIN OR (LOSS)	AMT GAIN OR (LOSS) (1040 ONLY)
11	LOSS, IF ANY, FROM LINE 7 ABOVE			
12	GAIN, IF ANY, FROM LINE 7 ABOVE, OR AMOUNT FROM LINE 8, IF APPLICABLE		●	
13	GAIN, IF ANY, FROM LINE 31		●	
14	NET GAIN OR (LOSS) FROM FORM 4684, LINES 34 AND 41a		+ 2782	●● 3849
15	ORDINARY GAIN FROM INSTALLMENT SALES FROM FORM 6252, LINE 31 AND 38a		● 2783	● 3850
16	ORDINARY GAIN OR (LOSS) FROM LIKE-KIND EXCHANGES FROM FORM 8824		●● 2302	●● 3851
17	TOTAL ORDINARY GAIN OR (LOSS)		●	
	FORM 1065 AND 1120S ONLY	PART OF LINE 17 THAT IS RELATED TO INCOME FOR FORM 8825 (1065 / 1120S ONLY)	3291	
		OTHER RENTAL	3433	

EXAMPLES OF ITEMS REPORTABLE ON THIS FORM AND WHERE TO ENTER FIRST									
EXAMPLES (a)			SHORT TERM (b)	LONG TERM (c)	EXAMPLES (a)			LESS THAN 24 MONTHS (b)	24 MONTHS OR MORE (c)
1. DEPRECIABLE TRADE OR BUSINESS PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	PART III (1245, 1250)	6. CATTLE AND HORSES USED IN TRADE OR BUSINESS	a	SOLD AT A GAIN	PART II	PART III (1245)
	b	SOLD OR EXCHANGED AT A LOSS	PART II	PART I		b	SOLD AT A LOSS	PART II	PART I
2. DEPRECIABLE RESIDENTIAL RENTAL PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	PART III (1250)		c	RAISED CATTLE AND HORSES SOLD AT A GAIN	PART II	PART I
	b	SOLD OR EXCHANGED AT A LOSS	PART II	PART I			LESS THAN 12 MONTHS	12 MONTHS OR MORE	
3. FARMLAND (SEE INSTR)	a	SOLD AT A GAIN	PART II	PART III (1252)	7. OTHER LIVESTOCK USED IN TRADE OR BUSINESS	a	SOLD AT A GAIN	PART II	PART III (1245)
	b	SOLD AT A LOSS	PART II	PART I		b	SOLD AT A LOSS	PART II	PART I
4. ALL OTHER FARMLAND			PART II	PART I		c	RAISED LIVESTOCK SOLD AT A GAIN	PART II	PART I
5. DISPOSITION OF COST-SHARING PAYMENT PROPERTY DESCRIBED IN SECTION 126			PART II	PART III (1255)					

34 PAGE 2	FORM 4797 SALES OF BUSINESS PROPERTY (MAY BE USED WITH SYSTEM 1040, 1041, 1065, 1120, AND 1120S)	LAST NAME	Multiple	2011
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PART III - GAIN FROM DISPOSITION OF PROPERTY UNDER SECTIONS 1245, 1250, 1252, 1254, AND 1255									
DESCRIPTION OF SECTION 1245, 1250, 12152, 1254, OR 1255 PROPERTY. NOTE: ENTER "S1250" AT BEGINNING OF DESCRIPTION IF SECTION 1250 PROPERTY. [50]									
19	DATE ACQUIRED ☺ 4326								
	DATE SOLD ☺ 4327								
	1040 ONLY	OWNERSHIP [T] = TP [S] = SP [J] = JT (Default)	0201 [1]	PASSIVE ACTIVITIES	CARRY TO SCHEDULE E	0202	YES		
	TWO-LETTER STATE CODE		0204 [2]	MULTIPLE		0203 [2]			
COMPUTATION OF GAIN				FEDERAL	AMT (IF DIFF)	STATE (IF DIFF)			
20	GROSS SALES PRICE ☺			4329					
21	COST OR OTHER BASIS PLUS EXPENSE OF SALE ☺			4330	3838	3888			
22	DEPRECIATION (OR DEPLETION) ☺			4331	3839	2842			
23	ADJUSTED BASIS (LINE 21 LESS LINE 22)			•					
24	TOTAL GAIN (LINE 20 LESS LINE 23)			•					
SECTION 1245 PROPERTY - BUSINESS ASSETS									
25	a	DEPRECIATION ALLOWED (SEE INSTRUCTIONS)		4332	3840	2843			
SECTION 1250 PROPERTY - DEPRECIABLE REAL PROPERTY									
26	a	ADDITIONAL DEPRECIATION AFTER 1975		4333	3841	2845			
	b	APPLICABLE PERCENTAGE MULTIPLIED BY THE SMALLER OF LINES 24 AND 26a		4334					
	d	ADDITIONAL DEPRECIATION BETWEEN 1969 AND 1976		4335	3842	2846			
SECTION 1252 PROPERTY - SOIL, WATER, LAND CLEAR (PARTNERSHIPS - SKIP THIS SECTION)									
27	a	SOIL, WATER AND LAND CLEARING EXPENSE		4338					
	b	LINE 27a TIMES APPLICABLE PERCENTAGE		4339					
SECTION 1254 PROPERTY - INTANGIBLE DRILLING AND DEVELOPMENT COSTS									
28	a	INTANGIBLE DRILLING AND DEVELOPMENT COSTS, EXPENDITURES FOR DEVELOPMENT OF MINES, OTHER NATURAL DEPOSITS, MINING EXPLORATION COSTS AND DEPLETION		4340					
SECTION 1255 - COST SHARE PAY (SECTION 126)									
29	a	APPLICABLE PERCENTAGE EXCLUDED FROM INCOME UNDER SECTION 126 (SEE INSTRUCTIONS)		4341					
32	PORTION OF LINE 32 FROM CASUALTY AND THEFT (ON FORM 4684)			2775	3852				
PART IV - RECAPTURE OF AMOUNTS UNDER SECTIONS 179 AND 280F(b)(2)									
				FEDERAL		STATE, IF DIFFERENT			
				SECTION 179	SECTION 280f(b)(2)	EXPENSE DEDNS	RECOVERY DEDNS		
33	SECTION 179 EXPENSE DEDUCTION OR DEPRECIATION ALLOWABLE IN PRIOR YEARS			2608	2609	2403	2438		
34	RECOMPUTED DEPRECIATION			2831	2895	2404	2439		
CARRY RECAPTURED AMOUNT TO FORM OR SCHEDULE:				1 = Schedule C, Line 6 2 = Schedule F, Line 8a 3 = Form 4835, Line 6 4 = DO NOT CARRY			No Entry = OTHER INCOME line of return or Schedule K, (if applicable.)		
							ENTER 1, 2, 3, OR 4		
							2406		
TWO-LETTER STATE CODE							4342		
MULTIPLE NUMBER OF FORM OR SCHEDULE INDICATED ABOVE (I. E. SCHEDULE C, #2)							2405		
AUTOMATICALLY CREATE FORM 6252 FOR THIS PROPERTY									
MORTGAGE PURCHASER ASSUMES						2767			
PRINCIPAL PAYMENTS RECEIVED THIS YEAR						2768			
INTEREST PAYMENTS RECEIVED						3467			
EXPENSE OF DISPOSITION						3561			
IF THE SALE IS A RELATED PARTY INSTALLMENT SALE, SEE FORM 6252 DATA SHEET									

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SECTION A - DONATIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES				
PART I - INFORMATION ON DONATED PROPERTY (ENTER VEHICLES ON FORM 1098-C SCREEN)				
DONATED PROPERTY OF \$5,000 OR LESS AND CERTAIN PUBLICLY TRADED SECURITIES				
A	B	C	D	E
OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)
TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *
* TYPE OF CONTRIBUTION: 1 = (50%) NONCASH CONTRIB 2 = (30%) NONCASH CONTRIB 3 = (30%) CAPITAL GAIN PROP 4 = (20%) CAPITAL GAIN PROP				
DONEE ORGANIZATION	DONEE ORGANIZATION	DONEE ORGANIZATION	DONEE ORGANIZATION	DONEE ORGANIZATION
[25]	[25]	[25]	[25]	[25]
STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE
[30]	[30]	[30]	[30]	[30]
CITY, STATE , ZIP	CITY, STATE , ZIP	CITY, STATE , ZIP	CITY, STATE , ZIP	CITY, STATE , ZIP
[30]	[30]	[30]	[30]	[30]
DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION
[35]	[35]	[35]	[35]	[35]
DATE CONTRIBUTED	DATE CONTRIBUTED	DATE CONTRIBUTED	DATE CONTRIBUTED	DATE CONTRIBUTED
- -	- -	- -	- -	- -
DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR
- -	- -	- -	- -	- -
HOW ACQUIRED	HOW ACQUIRED	HOW ACQUIRED	HOW ACQUIRED	HOW ACQUIRED
[8]	[8]	[8]	[8]	[8]
DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS
[8]	[8]	[8]	[8]	[8]
FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE
[8]	[8]	[8]	[8]	[8]
QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>
METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE
[20]	[20]	[20]	[20]	[20]
QUALIFIED CONSERVATION OR REDUCED FMV EF EXPLANATION				
[60]				
[60]				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
PART II - PARTIAL INTEREST AND RESTRICTED USE PROPERTY				
IF LESS THAN ENTIRE INTEREST IN THE PROPERTY IS CONTRIBUTED DURING THE YEAR, COMPLETE THE FOLLOWING:				
a	ENTER LETTER FROM PART I WHICH IDENTIFIES THE PROPERTY (A - B - C - D - E)			0256
b	(1) TOTAL AMOUNT CLAIMED AS DEDUCTION FOR PROPERTY IN PART I FOR THIS TAX YEAR			2379
	(2) TOTAL AMOUNT CLAIMED AS DEDUCTION FOR ANY PRIOR YEARS			2501
c	NAME/ADDRESS OF ORGANIZATION TO WHICH ANY SUCH CONTRIB WAS MADE IN A PRIOR YEAR (COMPLETE ONLY IF DIFFERENT FROM DONOR ORGANIZATION ABOVE)			
	NAME OF CHARITABLE ORGANIZATION	0258	[35] ZIP CODE	0315
	ADDRESS	[25] 0312	CITY	[15] 0314
d	LOCATION OF TANGIBLE PROPERTY			0261
e	NAME OF PERSON (NOT DONEE ORGANIZATION) HAVING ACTUAL POSSESSION OF PROPERTY			0262
IF CONDITIONS WERE ATTACHED TO ANY CONTRIBUTION LISTED IN PART I, ANSWER THE FOLLOWING QUESTIONS:				
a	RESTRICTION (TEMPORARY OR PERMANENT) ON DONEE'S RIGHT TO USE OR DISPOSE OF DONATED PROPERTY			1301 <input type="checkbox"/> YES
	RESTRICTION EF EXPLANATION			[60]
				[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
b	ANYONE ELSE GIVEN RIGHT TO INCOME OR POSSESSION OF PROPERTY, INCLUDING RIGHT TO VOTE DONATED SECURITIES, OR ACQUIRE PROP BY PURCHASE OR OTHERWISE, OR DESIGNATE PERSON HAVING SUCH INCOME, PSEESEION, OR RIGHT TO ACQUIRE?			1302 <input type="checkbox"/> YES
	GIVE RIGHTS EF EXPLANATION			[60]
				[60]
c	ANY RESTRICTION LIMITING DONATED PROPERTY FOR A PARTICULAR USE			1303 <input type="checkbox"/> YES
	RESTRICTION ON USE EF EXPLANATION			[60]
				[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				

