

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.

	TAXPAYER		SPOUSE	
First Name	0002		0003	
Last Name	0001		0076	
Title	0107		0028	
Salutation	0401		0402	
SSN	0004		0005	
Occupation	0006		0007	
Birthdate	0062		0063	
Blind	1103	<input type="checkbox"/> Yes	1104	<input type="checkbox"/> Yes
Permanently and totally disabled ..	1197	<input type="checkbox"/> Yes	1198	<input type="checkbox"/> Yes
Death Date	0170		0110	
Over age 65	1101	<input type="checkbox"/> Yes	1102	<input type="checkbox"/> Yes
E-mail address ..	8183		8300	
	Telephone Numbers		Telephone Numbers	
	Day or Evening		Day or Evening	
Home phone ...	0060	0199	8165	8152
Work phone ...	0296	0197	8166	8153
Cell phone	8248	8249	8151	8154
Fax	0130		8167	
President Elect Fd	1122	<input type="checkbox"/> Yes	1123	<input type="checkbox"/> Yes
Tuition and fees ..	7076		7077	
AOC expenses ..	9134		9135	
AOC prior years ..	7791		7792	
Credit Type	8312		8313	

Address 0008 Apt No 0010
 City 0009 State 0011 ZIP Code 0012
 County 0101 County / municipal code 0341
 School District Name 0045 School District number 0126
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside 2245

Foreign address 0227
 City 0351 State or Province 0352
 Country 0229 Postal Code .. 0353

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

0133

- 1 = Single
 - 1111 Claimed as a dependent on someone else's return.
 - 8101 Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - 1391 Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
 - 1157 Dual status alien
 - 1139 Itemizing required for Schedule A
 - 1140 Taking standard deduction
 - 1393 Claiming spouse as a dependent
 - 1199 Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child Year spouse died (2009 or 2010) 0540

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

Bank name	Routing number	Type of account C / S	Account number

DEPENDENT INFORMATION

CLIENT _____

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	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial				
Last Name if Diff				
Birthdate				
Soc Sec Number				
Relationship				
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees				
AOC Expenses				
** Type of Educ Cr				
AOC Prior Years				
*** Status Code				
Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidnapped	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No) 9.				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No) 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) a.				
b. What is the child's relationship to the other person(s)? b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) 13c.				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No) 14.				

Number of children listed above who lived at home (default)	2324
Number of children listed above who did not live at home due to divorce or separation	2286
Number of other dependents listed above	2325

* An entry in this box disallows Child Tax Credit for this child.

**** Type of Education Credit:** AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

***** Status Codes:**

0 = Claimed	6 = Not claimed but qualifies for both EIC and DCB
1 = Not claiming child this year	7 = Not claimed but qualifies for HOH and DCB
2 = Not claimed but child qualifies for EIC	8 = Not claimed but qualifies for all three
3 = Not claimed but qualifying child for Head of Household	9 = Claimed but ineligible for EIC
4 = Not claimed but qualifies for Depn Care Benefits (DCB)	10 = Claimed on Fed, but not Puerto Rico
5 = Not claimed but qualifies for both EIC and HOH	11 = Claimed on Puerto Rico, but not Fed

NOTES:

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT _____

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT
Taxpayer or spouse? 8208 Employer identification no. 8207
Employer name 8204 Foreign address 8235 Yes
Employer street address 8205
Employer city 8197 State 8198 ZIP code 8199
Control number 8209

Table with 2 columns: Description and Amount. Includes 2010 AMOUNTS for items 1-11 and 12a-d. Item 11 is shaded. Item 12a-d are also shaded.

Table with 7 columns: 15 State, 16 State Employer I.D. Number, 17 State Wages, 18 State Tax Withheld, 19 Local Wages, 20 Local Tax Withheld, 21 Locality Name. Row 1 is shaded.

Corrected Form W-2? 8224 Yes Clergy Form W-2 1448 Yes
Non-standard indicator? 8223 Yes Suppress Clergy self-employment tax 1452 Yes

W-2 #

WAGE AND TAX STATEMENT
Taxpayer or spouse? 8208 Employer identification no. 8207
Employer name 8204 Foreign address 8235 Yes
Employer street address 8205
Employer city 8197 State 8198 ZIP code 8199
Control number 8209

Table with 2 columns: Description and Amount. Includes 2010 AMOUNTS for items 1-11 and 12a-d. Item 11 is shaded. Item 12a-d are also shaded.