**PART I - INFORMATION ON DONATED PROPERTY (ENTER VEHICLES ON FORM 1098-C SCREEN)**

**DONATED PROPERTY OVER \$5,000 (EXCEPT CERTAIN PUBLICLY TRADED SECURITIES)**

**PART II - TAXPAYER (DONOR) STATEMENT****PART III - DECLARATION OF APPRAISER**

**PART IV - DONEE ACKNOWLEDGMENT (TO BE COMPLETED BY CHARITABLE ORGANIZATION)**

● OPTIONAL ●● OVERRIDE ☹ KEYFIELD ★ ASSET MGR [#] MAX CHAR + ADD-TO

#		FORM 1099-K	
(T)AXPAYER OR (S)POUSE		8208	
PAYEE		FILER	
FEDERAL IDENTIFICATION NUMBER		8216 -	
PAYEE'S NAME			
IF DIFFERENT	8201	[30]	
PAYEE'S ADDRESS			
IF DIFFERENT	8202	[30]	
CITY STATE ZIP			
IF DIFFERENT	8203	[30]	
PAYEE'S PHONE NUMBER	8217 ( ) -		
CARRY INCOME TO:	<div style="display: flex; justify-content: space-between;"> <div> 1 - Schedule C, line 1b 2 - Schedule E, line 3b 3 - Schedule F, Line 1b 4 - Schedule F, Line 2b 5 - Schedule F, Line 7b </div> <div> 6 - Schedule F, Line 8b 7 - Schedule F, Line 37b 8 - Schedule F, Line 42b 9 - Schedule F, Line 43b </div> </div>	<div style="display: flex; align-items: center;">  8210 </div>	
IF CARRYING INCOME TO SCH C, E, F, OR FM 4835, ENTER MULTIPLE #. IF THERE IS ONLY ONE MULTIPLE, ENTER 1.		<div style="display: flex; align-items: center;">  7293 </div>	
3	GROSS AMOUNT	7314	
4	MERCHANT CODE	8610	
5	a JANUARY	7301	b FEBRUARY 7302
	c MARCH	7303	d APRIL 7304
	e MAY	7305	f JUNE 7306
	g JULY	7307	h AUGUST 7308
	i SEPTEMBER	7309	j OCTOBER 7310
	k NOVEMBER	7311	l DECEMBER 7313

#		FORM 1099-K	
(T)AXPAYER OR (S)POUSE		8208	
PAYEE		FILER	
FEDERAL IDENTIFICATION NUMBER		8216 -	
PAYEE'S NAME			
IF DIFFERENT	8201	[30]	
PAYEE'S ADDRESS			
IF DIFFERENT	8202	[30]	
CITY STATE ZIP			
IF DIFFERENT	8203	[30]	
PAYEE'S PHONE NUMBER	8217 ( ) -		
CARRY INCOME TO:	<div style="display: flex; justify-content: space-between;"> <div> 1 - Schedule C, line 1b 2 - Schedule E, line 3b 3 - Schedule F, Line 1b 4 - Schedule F, Line 2b 5 - Schedule F, Line 7b </div> <div> 6 - Schedule F, Line 8b 7 - Schedule F, Line 37b 8 - Schedule F, Line 42b 9 - Schedule F, Line 43b </div> </div>	<div style="display: flex; align-items: center;">  8210 </div>	
IF CARRYING INCOME TO SCH C, E, F, OR FM 4835, ENTER MULTIPLE #. IF THERE IS ONLY ONE MULTIPLE, ENTER 1.		<div style="display: flex; align-items: center;">  7293 </div>	
1	GROSS AMOUNT	7314	
2	MERCHANT CODE	8610	
5	a JANUARY	7301	b FEBRUARY 7302
	c MARCH	7303	d APRIL 7304
	e MAY	7305	f JUNE 7306
	g JULY	7307	h AUGUST 7308
	i SEPTEMBER	7309	j OCTOBER 7310
	k NOVEMBER	7311	l DECEMBER 7313

#		FORM 1099-G	
[T]TAXPAYER OR [S]SPOUSE		8208	
RECIPIENT			
RECIPIENT'S NAME (IF DIFFERENT)		8201 [30]	
RECIPIENT'S ADDRESS (IF DIFFERENT)		8202 [30]	
CITY STATE ZIP (IF DIFFERENT)		8203 [30]	
REPORT INCOME ON: 1 - Form 1040    4 - Sch F, Line 8b    7 - Form 4835 2 - Schedule C    5 - Sch F, Line 4a    8 - Fm 4835, Ln 3a 3 - Schedule E    6 - Sch F, Line 6a    9 - Fm 4835, Ln 5a ☺			
MULTIPLE FORM NUMBER (IF APPLICABLE) ☺		7293	
ISSUING STATE ☺		8212 [2]	
PAYER			
FEDERAL IDENTIFICATION NUMBER		8207 [9]	
PAYER'S NAME ☺		8204 [35]	
PAYER'S ADDRESS		8205 [35]	
ZIP CODE		[10] STATE	8198 [2]
PAYER'S CITY		8197 [22]	
PAYER'S TELEPHONE NUMBER		8211 [14]	
PAYER'S ACCOUNT NUMBER		8209 [30]	
UNEMPLOYMENT COMPENSATION		7301	
AMOUNT REPAID		7303	
RAILROAD UNEMPLOYMENT		8008	<input type="checkbox"/> YES
ST or LOCAL INCOME TAX REFUNDS		7304	
BOX 2 AMOUNT IS FOR TAX YEAR:		7305 [4]	
AMOUNT IN BOX 2 APPLIES TO INCOME FROM A TRADE OR BUSINESS		8223	<input type="checkbox"/> YES
MARKET GAIN		7309	
AMOUNT IN BOX 9 IS ALSO INCLUDED IN BOX 7 (DEFAULT=YES)		1575	<input type="checkbox"/> NO
STATE TAX WITHHELD	STATE CODE	STATE PAYER ID NUMBER [14]	STATE INCOME
7314	8217	8216	7313
7318	8220	8219	7317

#		FORM 1099-Q	
RECIPIENT			
[T]TAXPAYER OR [S]SPOUSE		8208	
RECIPIENT'S NAME (IF DIFFERENT)		8201 [30]	
RECIPIENT'S ADDRESS (IF DIFFERENT)		8202 [30]	
CITY STATE ZIP (IF DIFFERENT)		8203 [30]	
PAYER			
PAYER'S FEDERAL ID NUMBER		8207 - [9]	
PAYER'S NAME ☺		8204 [35]	
PAYER'S ADDRESS		8205 [35]	
PAYER'S ZIP CODE		[10] STATE	8198 [2]
PAYER'S CITY		8197 [22]	
1	GROSS DISTRIBUTIONS	7301	
2	EARNINGS	7302	
3	BASIS	7303 [4]	
4	TRUSTEE-TO-TRUSTEE TRANSFER	8223 <input type="checkbox"/> YES	
5 TYPE OF PLAN			
8224			
PLAN TYPES    1 - Private qualified tuition program    3 - Coverdell ESA 2 - Public qualified tuition program			
6	RECIPIENT IS NOT DESIGNATED BENEFICIARY	8225 <input type="checkbox"/> YES	
EDUCATION EXPENSES			
NOTE: ENTER ONLY EDUCATION EXPENSES THAT ARE NOT ENTERED ELSEWHERE, SUCH AS FOR EDUCATION CREDITS OR TUITION DEDUCTION			
QUALIFIED EDUCATION EXPENSES FOR COLLEGE OR OTHER HIGHER EDUCATION		7304	
ELEMENTARY/SECONDARY EDUCATION EXPENSES (ESAs ONLY)		7305	
EDUCATION SAVINGS ACCOUNTS (ESAs)			
CONTRIBUTIONS MADE TO THIS ESA DURING CURRENT YEAR		7306	
BASIS IN THIS ESA AS OF 12-31-PY		7307	
FAIR MARKET VALUE OF THIS ESA AS OF 12-31-CY		7308	
EXCEPTION FROM FORM 5329 10% ADDITIONAL TAX			
DISTRIBUTION AMOUNT NOT SUBJECT TO 10% ADDITIONAL TAX		7309	

#		FORM 1099-Q	
RECIPIENT			
[T]TAXPAYER OR [S]SPOUSE		8208	
RECIPIENT'S NAME (IF DIFFERENT)		8201 [30]	
RECIPIENT'S ADDRESS (IF DIFFERENT)		8202 [30]	
CITY STATE ZIP (IF DIFFERENT)		8203 [30]	
PAYER			
PAYER'S FEDERAL ID NUMBER		8207 - [9]	
PAYER'S NAME ☺		8204 [35]	
PAYER'S ADDRESS		8205 [35]	
PAYER'S ZIP CODE		[10] STATE	8198 [2]
PAYER'S CITY		8197 [22]	
1	GROSS DISTRIBUTIONS	7301	
2	EARNINGS	7302	
3	BASIS	7303 [4]	
4	TRUSTEE-TO-TRUSTEE TRANSFER	8223 <input type="checkbox"/> YES	
5 TYPE OF PLAN			
8224			
PLAN TYPES    1 - Private qualified tuition program    3 - Coverdell ESA 2 - Public qualified tuition program			
6	RECIPIENT IS NOT DESIGNATED BENEFICIARY	8225 <input type="checkbox"/> YES	
EDUCATION EXPENSES			
NOTE: ENTER ONLY EDUCATION EXPENSES THAT ARE NOT ENTERED ELSEWHERE, SUCH AS FOR EDUCATION CREDITS OR TUITION DEDUCTION			
QUALIFIED EDUCATION EXPENSES FOR COLLEGE OR OTHER HIGHER EDUCATION		7304	
ELEMENTARY/SECONDARY EDUCATION EXPENSES (ESAs ONLY)		7305	
EDUCATION SAVINGS ACCOUNTS (ESAs)			
CONTRIBUTIONS MADE TO THIS ESA DURING CURRENT YEAR		7306	
BASIS IN THIS ESA AS OF 12-31-PY		7307	
FAIR MARKET VALUE OF THIS ESA AS OF 12-31-CY		7308	
EXCEPTION FROM FORM 5329 10% ADDITIONAL TAX			
DISTRIBUTION AMOUNT NOT SUBJECT TO 10% ADDITIONAL TAX		7309	



#		FORM 1099-C	
ITAXPAYER OR SIPOUSE		8208	
DEBTOR			
DEBTOR'S NAME (IF DIFFERENT)	8201	[30]	
DEBTOR'S ADDRESS (IF DIFFERENT)	8202	[30]	
CITY STATE ZIP (IF DIFFERENT)	8203	[30]	
CREDITOR			
CREDITOR'S FEDERAL ID NUMBER	8207	[9]	
CREDITOR'S PAYER'S NAME ☺	8204	[35]	
CREDITOR'S PAYER'S ADDRESS	8205	[35]	
CREDITOR'S PAYER'S ZIP	8199	[10]	STATE 8198 [2]
CREDITOR'S PAYER'S CITY	8197	[22]	
1	DATE CANCELED	8209	
2	AMOUNT OF DEBT CANCELED	7303	
3	INTEREST IF INCLUDED IN BOX 2	7304 [4]	
4	DEBT DESCRIPTION: 8210	[30]	
5	DEBTOR PERSONALLY LIABLE FOR REPAYMENT OF DEBT	8735	<input type="checkbox"/> YES
6	BANKRUPTCY	8223	<input type="checkbox"/> YES
7	FAIR MARKET VALUE OF PROPERTY	7307	
	CARRY TAXABLE DEBT CANCELLATION INCOME TO:	1 = 1040, LINE 21 4 = SCH F, LINE 10 2 = SCH C, LINE 6 5 = FORM 4835, 3 = SCH E, LINE 3 LINE 6	8736
	ENTER MULTIPLE # OF FORM (IF CARRYING TO SCH C, E, F OR FM 4835) IF THERE IS ONLY ONE MULTIPLE, ENTER '1'	8737	
	DEBT CANCELED (IF NOT EQUAL TO FM 1099-C, BOX 2) ●●	9136	
	AMOUNT OF BOX 3 INTEREST OTHERWISE DEDUCTIBLE	9137	
EXCEPTIONS TO DEBT CANCELLATION INCOME			
	QUALIFYING STUDENT LOAN DEBTS	9138	
	CANCELLATION OF DEBTS AS GIFTS	9139	
	OTHER EXCEPTIONS	9140	
EXCLUSIONS FROM INCOME			
ENTER AMOUNTS REQUIRED FOR ANY EXCLUSION(S) THAT APPLY TO THIS CANCELED DEBT:			
BANKRUPTCY	AMOUNT DISCHARGED IN BANKRUPTCY ●●	9141	
QUALIFIED PRINCIPAL RESIDENCE DEBT:	CANCELED DEBT SECURED BY PRINCIPAL RES	8738	<input type="checkbox"/> YES
	TOTAL DEBT ON PRINCIPAL RES IMMEDIATELY BEFORE FORECLOSURE, SHORT SALE, ABANDONMENT, OTHER PROPERTY TRANSFER	9142	
	DEBT AMOUNT NOT QUALIFIED FOR EXCLUSION	9143	
	AMT OF PRINCIPAL RES EXCLUSION APPLIED●●	9144	
INSOLVENCY	EXTENT OF INSOLVENCY (VALUE OF DEBTS IN EXCESS OF VALUE OF ASSETS)	9145	
	AMOUNT OF INSOLVENCY EXCLUSION APPLIED TO DEBT ●●	9146	
	QUALIFIED FARM DEBT EXCLUDED	9147	
	QUALIFIED REAL PROPERTY BUSINESS DEBT EXCLUDED	9148	
GAIN OR LOSS FROM FORECLOSURE			
	IF CANCELED DEBT WAS RECOURSE DEBT, FAIR MKT VALUE OF PROPERTY FORECLOSED ●●	9150	
	IF CANCELED DEBT WAS NONRECOURSE DEBT, BALANCE OF DEBT IMMEDIATELY BEFORE PROPERTY WAS TRANSFERRED	9151	
	ADJUSTED BASIS OF PROPERTY GIVEN UP	9152	

#		FORM 1099-A	
ITAXPAYER OR SIPOUSE		8208	
BORROWER			
BORROWER'S NAME (IF DIFFERENT)	8201	[30]	
BORROWER'S ADDRESS (IF DIFFERENT)	8202	[30]	
CITY STATE ZIP (IF DIFFERENT)	8203	[30]	
LENDER			
LENDER'S FEDERAL ID NUMBER	8207	[9]	
LENDER'S NAME ☺	8204	[35]	
LENDER'S ADDRESS	8205	[35]	
LENDER'S ZIP	8199	[10]	STATE 8198 [2]
LENDER'S CITY	8197	[22]	
LENDER'S PHONE NUMBER	8211	[14]	
1	DATE OF LENDER'S ACQUISITION OR KNOWLEDGE OF ABANDONMENT	8751	
2	OUTSTANDING PRINCIPAL BALANCE	9164	
4	FAIR MARKET VALUE OF PROPERTY	9165	
5	BORROWER PERSONALLY LIABLE FOR REPAYMENT OF DEBT?	8752	<input type="checkbox"/> YES
6	DESCRIPTION OF PROPERTY	[70]	
INFORMATION FOR COMPUTATION OF GAIN OR LOSS FROM FORECLOSURE, ABANDONMENT, OR REPOSSESSION			
	ADDITIONAL PROCEEDS TAXPAYER RECEIVED FROM FORECLOSURE SALE	9166	
	WAS PROPERTY TAXPAYER'S PRINCIPAL RESIDENCE? IF YES, THE LOWER OF BOX 2 AND BOX 4 PLUS ANY ADDITIONAL PROCEEDS IS TRANSFERRED TO THE SALE OF HOME WORKSHEET AS PROCEEDS FROM TRANSFER OF HOME.	8753	<input type="checkbox"/> YES
	ADJUSTED BASIS OF PROPERTY TRANSFERRED	9167	
TAXABLE INCOME FROM CANCELLATION OF DEBT COMPLETE ONLY IF BOX 2 IS GREATER THAN BOX 4.			
	DID TAXPAYER RECEIVE FORM 1099-C REPORTING CANCELED DEBT FROM SAME TRANSACTION? IF YES, DO NOT COMPLETE FIELDS BELOW. INSTEAD, ENTER ANY EXCLUSION FROM DEBT CANCELLATION INCOME ON FORM 1099-C INPUT.	8754	<input type="checkbox"/> YES
	CARRY TAXABLE DEBT CANCELLATION INCOME TO:	1 = 1040, LINE 21 4 = SCH F, LINE 10 2 = SCH C, LINE 6 5 = FORM 4835, 3 = SCH E, LINE 3 LINE 6	8755
	ENTER MULTIPLE # OF FORM (IF CARRYING TO SCH C, E, F OR FM 4835). IF ONLY ONE MULTIPLE, ENTER '1'	8756	
	DEBT CANCELED (IF NOT EQUAL TO FM 1099-A, BOX 2) ●●	9168	
EXCEPTIONS TO DEBT CANCELLATION INCOME			
	CANCELLATION OF DEBTS AS GIFTS	9169	
	OTHER EXCEPTIONS	9170	
EXCLUSIONS FROM INCOME			
ENTER AMOUNTS REQUIRED FOR ANY EXCLUSION(S) THAT APPLY TO THIS CANCELED DEBT:			
QUALIFIED PRINCIPAL RESIDENCE DEBT:	TOTAL DEBT ON PRINCIPAL RES IMMEDIATELY BEFORE FORECLOSURE, SHORT SALE, ABANDONMENT, OTHER PROPERTY TRANSFER	9171	
	DEBT AMOUNT NOT QUALIFIED FOR EXCLUSION	9172	
	AMT OF PRINCIPAL RES EXCLUSION APPLIED●●	9173	
INSOLVENCY	EXTENT OF INSOLVENCY (VALUE OF DEBTS IN EXCESS OF VALUE OF ASSETS)	9174	
	AMOUNT OF INSOLVENCY EXCLUSION APPLIED TO DEBT ●●	9175	
	QUALIFIED FARM DEBT EXCLUDED	9176	
	QUALIFIED REAL PROPERTY BUSINESS DEBT EXCLUDED	9177	

#		FORM 1099-MISC	
(T)JAXPAYER OR (S)POUSE		8208	
RECIPIENT			
RECIPIENT'S NAME IF DIFFERENT		8201 [30]	
RECIPIENT'S ADDRESS IF DIFFERENT		8202 [30]	
CITY STATE ZIP IF DIFFERENT		8203 [30]	
CARRY INCOME TO:		1 - Schedule C 2 - Schedule E 3 - Schedule F 4 - Form 4835 5 - Fm 1040, Line 7	
		6 - Form 1040, Line 21 7 - Form 1040, Line 21, Subject to Self-Employment 8 - 1040 Line 21, Indian Tribal Income	
		8210 ☺	
MULTIPLE SCHEDULE OR FORM NUMBER		7293 ☺	
PAYER			
FEDERAL IDENTIFICATION NUMBER		8207 -	
NAME ☺		8204 [30]	
ADDRESS		8205 [30]	
ZIP CODE		8199 [10] STATE 8198 [2]	
CITY		8197 [20]	
ACCOUNT NUMBER		8209 [30]	
1 RENT		7301	
2 ROYALTIES		7303	
3 OTHER INCOME		7304	
4 FEDERAL INCOME TAX WITHHELD		7302	
5 FISHING BOAT PROCEEDS		7305	
6 MEDICAL AND HEALTH CARE PAYMENTS		7306	
7 NONEMPLOYEE COMPENSATION		7307	
8 SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST		7308	
9 PAYER MADE DIRECT SALES OF \$5,000 OR MORE OF CONSUMER PRODUCTS TO A BUYER FOR RESALE		8223 <input type="checkbox"/> YES	
10 CROP INSURANCE PROCEEDS		7309	
13 EXCESS GOLDEN PARACHUTE PAYMENTS		7310	
14 GROSS PROCEEDS PAID TO AN ATTORNEY		7311	
16 STATE TAX WITHHELD		STATE #1 7314 STATE #2 7318	
17 STATE NUMBER		8217 [2] 8220 [2]	
ST PAYER ID NUMBER		8216 [14] 8219 [14]	
18 STATE INCOME		7313 7317	
OHIO CITY ONLY			
LOCALITY		8610 [20]	
DISTRIBUTION		3923	
DATE FROM:		8611 - -	
DATE TO:		8599 - -	