Table with 7 columns: 15 State, 16 State Employer I.D. Number, 17 State Wages, 18 State Tax Withheld, 19 Local Wages, 20 Local Tax Withheld, 21 Locality Name. Row 1 is shaded.

Corrected Form W-2? 8224 Yes Clergy Form W-2 1448 Yes
Non-standard indicator? 8223 Yes Suppress Clergy self-employment tax 1452 Yes

Attach additional W-2's

A

ITEMIZED DEDUCTIONS

CLIENT _____

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES		2011 AMOUNTS		2010 AMOUNTS
		TAXPAYER	SPOUSE	
1. Prescription medicines and drugs		2345		
Medical insurance premiums (Medicare premiums are entered with Social Security)		2344		
Medical miles driven 01-01-11 to 06-30-11		2548	MI	MI
Medical miles driven 07-01-11 to 12-31-11		3564	MI	MI
				NEW
LONG TERM CARE PREMIUMS ←	Taxpayer's amount	3730		
	Spouse's amount	3731		
	Dependent's amount 1.	3732		
	Dependent's birth date: 0046			
Doctors, dentists, nurses, and hospitals:				

TAXES PAID		2011 AMOUNTS		2010 AMOUNTS
5. Additional state and local income taxes 5.		2347		
6. Real estate taxes (state and local) (not land held for investment)		2946		
Foreign real estate taxes 6.		2836		
7. Personal property taxes 7.		2348		
8. Foreign income taxes paid 8.		3280		
Other taxes:				

INTEREST PAID		2011 AMOUNTS		2010 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 10.		2357		
	First name		T, S, J	
	Address _____		<input type="checkbox"/>	
	City, state, zip _____			
	SSN _____			
	FEIN _____	Amount _____		
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	Second name		T, S, J	
	Address _____		<input type="checkbox"/>	
	City, state, zip _____			
	SSN _____			
	FEIN _____	Amount _____		
	Third name		T, S, J	
	Address _____		<input type="checkbox"/>	
	City, state, zip _____			
	SSN _____			
	FEIN _____	Amount _____		
Details: _____				
12. Points not reported on Form 1098 12.		2353		
13. Qualified mortgage insurance premiums 13.		3258		
14. Deductible investment interest 14.		2356		

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

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INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2010 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)				2402	

SELLER-FINANCED MORTGAGE INTEREST			2011 AMOUNTS	2010 AMOUNTS
Name				
Address				
City state zip				
ID Number	SSN	FEIN		
Name				
Address				
City state zip				
ID Number	SSN	FEIN		
Name				
Address				
City state zip				
ID Number	SSN	FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)					2276		

Foreign account
 Name of country
 Foreign trust
 EF ONLY: Accrued market discount

2011 AMOUNTS	2010 AMOUNTS
1112 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
0069	
1147 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3263	NEW

BUSINESS INCOME

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2011 AMOUNTS	2010 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint)		0510	
Clergy Schedule C		1450 <input type="checkbox"/> Yes	<input type="checkbox"/>
If Joint Schedule C, taxpayer's ownership percentage		0501 %	
Community property for self-employment purposes		1492 <input type="checkbox"/> Yes	<input type="checkbox"/>
Two-letter state code		0309	
A. Principal business activity	A. 4345		
Principal busn including product or svc	0022		
B. Principal business code	B. 0023		
C. Business name	C. 0024		
D. Federal employer identification number	D. 0031		
E. Business street address	E. 0025		
Business city, state, ZIP code	0026		
F. ACCOUNTING METHOD IF NOT CASH			
← Accrual method	F. 1126	<input type="checkbox"/> Yes	<input type="checkbox"/>
Other	1127	<input type="checkbox"/> Yes	<input type="checkbox"/>
Specify other method	0147		
G. Were you a "material participant" in the operation of this business?	G. 1242	<input type="checkbox"/> No	<input type="checkbox"/>
H. Is this the first Schedule C filed for this business?	H. 1290	<input type="checkbox"/> Yes	<input type="checkbox"/>
I. Were you required to file Form(s) 1099 in 2011?	I. 1632	<input type="checkbox"/> Yes	NEW
J. If yes, were all required Forms(s) filed?	J. 1633	<input type="checkbox"/> No	NEW