#		FORM 1099-MISC	
(T)JAXPAYER OR (S)POUSE		8208	
RECIPIENT			
RECIPIENT'S NAME IF DIFFERENT		8201 [30]	
RECIPIENT'S ADDRESS IF DIFFERENT		8202 [30]	
CITY STATE ZIP IF DIFFERENT		8203 [30]	
CARRY INCOME TO:		1 - Schedule C 2 - Schedule E 3 - Schedule F 4 - Form 4835 5 - Fm 1040, Line 7	
		6 - Form 1040, Line 21 7 - Form 1040, Line 21, Subject to Self-Employment 8 - 1040 Line 21, Indian Tribal Income	
		8210 ☺	
MULTIPLE SCHEDULE OR FORM NUMBER		7293 ☺	
PAYER			
FEDERAL IDENTIFICATION NUMBER		8207 -	
NAME ☺		8204 [30]	
ADDRESS		8205 [30]	
ZIP CODE		8199 [10] STATE 8198 [2]	
CITY		8197 [20]	
ACCOUNT NUMBER		8209 [30]	
1 RENT		7301	
2 ROYALTIES		7303	
3 OTHER INCOME		7304	
4 FEDERAL INCOME TAX WITHHELD		7302	
5 FISHING BOAT PROCEEDS		7305	
6 MEDICAL AND HEALTH CARE PAYMENTS		7306	
7 NONEMPLOYEE COMPENSATION		7307	
8 SUBSTITUTE PAYMENTS IN LIEU OF DIVIDENDS OR INTEREST		7308	
9 PAYER MADE DIRECT SALES OF \$5,000 OR MORE OF CONSUMER PRODUCTS TO A BUYER FOR RESALE		8223 <input type="checkbox"/> YES	
10 CROP INSURANCE PROCEEDS		7309	
13 EXCESS GOLDEN PARACHUTE PAYMENTS		7310	
14 GROSS PROCEEDS PAID TO AN ATTORNEY		7311	
16 STATE TAX WITHHELD		STATE #1 7314 STATE #2 7318	
17 STATE NUMBER		8217 [2] 8220 [2]	
ST PAYER ID NUMBER		8216 [14] 8219 [14]	
18 STATE INCOME		7313 7317	
OHIO CITY ONLY			
LOCALITY		8610 [20]	
DISTRIBUTION		3923	
DATE FROM:		8611 - -	
DATE TO:		8599 - -	

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DESCRIPTION / DISTRIBUTIVE SHARE ITEMS									
PARTNERSHIP OWNERSHIP CODE: T = TP S = SP J = JT (Default) ☺ 4054					OHIO CITY	OHIO WORKING CITY 8605 [20]			
A	PARTNERSHIP IDENTIFICATION NUMBER ☺ 4052 [9]				DATE FROM: 8619 - -	DATE TO: 8618 - -			
B	PARTNERSHIP NAME 4051 [30]				REAL ESTATE PROFESSIONAL			1367	<input type="checkbox"/> YES
	PARTNERSHIP ADDRESS 8601 [40]				MATERIALLY PARTICIPATED IN TRADE OR BUSN ACTIVITY			4045	<input type="checkbox"/> YES
	PARTNERSHIP ZIP CODE 8602 [40]				ACTIVE RENTAL REAL ESTATE			4044	<input type="checkbox"/> YES
D	PUBLICLY TRADED PARTNERSHIP 4053 <input type="checkbox"/> YES				FOREIGN PARTNERSHIP			1237	<input type="checkbox"/> YES
G	GENERAL PARTNER OR LLC MEMBER-MANAGER 1405 <input type="checkbox"/> YES				FINAL DISPOSITION OR EXEMPT FROM LIMITATION			4095	<input type="checkbox"/> YES
	LIMITED PARTNER OR OTHER LLC MEMBER 1406 <input type="checkbox"/> YES				SOME IS NOT AT RISK			4047	<input type="checkbox"/> YES
	ADJUST LIMITED PTR OR OTHER LLC MEMBER'S SELF EMPL INCOME BY ANY SEC 179, UNREIMBURSED PTSHP, AND DEPLETION EXPENSES 1415 <input type="checkbox"/> NO								

INCOME OR LOSS					
			FEDERAL	CA / PA STATE (IF DIFFERENT)	
1	ORDINARY BUSINESS INCOME (LOSS) FROM TRADE OR BUSINESS ACTIVITIES		4055	4751	
2	NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES		4081	4752	
3	NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES		4082	4753	
4	GUARANTEED PAYMENTS TO PARTNER		4056	4758	
5	INTEREST INCOME		4080	4754	
	INTEREST ON U.S. GOVERNMENT OBLIGATIONS		4038	4739	
6	a	ORDINARY DIVIDENDS	4057	4755	
	b	QUALIFIED DIVIDENDS	7619	7620	
7	ROYALTY INCOME		4085	4763	
8	NET SHORT-TERM CAPITAL GAIN (LOSS) (ENTIRE YEAR)		4058	4756	
9	a	NET LONG-TERM CAPITAL GAIN (LOSS) (ENTIRE YEAR)	4059	4757	
	b	COLLECTIBLES (28%) RATE GAIN OR (LOSS)	4728		
	c	UNRECAPTURED SECTION 1250 GAIN	4078		
10	NET SECTION 1231 GAIN OR (LOSS) (ENTIRE YEAR)				
	FROM TRADE OR BUSINESS ACTIVITIES		4060	4759	
	FROM RENTAL REAL ESTATE ACTIVITIES		4133	4744	
	FROM OTHER RENTAL ACTIVITIES		4134	4745	
11	OTHER INCOME OR (LOSS)	CODE	DESCRIPTION	AMOUNT	
		1			
		2			
		3			
		NET SHORT-TERM NONPORTFOLIO CAPITAL GAIN (LOSS) (ENTIRE YEAR)		4142	
NET LONG-TERM NONPORTFOLIO CAPITAL GAIN (LOSS) (ENTIRE YEAR)		4144			
SECTION 179 DEDUCTION (FORM 1040 ONLY)					
12	SECTION 179 EXPENSE DEDUCTION		4068	4769	
	SECTION 179 CARRYOVER FROM PRIOR YEAR FORM 4562		4147	4775	
OTHER DEDUCTIONS					
13	CODE	DESCRIPTION	AMOUNT		
	1				
	2				
	3				
OTHER UNREIMBURSED EXPENSES			4743	4201	
SELF-EMPLOYMENT EARNINGS (LOSS)					
14	A	NET EARNINGS (LOSS) FROM SELF-EMPLOYMENT - NONFARM	4071		
		NET EARNINGS (LOSS) FROM SELF-EMPLOYMENT - FARM	4041		
	B	GROSS FARMING OR FISHING INCOME	4072		
	C	GROSS NONFARM INCOME	4073		
CREDITS AND CREDIT RECAPTURE					
15	CODE	DESCRIPTION	AMOUNT	*CREDIT TYPE	8582-CR WKSHT #
	1				
	2				
	3				
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					
FOREIGN TRANSACTIONS					
NOTE: INFORMATION FOR THE FOREIGN TAX CREDIT SHOULD BE ENTERED ON FORM 1116, UNLESS THE AMOUNT IS LESS THAN \$300 (\$600 IF FILING MFJ).					
16	L	TOTAL FOREIGN TAXES PAID (FOR 1040 AND 1041 ONLY)	7190		
LINES 17 THROUGH 20, OUTSIDE BASIS CALCULATION, AT RISK BASIS CALCULATION, PRIOR YEAR UNALLOWED LOSSES, PASSIVE ACTIVITY CALCULATION AND UNREIMBURSED PARTNER EXPENSES WORKSHEET ARE FOUND ON SIDE 2					

ALTERNATIVE MINIMUM TAX (AMT) ITEMS				
			FEDERAL	CA / PA STATE (IF DIFFERENT)
	CODE	DESCRIPTION	AMOUNT	
17	1			
	2			
	3			
	TAX-EXEMPT INTEREST FROM PRIVATE ACTIVITY BONDS		4148	
	EXCESS INTANGIBLE DRILLING COSTS FROM SUPPLEMENTAL LINE ●		4748	
<b>NOTE: OTHER AMT ITEMS MUST BE ENTERED ON THE APPROPRIATE LINES OF FORM 6251.</b>				

TAX-EXEMPT INCOME AND NONDEDUCTIBLE EXPENSES					
18	A	TAX-EXEMPT INTEREST INCOME	TWO-LETTER STATE CODE 8429	4079	4791
		TAX-EXEMPT DIVIDEND INCOME	TWO-LETTER STATE CODE 8430	4149	4700
		CODE	DESCRIPTION	AMOUNT	
	1				
	2				
3					

DISTRIBUTIONS					
19	A	CASH AND MARKETABLE SECURITIES		7186	
	B	DISTRIBUTIONS OF PROPERTY OTHER THAN MONEY		7187	

OTHER INFORMATION				
	CODE	DESCRIPTION	AMOUNT	
20	1			
	2			
	3			

SECTION 179 RECAPTURE									
PROPERTY DESCRIPTION	PROPERTY TYPE	SALE TYPE	DATE ACQUIRED	DATE SOLD	GROSS SALES PRICE	COST OR OTHER BASIS	DEPRECIATION	SEC 179 DEDUCTION	UNUSED SEC 179

ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN

OUTSIDE BASIS CALCULATION				
BASIS AT BEGINNING OF THE YEAR ☺			7155	4276
SHARE OF LIABILITIES		BEGINNING OF YEAR	ADJUSTMENTS	END OF YEAR
NONRECOURSE		7623	●● 7626	7629
QUALIFIED NONRECOURSE FINANCING		7624	●● 7627	7630
OTHER		7625	●● 7628	7631
PARTNERS CONTRIBUTIONS	MONEY	7632		
	PROPERTY (ADJUSTED BASIS)	7633		
	SERVICES (FAIR MARKET VALUE - IF TAXED)	7634		
OTHER BASIS INCREASES		7157	4277	
OTHER BASIS DECREASES		7158	4278	

OTHER CURRENT OUTSIDE BASIS INCOME (LOSS) ITEMS		
<b>NOTE:</b> THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE OUTSIDE BASIS CALCULATION. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY RELATED GAINS / LOSSES ALLOWED WILL NOT CARRY TO THE TAX RETURN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCH K-1. THE ALLOWED GAIN OR LOSS MAY ALSO BE SUBJECT TO THE AT-RISK BASIS LIMITATIONS AND SHOULD BE ENTERED IN THE CORRESPONDING AT-RISK FIELDS.		
	BASIS	CA (IF DIFFERENT)
OTHER PORTFOLIO INCOME (LOSS)	3977	3973
OTHER INCOME (LOSS)	3976	3972
SECTION 59(e)(2) EXPENDITURES	3975	3971
OTHER DEDUCTIONS	3974	3970

**ITEMS AFFECTING OUTSIDE BASIS CARRYOVER LOSSES AND AT-RISK CALCULATIONS ARE LOCATED ON PAGES 3 AND 4.**

PRIOR YEAR OUTSIDE BASIS CARRYOVER LOSSES			
		BASIS	CA (IF DIFFERENT)
ORDINARY LOSS		7159	4247
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		7160	4248
NET LOSS FROM OTHER RENTAL ACTIVITIES		7161	4249
NET SHORT-TERM CAPITAL LOSS		7162	4250
NET LONG-TERM CAPITAL LOSS		7163	4251
NET SECTION 1231 LOSS	TRADE OR BUSINESS	7165	4252
	RENTAL REAL ESTATE ACTIVITIES	4236	4253
	OTHER RENTAL ACTIVITIES	4237	4254
OTHER PORTFOLIO LOSS		7164	4255
OTHER LOSS		7166	4256
SECTION 179 EXPENSE		7168	4257
CHARITABLE CONTRIBUTIONS	50% CASH	7167	4258
	30% CASH	4238	4259
	50% NONCASH	4239	4260
	30% NONCASH	4240	4261
	30% NONCASH CAPITAL GAIN PROPERTY	4241	4262
	20% NONCASH CAPITAL GAIN PROPERTY	4242	4263
100% CASH		3996	3995
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT TO 2% FLOOR		7169	4264
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER		4243	4265
INVESTMENT INTEREST EXPENSE		7171	4266
ROYALTY DEDUCTIONS		4244	4267
FOREIGN TAXES		7172	4268
SECTION 59(e)(2) EXPENDITURES		7612	4269
OTHER DEDUCTIONS		7170	4270
UNREIMBURSED PARTNERSHIP EXPENSES		4245	4271
NONDEDUCTIBLE EXPENSES		7613	4272
OTHER BASIS DECREASES		4246	4273
AT-RISK BASIS CALCULATION			
SUPPRESS PRINTING OF AT-RISK RECONCILIATION AND ALLOCATION WORKSHEETS			1413 <input type="checkbox"/> YES
ADJUSTED AT-RISK BASIS AT BEGINNING OF YEAR (ENTER -1 FOR -0-) ☺			4749
INCREASES FOR YEAR (OTHER THAN INCOME ITEMS FROM ABOVE)			4750
DECREASES FOR YEAR (OTHER THAN DEDUCTIONS FROM ABOVE)			2996
AMOUNT AT RISK ●●			2997
OTHER CURRENT AT-RISK BASIS INCOME (LOSS) ITEMS			
<b>NOTE:</b> THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE AT-RISK BASIS CALCULATION. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY GAINS / LOSSES ALLOWED RELATED TO THESE ENTIRES WILL NOT CARRY TO THE TAX RTN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCH K-1.			
		BASIS	CA (IF DIFFERENT)
OTHER PORTFOLIO INCOME (LOSS)		3969	3965
OTHER INCOME (LOSS)		3968	3964
SECTION 59(e)(2) EXPENDITURES		3967	3963
OTHER DEDUCTIONS		3966	3962

**PRIOR YEAR AT-RISK CARRYOVER LOSSES AND  
PRIOR YEAR PASSIVE CARRYOVER LOSSES  
ARE LOCATED ON SIDE 4.**

PRIOR YEAR AT-RISK BASIS CARRYOVER LOSSES				
		BASIS		CA (IF DIFFERENT)
ORDINARY LOSS		2998		4205
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		7617		4206
NET LOSS FROM OTHER RENTAL ACTIVITIES		7618		4207
NET SHORT-TERM CAPITAL LOSS		4155		4208
NET LONG-TERM CAPITAL LOSS		4156		4209
NET SECTION 1231 LOSS	TRADE OR BUSINESS	4158		4210
	RENTAL REAL ESTATE ACTIVITIES	4229		4231
	OTHER RENTAL ACTIVITIES	4230		4232
OTHER PORTFOLIO LOSS		4157		4211
OTHER LOSS		4159		4212
SECTION 179 EXPENSE		4161		4213
CHARITABLE CONTRIBUTIONS	50% CASH	4160		4214
	30% CASH	3659		4215
	50% NONCASH	3660		4216
	30% NONCASH	3661		4217
	30% NONCASH CAPITAL GAIN PROPERTY	3662		4218
	20% NONCASH CAPITAL GAIN PROPERTY	3663		4219
	100% CASH	3994		3988
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT TO 2% FLOOR		4162		4220
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER		3664		4221
INVESTMENT INTEREST EXPENSE		4164		4222
ROYALTY DEDUCTIONS		3665		4223
FOREIGN TAXES		4165		4224
SECTION 59(e)(2) EXPENDITURES		4166		4225
OTHER DEDUCTIONS		4163		4226
NONDEDUCTIBLE EXPENSES		4275		4280
UNREIMBURSED PARTNERSHIP EXPENSES		3666		4227

PRIOR YEAR PASSIVE ACTIVITY CARRYOVER LOSSES					
		PASSIVE	AMT PASSIVE	CA PASSIVE	
ENTER ALL LOSSES AS POSITIVE NUMBERS	ORDINARY LOSS		4050	4740	4794
	NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		4094	4741	4795
	NET LOSS FROM OTHER RENTAL ACTIVITIES		7150	7178	4799
	NET SHORT-TERM CAPITAL LOSS		4167	4178	4189
	NET LONG-TERM CAPITAL LOSS		4168	4179	4190
	NET SECTION 1231 LOSS	RENTAL REAL ESTATE ACTIVITIES	4233	4234	4235
		ALL OTHER PASSIVE ACTIVITIES	4077	4083	4784
	SECTION 179 EXPENSE		4172	4183	4194
	SECTION 59(e)(2) EXPENDITURES		4177	4188	4199

UNREIMBURSED PARTNER EXPENSES

UNREIMBURSED PARTNERSHIP EXPENSES ARE: (1 - NONPASSIVE; 2 - ACTIVE RENTAL REAL ESTATE 3 - PASSIVE) ●● 4228

				FEDERAL	CALIFORNIA
1	TRAVEL EXP AWAY FROM HOME (Not Meals and Entertainment)	a	LODGING	7389	
		b	CAR RENTAL	7390	
		c	TRAVEL	7391	
		d	OTHER	7392	
2	MEALS AND ENTERTAINMENT	a	TOTAL MEALS AND ENTERTAINMENT	7393	
		b	SUBJECT TO D.O.T. LIMITATIONS	1407 <input type="checkbox"/> YES	
3	VEHICLE EXPENSES	a	EXPENSES ★ ●●	7388	
		b	PROPERTY TAX ★ ●●	7395	
		c	INTEREST ★ ●●	7396	
		d	LEASE PAYMENTS (LESS INCLUSION AMOUNTS) ★ ●●	7397	
4	DEPRECIATION ★ ●●			7637	4202
5	AMORTIZATION ★ ●●			7638	4203
6	HOME OFFICE EXPENSE ●			7639	4204
	OVERRIDE GROSS INCOME FROM BUSINESS ●●			3650	
7	OTHER EXPENSES			7640	

GENERAL INFORMATION									
SHAREHOLDER OWNERSHIP CODE: T = TP S = SP J = JT (Default) ☺ 4054					PRINT SEC 469 RENTAL REAL ESTATE AGGREGATION ELECT 1578 <input type="checkbox"/> YES				
A	ENTITY IDENTIFICATION NUMBER ☺ 4052				[9]	REAL ESTATE PROFESSIONAL			1367 <input type="checkbox"/> YES
B	ENTITY NAME 4051				[30]	MATERIALLY PARTICIPATED IN TRADE OR BUSN ACTIVITY			4045 <input type="checkbox"/> YES
	ENTITY ADDRESS 8601				[40]	ACTIVE RENTAL REAL ESTATE			4044 <input type="checkbox"/> YES
	ENTITY ZIP CODE 8602				[20]	FOREIGN ENTITY			1237 <input type="checkbox"/> YES
	OHIO CITY	OHIO WORKING CITY	8605	[40]	FINAL DISPOSITION OR EXEMPT FROM LIMITATION			4095 <input type="checkbox"/> YES	
		DATE FROM:	8619	DATE TO:	8618	SOME IS NOT AT RISK			4047 <input type="checkbox"/> YES

DESCRIPTION / DISTRIBUTIVE SHARE ITEMS									
								FEDERAL	CA / PA STATE (IF DIFFERENT)
1	ORDINARY BUSINESS INCOME OR (LOSS)							4055	4751
2	NET RENTAL REAL ESTATE INCOME OR (LOSS)							4081	4752
3	OTHER NET RENTAL INCOME OR (LOSS)							4082	4753
4a	INTEREST INCOME							4080	4754
	INTEREST ON U.S. GOVERNMENT OBLIGATIONS							4038	4739
5	a	ORDINARY DIVIDENDS						4057	4755
	b	QUALIFIED DIVIDENDS						7619	7620
6	ROYALTIES							4085	4763
7	NET SHORT-TERM CAPITAL GAIN OR (LOSS)							4058	4756
8	a	NET LONG-TERM CAPITAL GAIN OR (LOSS)						4059	4757
	b	COLLECTIBLES (28%) RATE GAIN (LOSS)						4728	
	c	UNRECAPTURED SECTION 1250 GAIN						4078	
9	NET SECTION 1231 GAIN (LOSS) (ENTIRE YEAR)	FROM TRADE OR BUSINESS ACTIVITIES						4060	4759
		FROM RENTAL REAL ESTATE ACTIVITIES						4133	4744
		FROM OTHER RENTAL ACTIVITIES						4134	4745
10	OTHER INCOME OR (LOSS)	NET SHORT-TERM NONPORTFOLIO CAPITAL GAIN OR (LOSS)						4142	
		NET LONG-TERM NONPORTFOLIO CAPITAL GAIN OR (LOSS)						4144	
		CODE	DESCRIPTION					AMOUNT	
		1							
		2							
		3							

SECTION 179 DEDUCTION (1040 ONLY)									
SECTION 179 EXPENSE DEDUCTION								4068	4769
11	AMOUNT OF SEC 179 DEDUCTION THAT IS QUALIFIED GULF OPPORTUNITY ZONE PROPERTY								3961
SECTION 179 CARRYOVER FROM PRIOR YEAR FORM 4562								4147	4775

OTHER DEDUCTIONS									
	CODE	DESCRIPTION						AMOUNT	
12	1								
	2								
	3								

NOTE: UNREIMBURSED EXPENSES FROM AN S CORPORATION SHOULD BE REPORTED ON FORM 2106.

CREDITS AND CREDIT RECAPTURE									
	CODE	DESCRIPTION		AMOUNT	*CREDIT TYPE	8582-CR WKSHT #			
13	1								
	2								
	3								
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback									

FOREIGN TRANSACTIONS									
NOTE: INFORMATION ON THE FOREIGN TAX CREDIT SHOULD BE ENTERED ON FORM 1116.									
14	TOTAL FOREIGN TAXES PAID							7190	

ALTERNATIVE MINIMUM TAX (AMT) ITEMS									
	CODE	DESCRIPTION		AMOUNT					
15	1								
	2								
	3								
	TAX-EXEMPT INTEREST FROM PRIVATE ACTIVITY BONDS				4148				
EXCESS INTANGIBLE DRILLING COSTS			•	4748					
NOTE: OTHER ALTERNATIVE MINIMUM TAX ITEMS MUST BE ENTERED ON THE APPROPRIATE LINES OF FORM 6251.									

ITEMS AFFECTING SHAREHOLDER BASIS, OTHER INFORMATION, OUTSIDE BASIS AND AT RISK BASIS CALCULATIONS, PRIOR YEAR UNALLOWED LOSSES AND PASSIVE ACTIVITY CALCULATIONS ARE LOCATED ON SIDES 2 AND 3.