PART I INCOME		2011 AMOUNTS	2010 AMOUNTS
1a. Gross merchant card/3rd party network receipts and sales	1a. 9328		NEW
b. Gross receipts or sales not included in line 1a	b. 9326		
c. Income reported on W-2 if 'statutory employee' box checked	c. 9327		NEW
2. Returns and allowances	2. 2262		
6. Other income (including fuel tax credit or refund)	6. 2237		

PART II EXPENSES		2011 AMOUNTS	2010 AMOUNTS
8. Advertising	8. 2473		
9. Car and truck expenses (see vehicle depreciation organizer)	9. 2477		
10. Commissions and fees	10. 2478		
11. Contract labor	11. 2475		
12. Depletion	12. 2479		
13. Depreciation and section 179 expense deduction (see depreciation organizer)	13. 2480		
14. Employee benefit programs	14. 2482		
15. Insurance (other than health)	15. 2484		
16a. Mortgage interest (paid to banks, etc.)	16a. 2474		
b. Other interest	b. 2495		
17. Legal and professional services	17. 2487		
18. Office expense	18. 2488		
19. Pension and profit-sharing plans	19. 2489		
20a. Rent or lease of vehicles, machinery, and equipment	20a. 2476		
b. Rent or lease of other business property	b. 2491		
21. Repairs and maintenance	21. 2492		
22. Supplies	22. 2493		
23. Taxes and licenses	23. 2494		
24a. Travel:	24a. 2496		
b. Meals and entertainment subject to 50% limitation	b. 2673		
Meals and entertainment	2672		
25. Utilities	25. 2497		
26. Wages less employment credits	26. 2498		
30. Expenses for busn use of home (see 8829 organizer or attach explanation)	30. 2437		
32b. Amount at risk	32b. 2644		

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PART III		COST OF GOODS SOLD	2011 AMOUNTS		2010 AMOUNTS
33.	INVENTORY METHOD IF NOT COST	Lower of cost or market	1155	Yes	
		Other	1156	Yes	
		Specify other method 33. 0280			
34.	Was there any change in inventory method?	34.	1144	Yes	
35.	Inventory at beginning of the year	35.	2263		
36.	Purchases	36.	2265		
	Cost of items withdrawn for personal use		2266 ()	()	
37.	Cost of labor (not salary paid to yourself)	37.	2267		
38.	Materials and supplies	38.	2268		
39.	Other costs	39.	2269		
41.	Inventory at end of the year	41.	2264 ()	()	

PART IV		INFORMATION ABOUT YOUR VEHICLE	2011 AMOUNTS		2010 AMOUNTS	
43.	Date vehicle was placed in service for business purposes	43.	0065			
44a.	Business miles vehicle was driven 01/01/11 - 06/30/11	44a.	2857	MI	NEW	
			Business miles vehicle was driven 07/01/11 - 12/31/11	2858		MI
			b. Total commuting miles vehicle was driven	2461		MI
			c. Total other miles vehicle was driven	2486		MI
45.	Was this vehicle available for use during off-duty hours?	45.	1245	Yes		
46.	Was another vehicle available for personal use?	46.	1163	Yes		
47a.	Is there evidence to support your deduction?	47a.	1292	No		
			b. If "yes," is the evidence written?	1267	No	

PART V		EXPENSES	2011 AMOUNTS		2010 AMOUNTS
Other expenses:					
	Amortization		2418		
	Miscellaneous		2499		
	Oil and gas deduction		3576		
	Postage		2490		
	Telephone (business only)		2629		

NOTES OR QUESTIONS:

BUSINESS USE OF HOME EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS		2011 AMOUNTS		2010 AMOUNTS	
Spouse's Form 8829 (for Married Filing Separate split return only)		1469			
1.	Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples 1.	3477			
2.	Total area of home 2.	3497			
4.	Total hours this facility was used for day care 4.	3498			
5.	Total hours available for use (if used for day care that was started or stopped this year) 5.	2583			
	Part of home used exclusively for day care 5.	3869			