40 Pg 2		S CORPORATION K-1 RECEIVED DATA SHEET 2		LAST NAME		Number		2011	
ITEMS AFFECTING SHAREHOLDER BASIS									
						FEDERAL		CA / PA STATE (IF DIFFERENT)	
16	A	TAX-EXEMPT INTEREST INCOME		TWO-LETTER STATE CODE	8429	4079		4791	
		TAX-EXEMPT DIVIDEND INCOME		TWO-LETTER STATE CODE	8430	4149		4700	
		CODE	DESCRIPTION			AMOUNT			
	1								
	2								
	3								
OTHER INFORMATION									
17		CODE	DESCRIPTION			AMOUNT			
	1								
	2								
	3								
		SELF-EMPLOYED HEALTH INSURANCE PREMIUMS PAID			7614				
	WAGES FROM THIS S-CORPORATION			7615					
	GROSS FARMING OR FISHING INCOME			4072					
OUTSIDE BASIS CALCULATION									
SPECIAL ORDERING ELECTION MADE (MUST HAVE OUTSIDE BASIS AMOUNTS ENTERED)						8431	<input type="checkbox"/>	YES	
PRINT ELECTION STATEMENT (ONLY REQUIRED ONCE)						4274	<input type="checkbox"/>	YES	CA (IF DIFFERENT)
STOCK BASIS AT BEGINNING OF YEAR (ENTER -1 FOR -0-)						7155	☺		4276
CAPITAL ADDITIONS						7609			
OTHER BASIS INCREASES						7157			4277
OTHER BASIS DECREASES						7158			4278
LOAN BASIS AT BEGINNING OF YEAR (ENTER -1 FOR -0-)						7156			4279
ORIGINAL LOAN BALANCE LESS CUMULATIVE PRINCIPAL PAYMENTS						7610			
NEW LOANS						7611			
OTHER CURRENT YEAR OUTSIDE BASIS INCOME (LOSS) ITEMS									
NOTE: THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE OUTSIDE BASIS CALCULATIONS. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY RELATED GAINS / LOSSES ALLOWED WILL NOT CARRY TO THE TAX RETURN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCH K-1. THE ALLOWED GAIN OR LOSS MAY ALSO BE SUBJECT TO THE AT-RISK BASIS LIMITATIONS AND SHOULD BE ENTERED IN THE CORRESPONDING AT-RISK FIELDS ON PG 3.									
OTHER PORTFOLIO INCOME (LOSS)						3977			3973
OTHER INCOME (LOSS)						3976			3972
SECTION 59(e)(2) EXPENDITURES						3975			3971
OTHER DEDUCTIONS						3974			3970
PRIOR YEAR OUTSIDE BASIS CARRYOVER LOSSES									
						BASIS		CA (IF DIFFERENT)	
ORDINARY LOSS						7159			4247
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES						7160			4248
NET LOSS FROM OTHER RENTAL ACTIVITIES						7161			4249
NET SHORT-TERM CAPITAL LOSS						7162			4250
NET LONG-TERM CAPITAL LOSS						7163			4251
NET SECTION 1231 LOSS		TRADE OR BUSINESS				7165			4252
		RENTAL REAL ESTATE ACTIVITIES				4236			4253
		OTHER RENTAL ACTIVITIES				4237			4254
OTHER PORTFOLIO LOSS						7164			4255
OTHER LOSS						7166			4256
SECTION 179 EXPENSE DEDUCTION						7168			4257
CHARITABLE CONTRIBUTIONS		50% CASH				7167			4258
		30% CASH				4238			4259
		50% NONCASH				4239			4260
		30% NONCASH				4240			4261
		30% NONCASH CAPITAL GAIN PROPERTY				4241			4262
		20% NONCASH CAPITAL GAIN PROPERTY				4242			4263
		100% CASH				3996			3995
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT OT 2% FLOOR						7169			4264
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER						4243			4265
INVESTMENT INTEREST EXPENSE						7171			4266
ROYALTY DEDUCTIONS						4244			4267
FOREIGN TAXES						7172			4268
SECTION 59(e)(2) EXPENDITURES						7612			4269
OTHER DEDUCTIONS						7170			4270
NONDEDUCTIBLE EXPENSES						7613			4272
OTHER BASIS DECREASES						4246			4273
AT-RISK ENTRIES ARE LOCATED ON S-CORPORATION K-1 RECEIVED DATA SHEET 3.									



AT-RISK BASIS CALCULATION	
NOTE: ONLY THE SIMPLIFIED COMPUTATION OF AMOUNT AT RISK IS CALCULATED. TO USE THE DETAILED COMPUTATION, FILL OUT FORM 6198 AND OVERRIDE THE AMOUNT AT RISK BELOW.	
SUPPRESS PRINTING OF AT-RISK RECONCILIATION AND ALLOCATION WORKSHEETS	1413 <input type="checkbox"/> YES
ADJUSTED AT-RISK BASIS AT BEGINNING OF YEAR (Enter -1 for -0-)	☺ 4749
INCREASES FOR YEAR (OTHER THAN INCOME ITEMS FROM ABOVE)	4750
DECREASES FOR YEAR (OTHER THAN DEDUCTIONS FROM ABOVE)	2996
AMOUNT AT RISK	●● 2997

OTHER CURRENT YEAR AT-RISK INCOME (LOSS) ITEMS		
NOTE: THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE AT-RISK BASIS CALCULATIONS. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY GAINS / LOSSES ALLOWED RELATED TO THESE WILL NOT CARRY TO THE TAX RETURN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCHEDULE K-1.		
	AT-RISK	CA (IF DIFFERENT)
OTHER PORTFOLIO INCOME (LOSSES)	3969	3965
OTHER INCOME (LOSSES)	3968	3964
SECTION 50(e)(2) EXPENDITURES	3967	3963
OTHER DEDUCTIONS	3966	3962

PRIOR YEAR AT-RISK BASIS CARRYOVER LOSSES			
ORDINARY LOSS		2998	4205
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		7617	4206
NET LOSS FROM OTHER RENTAL ACTIVITIES		7618	4207
NET SHORT-TERM CAPITAL LOSS		4155	4208
NET LONG-TERM CAPITAL LOSS		4156	4209
NET SECTION 1231 LOSS	TRADE OR BUSINESS	4158	4210
	RENTAL REAL ESTATE ACTIVITIES	4229	4231
	OTHER RENTAL ACTIVITIES	4230	4232
OTHER PORTFOLIO LOSS		4157	4211
OTHER LOSS		4159	4212
SECTION 179 EXPENSE DEDUCTION		4161	4213
CHARITABLE CONTRIBUTIONS	50% CASH	4160	4214
	30% CASH	3659	4215
	50% NONCASH	3660	4216
	30% NONCASH	3661	4217
	30% NONCASH CAPITAL GAIN PROPERTY	3662	4218
	20% NONCASH CAPITAL GAIN PROPERTY	3663	4219
100% CASH		3994	3988
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT OT 2% FLOOR		4162	4220
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER		3664	4221
INVESTMENT INTEREST EXPENSE		4164	4222
ROYALTY DEDUCTIONS		3665	4223
FOREIGN TAXES		4165	4224
SECTION 59(e)(2) EXPENDITURES		4166	4225
OTHER DEDUCTIONS		4163	4226
NONDEDUCTIBLE EXPENSES		4275	4280

PASSIVE ACTIVITY CALCULATION		PASSIVE	AMT PASSIVE	CA PASSIVE	CA AMT PASSIVE
PRIOR YEAR CARRYOVER LOSSES  (ENTER ALL LOSSES AS POSITIVE AMOUNTS)	ORDINARY LOSS	4050	4740	4794	9660
	NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES	4094	4741	4795	9661
	NET LOSS FROM OTHER RENTAL ACTIVITIES	7150	7178	4799	9662
	NET SHORT-TERM CAPITAL LOSS	4167	4178	4189	9663
	NET LONG-TERM CAPITAL LOSS	4168	4179	4190	9664
	NET SECTION 1231 LOSS: RENTAL REAL ESTATE ACTIVITIES	4233	4234	4235	9665
	NET SECTION 1231 LOSS: ALL OTHER PASSIVE ACTIVITIES	4077	4083	4784	9666
	SECTION 179 EXPENSE	4172	4183	4194	9667
SECTION 59(e)(2) EXPENDITURES		4177	4188	4199	9668

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41	FIDUCIARY K-1 RECEIVED DATA SHEET	LAST NAME	Multiple	2011
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GENERAL INFORMATION					
BENEFICIARY OWNERSHIP CODE: T = TP S = SP J = JT (Default)		☺ 4054	ESTATE OR TRUST: 1 = Estate 2 = Trust		0393
A	ENTITY IDENTIFICATION NUMBER	☺ 4052	[10]	DATE FROM:	8619 - - DATE TO: 8618 - -
B	ESTATE OR TRUST NAME	4051	[30]	PRINT SEC 469©(7)(A) RENTAL RE AGGREGATION ELECT	1366 <input type="checkbox"/> YES
C	FIDUCIARY NAME	8603	[30]	REAL ESTATE PROFESSIONAL	1367 <input type="checkbox"/> YES
	FIDUCIARY ADDRESS	8601	[40]	MATERIALLY PARTICIPATED IN TRADE OR BUSN ACTIVITY	4045 <input type="checkbox"/> YES
	FIDUCIARY ZIP CODE	8602	[40]	ACTIVE RENTAL REAL ESTATE	4044 <input type="checkbox"/> YES
OHIO CITY:			FOREIGN ENTITY		1237 <input type="checkbox"/> YES
OHIO WORKING CITY			8605	[20] FINAL DISPOSITION OR EXEMPT FROM LIMITATION	4095 <input type="checkbox"/> YES

DESCRIPTION/DISTRIBUTIVE SHARE ITEMS			
		FEDERAL	CA / PA STATE (IF DIFFERENT)
1	INTEREST INCOME	4080	4754
	INTEREST ON U.S. GOVERNMENT OBLIGATIONS	4038	4739
2	a ORDINARY DIVIDENDS	4057	4755
	b QUALIFIED DIVIDENDS	7619	7620
3	NET SHORT-TERM CAPITAL GAIN OR (LOSS)	4058	4756
4	a NET LONG-TERM CAPITAL GAIN OR (LOSS)	4059	4757
	b 28% RATE GAIN	4728	
	c UNRECAPTURED SECTION 1250 GAIN	4078	
5	OTHER PORTFOLIO AND NONBUSINESS INCOME	4061	4760
6	ORDINARY BUSINESS INCOME	4055	4751
7	NET RENTAL REAL ESTATE INCOME	4081	4752
8	OTHER RENTAL INCOME	4082	4753
DIRECTLY APPORTIONED DEDUCTIONS:			
9	CODE	DESCRIPTION (OPTIONAL)	AMOUNT
	1		
	2		
	3		
* NOTE: ENTER 5, 6, 7, OR 8 IN EACH LINE OF THE GRID IN THE LINE # COLUMN TO ASSIGN THE DIRECTLY APPORTIONED DEDUCTIONS TO THE CORRECT ACTIVITY.			
10	ESTATE TAX DEDUCTION	4066	4771