DEDUCTION DESTINATION		2011 AMOUNTS		2010 AMOUNTS	
Home expense deduction is associated with:					
1 = Schedule C 2 = Schedule F 3 = Form 2106					
4 = Schedule K-1 (1065) 5 = Schedule E pg 1					
Which multiple of the form or schedule selected above?		0566			
For Sch C / K-1 Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797		3553			
Schedule E Only: Schedule E income related to business use of home		2950			
For Schedule F/2106 Only: Business expenses that are NOT from business use of home		9885			NEW
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses)		2857			
		3489			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
9. Casualty losses 9.	3179		3182	
10. Deductible mortgage interest	3180		3183	
Qualified mortgage insurance premium 10.	2941		2942	
11. Real estate taxes 11.	3181		3184	
16. Excess mortgage interest 16.	3241		3469	
17. Insurance 17.	3242		3450	
18. Rent 18.	3808		3933	
19. Repairs and maintenance 19.	3243		3468	
20. Utilities 20.	3244		2707	
21. Other expenses 21.	3245		2721	
24. Operating expenses carryover from 2010 Form 8829, line 42 24.			2722	
28. Excess casualty losses 28.			3246	
30. Carryover of excess casualty losses and depreciation from 2010 Form 8829, line 43 30.			3134	

DEPRECIATION OF HOME		2011 AMOUNTS		2010 AMOUNTS	
36.	Smaller of home's adjusted basis or fair market value (see depreciation organizer) 36.	3247			
37.	Value of land included in home's adjusted basis or fair market value 37.	3248			
	Date business use began _____				

INSTALLMENT SALE INCOME

CLIENT _____

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PRIOR YEAR INSTALLMENT SALE			
1. Description of property	0095		
Ownership Code (Taxpayer, Spouse, Joint)	0216	Two-letter state code	1. 0217
2. Date acquired		(MM-DD-YYYY)	0096
Date sold		(MM-DD-YYYY)	2. 0097
3. Property was sold to a related party after May 14, 1980			3. 8424 <input type="checkbox"/> Yes
4. Property sold to a related party was a marketable security			4. 8425 <input type="checkbox"/> Yes
		2011 AMOUNTS	2010 AMOUNTS
19. Gross profit percentage	19.	0043 %	
21. Principal payments received during the year		2889	
Payments that qualify for 28% rate		2902	
Current interest payments received	21.	3446	
23. Total payments received in prior years		2890	
Prior year interest payments received	23.	3447	
25. Portion that is taxable as ordinary income	25.	2891	
26. Total unrecaptured section of 1250 gain	26.	7664	

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NOTES OR QUESTIONS:

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1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.																	
Taxpayer or Spouse	8208	Payer's federal identification no.		8207													
Payer's name	8204																
Payer's street address	8205																
Payer's city	8197	State	8198	ZIP code	8199												
Account number	8209	Foreign address			8235	Yes											
2010 AMOUNTS																	
1. Gross distribution	7301	7. Distribution code 8211 IRA/SEP/SIMPLE 8225 Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Distrib rolled over 1 = IRA, 2 = Roth 8210 8. Other 8212 Percent of other 8213 9a. Percent of total distribution 8214 9b. Total employee contrib .. 7307 10. Name of state .. 8217 State tax withheld 7314 11. Payer's state I.D. number: 8216 12. State distribution 7313 13. Local tax withheld 7316 14. Name of locality 8218 15. Local distribution 7315															
2a. Taxable amount	7303																
2b. Tax amount not determined	8223									Yes	<input type="checkbox"/>						
Total distribution?	8224									Yes	<input type="checkbox"/>						
Qualified Charitable Dist (QCD)	7797									3. Capital gain (included in box 2a) 7304 4. Federal income tax withheld ... 7302 5. Employee contrib or ins prem .. 7305 6. Net unrealized appreciation ... 7306 Disability is earned income? ... 8226 Yes <input type="checkbox"/>							
Qual health svgs acct funding . .	7937																
Insurance premium - retired public safety officer	7938																
Cost in plan at starting date	7309	Amount recd tax-free after 1986 7310															
Age at starting date	8231	# mos payments made this year 8232															
Annuity starting date	8234	Using Table 1 or Table 2 ... 8233															

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.																	
Taxpayer or Spouse	8208	Payer's federal identification no.		8207													
Payer's name	8204																
Payer's street address	8205																
Payer's city	8197	State	8198	ZIP code	8199												
Account number	8209	Foreign address			8235	Yes											
2010 AMOUNTS																	
1. Gross distribution	7301	7. Distribution code 8211 IRA/SEP/SIMPLE 8225 Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Distrib rolled over 1 = IRA, 2 = Roth 8210 8. Other 8212 Percent of other 8213 9a. Percent of total distribution 8214 9b. Total employee contrib .. 7307 10. Name of state .. 8217 State tax withheld 7314 11. Payer's state I.D. number: 8216 12. State distribution 7313 13. Local tax withheld 7316 14. Name of locality 8218 15. Local distribution 7315															
2a. Taxable amount	7303																
2b. Tax amount not determined	8224									Yes	<input type="checkbox"/>						
Total distribution?	8223									Yes	<input type="checkbox"/>						
Qualified Charitable Dist (QCD)	7797									3. Capital gain (included in box 2a) 7304 4. Federal income tax withheld ... 7302 5. Employee contrib or ins prem .. 7305 6. Net unrealized appreciation ... 7306 Disability is earned income? ... 8226 Yes <input type="checkbox"/>							
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Cost in plan at starting date	7309	Amount recd tax-free after 1986 7310															
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Annuity starting date	8234	Using Table 1 or Table 2 ... 8233															

ATTACH ANY ADDITIONAL 1099-R'S

NONDEDUCTIBLE IRAs

CLIENT _____

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PART I - NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs

	TAXPAYER		SPOUSE	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
1. Nondeductible traditional IRA contributions for 2011 . . .	2814		2820	
2. Total traditional IRA basis for 2010 and prior years . . .	2815		2821	
4. IRA contributions made from 01/01/2012 to 04/08/2012	2813		2819	
6. Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12/31/2011	2812		2818	
Outstanding rollovers	2787		2790	
7. Total distributions received from traditional, SEP, and SIMPLE IRAs during 2011	2816		2822	
8. Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2011	7220		7228	
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs)	7221		7229	

PART II - 2011 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs

	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
17. Basis of net conversions to Roth IRAs	7222		7230	

PART III - DISTRIBUTIONS FROM ROTH IRAs

	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
19. Total Roth IRA distributions received in 2011 including first-time homebuyer distributions	7223		7231	
20. Qualified first-time homebuyer expenses	7649		7650	
22. Basis in Roth IRA contributions	7270		7263	
24. Basis in Roth IRA conversions	7262		7267	
26. Total of lines 20a, 20b, 25a, and 25b from 2010 Form 8606	SEE 2010 KEY DATA BELOW		9356	
28. Portion of line 24, if any, converted before 2010	9351	NEW	9357	NEW
33. Total of lines 20a and 25a from 2010 Form 8606	SEE BELOW		9359	

PART IV - CERTAIN DISTRIBUTIONS FROM DESIGNATED ROTH ACCOUNTS

	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
40. Total of lines 25a and 25 b from 2010 Form 8606	SEE BELOW		9360	
41. Amount, if any, from line 3 of the Designated Roth Account Income Acceleration worksheet in 2010 Form 8606 instructions	9355	NEW	9361	NEW
44. Amount from line 25a of 2010 Form 8606	SEE BELOW		9245	

2010 8606 KEY DATA

IRA to Roth amounts to be taxed in: 2011 (2010 line 20a)				
2012 (2010 line 20b)				
Qualified Plan to Roth amounts to be taxed in:				
2011 (2010 line 25a)				
2012 (2010 line 25b)				

New Clients: Please attach a copy of your 2010 Form 8606.

NOTES OR QUESTIONS:

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION	LOCATION
1. Property description . . .	0092	0051
City	0532	State <input type="text" value="0533"/> Zip code <input type="text" value="0534"/>
Type of property*:	<input type="text" value="0612"/> NEW	
2 - Multi-family residence		* 1 - Single-family residence
4 - Commercial		3 - Vacation/short-term rental
6 - Royalties		5 - Land
8 - Other		7 - Self-rental
Describe: _____		

Type of activity*: <input type="text" value="0306"/>	* 1 - Passive rental real estate with active participation 3 - Real estate professional 5 - Land lease (nonpassive investment income) 7 - Not rented for profit 9 - Royalty (portfolio, nonpassive)
2 - Passive rental real estate 4 - Nonpassive rental real estate 6 - Self-rental to business in which taxpayer materially participated 8 - Vacation home (related party for less than FMV rental)	

Ownership code (T = Taxpayer; S = Spouse; J = Joint)

Two-letter state code

Final disposition

Percent of ownership (if not 100%)

Percent of personal use or non vacation use

2. Number of days home used personally

Number of days home rented at fair rental price

Rental is part of personal residence

Square feet used for rental purposes

Total square feet of rental property

2011 AMOUNTS	2010 AMOUNTS
0075	
0068	
1261 <input type="checkbox"/> Yes	
0070	
8377	
2. 9877	
9878	
1175 <input type="checkbox"/> Yes	
9875	
9876	

VACATION HOME	2011 AMOUNTS	2010 AMOUNTS
Use tax court method to allocate interest and taxes	1592 <input type="checkbox"/> Yes	
Number of days home owned, if not 365 (tax court method)	9879	