FINAL YEAR DEDUCTIONS:			
11	CODE	DESCRIPTION (OPTIONAL)	AMOUNT
	1		
	2		
	3		

ALTERNATIVE MINIMUM TAX ADJUSTMENT:			
12	CODE	DESCRIPTION (OPTIONAL)	AMOUNT
	1		
	2		
	3		

CREDITS AND CREDIT RECAPTURE					
13	CODE	DESCRIPTION	AMOUNT	*CREDIT TYPE	8582-CR WKSHT #
	1				
	2				
	3				
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					

OTHER INFORMATION						
14	A	TAX-EXEMPT INTEREST INCOME	TWO-LETTER STATE CODE	8429	4079	4791
		TAX-EXEMPT INTEREST DIVIDENDS	TWO-LETTER STATE CODE	8430	4149	4700
		CODE	DESCRIPTION		AMOUNT	
	1					
	2					
3						

PASSIVE ACTIVITY CALCULATION			
PRIOR YEAR CARRYOVER LOSSES			
	PASSIVE	AMT PASSIVE	CA PASSIVE
ORDINARY LOSS	4050	4740	4794
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES	4094	4741	4795
NET LOSS FROM OTHER RENTAL ACTIVITIES	7150	7178	4799
NET SHORT-TERM CAPITAL LOSS	4167	4178	4189
NET LONG-TERM CAPITAL LOSS	4168	4179	4190

SPOUSE'S FORM 2555				1311	<input type="checkbox"/>	YES	
TOTAL AMOUNT OF ANY ITEMIZED DEDUCTIONS NOT CLAIMED BECAUSE THEY ARE RELATED TO EXCLUDED INCOME				3214			
1	FOREIGN STREET ADDRESS		0111 [35]				
	CITY		0206 [20]				
	FOREIGN STATE OR PROVINCE		0207 [22]				
	FOREIGN POSTAL CODE		0208 [22]				
	COUNTRY CODE		8442 [2]				
3	NAME OF EMPLOYER		0112 [35]				
4	EMPLOYER'S U.S. ADDRESS:						
	U.S. STREET ADDRESS		0113 [35]				
	U.S. ZIP CODE	0211	CITY	0209	[20]	STATE	0210 [2]
	EMPLOYER'S FOREIGN ADDRESS:						
	FOREIGN STREET ADDRESS		0114 [35]				
	FOREIGN CITY		0212 [22]				
	FOREIGN STATE OR PROVINCE		0213 [22]				
5	FOREIGN POSTAL CODE		0214 [22]				
	FOREIGN COUNTRY		0215 [22]				
	EMPLOYER IS: (CHECK ANY THAT APPLY)						
	a	A FOREIGN ENTITY			1100	<input type="checkbox"/>	YES
	b	A U.S. COMPANY			1132	<input type="checkbox"/>	YES
6	c	SELF			1133	<input type="checkbox"/>	YES
	d	FOREIGN AFFILIATE OF U.S. COMPANY			1131	<input type="checkbox"/>	YES
	e	OTHER			0115	[20]	
7	a	LAST YEAR (AFTER 1981) FORM 2555 WAS FILED TO CLAIM EITHER EXCLUSION			0116	[27]	
	d	TYPE OF EXCLUSION AND TAX YEAR FOR WHICH REVOCATION WAS EFFECTIVE			0117	[18]	
8	CITIZEN OF WHAT COUNTRY (DEFAULT = U.S.)		0173 [30]				
9	b	IF SEPARATE HOME WAS MAINTAINED FOR FAMILY DUE TO ADVERSE LIVING CONDITIONS AT TAX HOME, LIST CITY AND COUNTRY			8443	[35]	
	NUMBER OF DAYS HOME WAS MAINTAINED			8444 [3]			
9	TAX HOME LOCATION DURING YEAR			8445 [35]			
	DATE TAX HOME WAS ESTABLISHED			8446 - - [35]			
<b>PART II - TAXPAYERS QUALIFYING UNDER BONA FIDE RESIDENCE TEST</b>							
10	DATE BONA FIDE RESIDENCE BEGAN		0120 - -	ENDED (ENTER 'C' FOR CONTINUE)		0177 - -	
11	KIND OF LIVING QUARTERS IN FOREIGN COUNTRY:		0582				
12	1 = PURCHASED HOME		3 = RENTED ROOM				
	2 = RENTED HOUSE OR APARTMENT		4 = QUARTERS FURNISHED BY EMPLOYER				
12	b	IF ANY FAMILY MEMBER LIVED ABROAD WITH TAXPAYER DURING YEAR, LIST FAMILY RELATIONSHIP FOR WHAT PERIOD OF TIME?			8447	[11]	
				8448	[25]		
13	a	STATEMENT SUBMITTED TO FOREIGN COUNTRY THAT TAXPAYER IS NOT RESIDENT OF THAT COUNTRY			1232	<input type="checkbox"/>	YES
	b	TAXPAYER REQUIRED TO PAY INCOME TAX TO FOREIGN COUNTRY			1227	<input type="checkbox"/>	YES
14	DATE ENTERED U.S.		DATE LEFT U.S.		NUMBER OF DAYS IN U.S. ON BUSINESS		INCOME EARNED IN U.S. ON BUSINESS
	(1)		(2)		(3)		(4)
	-		-				
	-		-				
	-		-				
	-		-				
	-		-				
<b>EXPLANATION FOR COLUMN (d)</b>							
<b>ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN</b>							
15	a	LIST ANY CONTRACTUAL TERMS OR OTHER CONDITIONS RELATING TO THE LENGTH OF EMPLOYMENT ABROAD					
	0183					[72]	
	b	TYPE OF VISA UNDER WHICH TAXPAYER ENTERED FOREIGN COUNTRY					0184 [38]
	c	DID VISA LIMIT LENGTH OF STAY OR EMPLOYMENT IN FOREIGN COUNTRY?					1192 <input type="checkbox"/> YES
	<b>IF YES, EXPLAIN:</b>						
							[70]
							[70]
							[70]
	<b>ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN</b>						
	IF HOME WAS MAINTAINED IN U.S. WHILE LIVING ABROAD, LIST U.S. ADDRESS:						8449 [60]
e	HOME WAS RENTED WHILE LIVING ABROAD					8356 <input type="checkbox"/> YES	
	NAME(S) OF OCCUPANT(S)					8450 [35]	
	RELATIONSHIP					8451 [11]	
<b>PARTS III, IV, VI, VII, VIII AND IX ARE FOUND ON PAGE 2.</b>							

PART III - TAXPAYERS QUALIFYING UNDER PHYSICAL PRESENCE TEST							
16	PHYSICAL PRESENCE TEST IS BASED ON 12-MONTH PERIOD		FROM	0186 - -	THROUGH	0187 - -	
17	PRINCIPAL COUNTRY OF EMPLOYMENT DURING TAX YEAR		0188			[38]	
INFORMATION CONCERNING TRAVEL ABROAD							
18	NAME OF COUNTRY (a)	[20]	DATE ARRIVED (b)	DATE LEFT (c)	NO. OF FULL DAYS PRESENT IN CNTRY	NO. OF DAYS IN U.S.	INCOME EARNED IN U.S. ON BUSINESS
			- -	- -			
			- -	- -			
			- -	- -			
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN						
	EF ONLY: NO TRAVEL STMT - EXPLAIN WHY TP DID NOT TRAVEL OUT OF COUNTRY DURING 12-MONTH PERIOD NAMED ABOVE						
						[70]	
						[70]	
						[70]	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
PART IV - ALL TAXPAYERS							
19	TOTAL WAGES, SALARIES, BONUSES, COMMISSIONS, ETC.					+	3022
20	ALLOWABLE SHARE OF INCOME FOR PERSONAL SERVICES PERFORMED:						
	a	IN A BUSINESS					3023
	b	IN A PARTNERSHIP					3024
	PTSHIP NAME, ADDRESS, NATURE OF INCOME					0189	[54]
21	NONCASH INCOME:						
	a	HOME (LODGING)					3025
	b	MEALS					3026
	c	CAR					3027
	d	OTHER PROPERTY OR FACILITIES					3028
	SPECIFY:					0190	[54]
22	ALLOWANCES, REIMBURSEMENTS, OR EXPENSES PAID ON BEHALF OF TAXPAYER:						
	a	COST OF LIVING AND OVERSEAS DIFFERENTIAL					3029
	b	FAMILY					3030
	c	EDUCATION					3031
	d	HOME LEAVE					3032
	e	QUARTERS					3033
	FOR ANY OTHER PURPOSE					3034	
	SPECIFY:					0131	[37]
23	OTHER FOREIGN EARNED INCOME					3035	
	SPECIFY:					0132	[54]
25	TOTAL EXCLUDABLE MEALS AND LODGING					3036	
PART VI - CLAIMING HOUSING EXCLUSION / DEDUCTION AND PART VII - CLAIMING FOREIGN EARNED INCOME EXCLUSION							
28	QUALIFIED HOUSING EXPENSES FOR TAX YEAR					3037	
29	HOUSING EXPENSE AND LIMITATION						
	COUNTRY	[25]	LOCATION	[25]	# DAYS IN QUALIFYING PERIOD WITHIN CURRENT TAX YEAR	DAILY LIMITATION	YEARLY LIMITATION
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
34	EMPLOYER PROVIDED AMOUNTS					3039	
PART VII - CLAIMING FOREIGN EARNED INCOME EXCLUSION							
31 / 38	NUMBER OF DAYS IN QUALIFYING PERIOD THAT FALL WITHIN CURRENT YEAR TAX YEAR					••	3038
PART VIII - CLAIMING HOUSING EXCLUSION, FOREIGN EARNED INCOME EXCLUSION, OR BOTH							
44	DEDUCTIONS ALLOWED THAT ARE ALLOCABLE TO EXCLUDED INCOME					3040	
	EXPLANATION OF DEDUCTIONS ALLOWED THAT ARE ALLOCABLE TO EXCLUDED INCOME					[70]	
						[70]	
						[70]	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
PART IX - CLAIMING HOUSING DEDUCTION							
49	HOUSING DEDUCTION CARRYOVER FROM 2009					3042	

<b>OIL</b>		<b>OIL AND GAS DEPLETION WORKSHEET</b>	
CARRY DEPLETION TO FORM: 1 - Ordinary Income Page 1 2 - Schedule K, Other Income Expenses		3 - Schedule K, Royalties	8185
CARRY TO MULTIPLE FORM NUMBER:			8186
PROPERTY OR WELL DESCRIPTION	8189		[50]
DATE OF FIRST PRODUCTION ☺		8190	- -
PROPERTY OR WELL LOCATION	8191		[65]
PROPERTY OR WELL TYPE: 1 = Primary Oil (Default) 2 = Primary Gas 3 = Secondary Oil 4 = Secondary Gas 5 = Fixed Contract Gas 6 = Marginal Oil Production 7 = Marginal Gas Production 8 = Transfer Oil 9 = Foreign Oil 10 = Geopressurized Brine 11 = Nonproducing			8192
INDEPENDENT PRODUCER		8317	<input type="checkbox"/> NO
PRODUCE OVER 1000 BARRELS PER DAY		8318	<input type="checkbox"/> YES
RETAILER OR REFINER		8319	<input type="checkbox"/> YES
PERCENT OF OWNERSHIP (DEFAULT IS 100 PERCENT)		8193	
<b>PART I - INCOME OR (LOSS)</b>			
1	GROSS INCOME	3580	
2	PRODUCTION OR SEVERANCE TAXES	3581	
3	LEASE OPERATING EXPENSES	3582	
4	ALLOCATED OVERHEAD	3583	
5	DEPRECIATION ★ ● ●	3584	
6	INTANGIBLE DRILLING COSTS		
	EXPENSED	3585	
	AMORTIZED	3586	
7	DRY HOLE EXPENSES	3587	
	ROYALTIES PAID	3588	
	DELAY RENTALS	3589	
	OTHER EXPENSES	3590	
<b>PART II - COST DEPLETION</b>			
9	COST OR OTHER BASIS	3591	
10	PRIOR YEARS' ACCUMULATED DEPLETION	3592	
12	ESTIMATED RESERVES AT END OF TAX YEAR	3593	
13	CURRENT YEAR PRODUCTION	3594	
<b>PART III - PERCENTAGE DEPLETION</b>			
17	OVERRIDE STATUTORY DEPLETION PERCENTAGE ● ●	8194	
<b>PART IV - DEPLETION ALLOWED</b>			
23	DEPLETION CARRYOVER (PRIOR YR UNALLOWED DEPLETION)	3595	
24	OVERRIDE INCOME LIMITATION (FIRST MULTIPLE ONLY) ● ●	3596	
25	OVERRIDE DEPLETION ALLOWED ● ●	3597	
<b>PART V - AMT ADJUSTMENTS</b>			
27	OVERRIDE DEPLETION ADJUSTMENT ● ●	3598	
28	OVERRIDE EXCESS INTANGIBLE DRILLING COSTS ● ●	3599	

<b>8846</b>		<b>EMPLOYER SS &amp; MEDICARE TAXES PD CREDIT</b>			
1	EMPLOYEE TIPS ON WHICH EMPLOYER PAID SOCIAL SECURITY AND MEDICARE TAXES DURING TAX YEAR	7457			
2	TIPS NOT SUBJECT TO CREDIT PROVISIONS	7458			
4	TIPS SUBJECT ONLY TO MEDICARE TAX	3560			
<b>FORM 3800 PART III (1040, 1041, 1120 ONLY)</b>					
NOTE: IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.					
<b>ALLOCATION GRID</b>					
OWNER (T, SP, J)	* CREDIT TYPE	AMT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					

<b>4506</b>		<b>REQUEST FOR COPY OF TAX FORM</b>	
STREET ADDRESS (INCLUDING APT, ROOM, SUITE) SHOWN ON LAST RETURN FILED		4201 [68]	
ZIP CODE SHOWN ON LAST RETURN FILED		4202 [68]	
IF COPY IS TO BE MAILED TO SOMEONE ELSE, NAME OF THIRD PARTY		4203 [34]	
THIRD PARTY STREET ADDRESS		4204 [34]	
THIRD PARTY ZIP CODE		4205 [34]	
THIRD PARTY TELEPHONE NUMBER		4206	[14]
TAX FORM NUMBER		4207	[30]
REQUESTING CERTIFIED COPY OF TAX FORM FOR COURT OR ADMINISTRATIVE PROCEEDINGS		4222	<input type="checkbox"/> YES
TAX PERIOD(S) (YEAR OR PERIOD ENDED DATE)			
4208	4211	4227	
4209	4225	4228	
4210	4226		
8 FEE: THERE IS A \$57 FEE FOR EACH PERIOD REQUESTED.			
IF RETURN IS NOT FOUND, PAYMENT IS TO BE REFUNDED TO THIRD PARTY LISTED ON LINE 5		4217	<input type="checkbox"/> YES
TELEPHONE NUMBER OF TAXPAYER		4212	

<b>3800</b>		<b>GENERAL BUSINESS CREDIT</b>			
FORM 3800 CARRYFORWARD FROM PRIOR YEAR		2531			
<b>PART II - ALLOWABLE CREDIT</b>					
CREDITS THAT REDUCE REGULAR TAX BEFORE GENERAL BUSINESS CREDIT:					
13	CONTROLLED GROUPS ONLY	PERCENT OF GROUP CREDIT THIS MEMBER RECEIVED	4484		
14	1120 ONLY	SMALL CORP EXEMPT FROM AMT UNDER SECTION 55(e)	1314 <input type="checkbox"/> YES		
16	b 1120/1120S ONLY	BONUS DEPRECIATION AMOUNT ATTRIBUTABLE TO RESEARCH CREDIT	9797		
17	a	RESEARCH CREDIT LIMITATION ● ●	9798		
<b>PART III - GENERAL BUSINESS CREDITS OR ELIGIBLE SMALL BUSINESS CR</b>					
<b>FORM 3800 PART III (1040, 1041, 1120 ONLY)</b>					
NOTE: IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.					
<b>ALLOCATION GRID FOR FORM 1065-B</b>					
OWNER (T, SP, J)	* CREDIT TYPE	AMT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
* A - GBC Non-passive B - GBC Passive C - GBC Carryforward D - GBC Carryback E - ESBC Non-passive F - ESBC Passive G - ESBC Carryforward H - ESBC Carryback					
<b>PRE-2008 AND OTHER CARRYFORWARDS (FOR PAGE 3, LINE 1zz)</b>					
OWNER (T, SP, J)	TYPE	DESCRIPTION		AMOUNT	
ADDITIONAL CARRYFORWARD / CARRYBACK STATEMENT IF NEEDED					
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					

<b>44</b>	<b>UNIVERSAL DATA SHEET 44</b> <small>(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)</small>	NAME	<b>2011</b>
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8582-CR		PASSIVE ACTIVITY CREDIT LIMITATIONS				
ACTIVITY NAME	[33]	T / S / J	WKSHT #	FROM FORM	CURRENT CREDIT	PRIOR YR CREDIT
1						
2						
3						
38	DISPOSED OF ENTIRE INTEREST (PASSIVE OR FORMER PASSIVE ACTIVITY) IN FULLY TAXABLE TRANSACTION, AND ELECT TO INCREASE BASIS OF THE CREDIT PROPERTY USED IN ACTIVITY BY UNALLOWED CREDIT THAT REDUCED PROPERTY'S BASIS					1356 <input type="checkbox"/> YES
39	DISPOSED ACTIVITY NAME					4730 [50]
40	DESCRIPTION OF CREDIT PROPERTY FOR WHICH ELECTION IS BEING MADE:					4731 [70]
41	AMOUNT OF UNALLOWED CREDIT THAT REDUCED PROPERTY'S BASIS					2911

8909		ENERGY EFFICIENT APPLIANCE CREDIT			
FOR USE WITH ALL SYSTEMS					
PART I - DISHWASHERS					
		(a) TYPE A	(b) TYPE B	(b) TYPE C	
1	NUMBER OF ELIGIBLE DISHWASHERS PRODUCED IN CALENDAR YEAR 2011	7765	9795	9792	
2	AVERAGE NUMBER OF ELIGIBLE DISHWASHERS PRODUCED IN THE 2 PRIOR CALENDAR YEARS	7768	9796	9793	
PART II - CLOTHES WASHERS					
		(a) TYPE A	(b) TYPE B		
7	NUMBER OF ELIGIBLE CLOTHES WASHERS PRODUCED IN CURRENT CALENDAR YEAR	7767	9787		
8	AVERAGE NUMBER OF ELIGIBLE CLOTHES WASHERS PRODUCED IN 2 CALENDAR YEARS	7770	9790		
PART III - REFRIGERATORS					
		(a) TYPE A	(b) TYPE B		
13	NUMBER OF ELIGIBLE REFRIGERATORS PRODUCED IN CURRENT CALENDAR YEAR	7771	7772		
14	AVERAGE NUMBER OF ELIGIBLE REFRIGERATORS PRODUCED IN THE 2 PRIOR CALENDAR YEARS	7774	7775		
PART IV - CURRENT YEAR ENERGY APPLIANCE CREDIT					
20	AVERAGE ANNUAL GROSS RECEIPTS			7778	
23	MEMBERS OF A GROUP TREATED AS A SINGLE PRODUCER: SHARE OF LINE 23 AMOUNT ALLOCATED TO OTHER GROUP MEMBERS			●● 9758	
26	1041 ONLY	AMOUNT ALLOCATED TO BENEFICIARIES OF THE ESTATE OR TRUST		●● 7761	
ALLOCATION GRID					
OWNER (T, S, J)	CREDIT TYPE	AMOUNT ALLOCATED TO TYPE	PASS-THROUGH ENTITY EIN	PASSIVE ACTIVITY NAME	8582-CR WKSHT #
<small>* A - GBC Non-passive   B - GBC Passive   C - GBC Carryforward   D - GBC Carryback   E - ESBC Non-passive   F - ESBC Passive   G - ESBC Carryforward   H - ESBC Carryback</small>					
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					

8910		ALTERNATIVE MOTOR VEHICLE CREDIT							
PART I - TENTATIVE CREDIT									
VEHICLE YEAR	VEHICLE MAKE AND MODEL (SEE GRID FOR ELIGIBLE VEHICLES)	[10]	VIN NUMBER	MAX CREDIT ALLOWED	DATE PLACED IN SERVICE	PURCHASE DATE	BUSN USE %	COST ELECTRIC DRIVE MOTOR	SECTION 179 EXP DED
					- -	- -			
					- -	- -			
					- -	- -			
FORM 3800 PART III (1040, 1041 1120 ONLY)									
<b>NOTE:</b> IF ALLOCATION GRID ENTRIES ARE NOT MADE, THEN TYPE A (GENERAL BUSINESS CREDIT FROM A NON-PASSIVE ACTIVITY) WILL BE ASSUMED. ENTER PRIOR YEAR PASSIVE ACTIVITY CREDITS DIRECTLY ON FORM 8582-CR PART I GRID.									
ALLOCATION GRID									
OWNER (T, S, J)	* CREDIT TYPE	AMOUNT ALLOCATED TO TYPE	PASS-THRU ENTITY EIN	PASSIVE ACTIVITY NAME	8282-CR WKSHT #				
<small>* A - GBC Non-passive   B - GBC Passive   C - GBC Carryforward   D - GBC Carryback   E - ESBC Non-passive   F - ESBC Passive   G - ESBC Carryforward   H - ESBC Carryback</small>									