VACATION HOME CARRYOVER LOSSES				
FEDERAL				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	7384()			
Depreciation expense	7385		7386	
STATE				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses				
Depreciation expense	9669()		9668()	NEW

INCOME	2011 AMOUNTS	2010 AMOUNTS
3a. Rents from merchant card or third party	9520	NEW
Royalties from merchant card or third party	9521	NEW
3b. Rents received	2876	
Royalties received	2873	

NOTES

E1 _____ INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

EXPENSES	DIRECT EXPENSES		INDIRECT EXPENSES	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
5. Advertising	3344		9886	
6. Auto expense (see vehicle deprec organizer)	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	
Qualified 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 (see deprec organizer)	2879		9905	
Depletion (see depreciation organizer)	3570		9906	
19. Other expenses:				

Amortization (see depreciation organizer)	3361		9902	
Office in home deduction	9962		9903	
Oil and gas deduction	3573		9904	

PRIOR YEAR PASSIVE ACTIVITY CARRYOVER LOSSES				
FEDERAL				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	2925 ()		2580 ()	
Schedule D short-term losses	9880 ()		9907 ()	
Schedule D long-term losses	9881 ()		9908 ()	
Schedule D 28% rate LT losses	9882 ()		9909 ()	
Form 4797 Pt I (Sec 1231 losses)	9883 ()		9910 ()	
Form 4797 Pt II (Ordinary losses)	9884 ()		9911 ()	

STATE				
	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	3144 ()		9660 ()	NEW
Schedule D short-term losses	9991 ()		9663 ()	NEW
Schedule D long-term losses	9913 ()		9664 ()	NEW
Schedule D 28% rate LT losses	9914 ()		9665 ()	NEW
Form 4797 Pt I (Sec 1231 losses)	9915 ()		9666 ()	NEW
Form 4797 Pt II (Ordinary losses)	9916 ()		9667 ()	NEW

FOR REAL ESTATE PROFESSIONALS ONLY		
	2011 AMOUNTS	2010 AMOUNTS
Passive activity loss carryovers that are from an activity that was not an active participation activity prior to becoming a real estate professional	1598 <input type="checkbox"/> Yes	

INCOME OR LOSS FROM RENTAL REAL ESTATE, Pg 2

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2011 AMOUNTS	2010 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2011 AMOUNTS	2010 AMOUNTS
Gross farming and fishing income	2840	
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules	2280	

NOTES

F _____

PROFIT OR LOSS FROM FARMING

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2011 AMOUNTS	2010 AMOUNTS
Business owner (T = Taxpayer, S = Spouse, J = Joint)		0510	
Two-letter State code		0310	
If this is a joint Schedule F, the taxpayer's ownership percentage is:		0502	
This Schedule F is considered community property for self-employment purposes		1493 <input type="checkbox"/> Yes	
A. Principal activity	4346		
Principal product	A. 0074		
B. Principal agricultural activity code		B. 0073	
D. Employer ID number (EIN), if any		D. 0072	
E. Did you "materially participate" in the operation of this business?	E. 1244 <input type="checkbox"/> No		
F. Taxpayer required to file Form(s) 1099 in 2011?	F. 1617 <input type="checkbox"/> Yes		NEW
G. If 'Yes', all required Form(s) 1099 were filed	G. 1618 <input type="checkbox"/> No		NEW

FARM INCOME - CASH METHOD		2011 AMOUNTS	2010 AMOUNTS
1a. Specified sales of livestock and other resale items	1a.	3649	NEW
b. Sales livestock and other resale items not reported on line 1a	b.	2676	
d. Cost or other basis of livestock of other items reported on line 1c	d.	2677 () ()	
2a. Specified sales of products raised	2a.	3882	NEW
b. Sales products raised but not reported on line 2a	b.	2678	
3a. Total cooperative distributions (Form(s) 1099-PATR)	3a.	2679	
b. Taxable amount	b.	2680	
4a. Agricultural program payments	4a.	2681	
b. Taxable amount	b.	2661	
5a. Commodity Credit Corporation loans reported under election	5a.	2683	
Explain CCC loans reported under election: ←	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
b. CCC loans forfeited	5b.	2793	
c. Taxable amount	c.	2774	
6a. Crop insurance proceeds and Federal crop disaster pmts received this yr. . .	6a.	2794	
b. Taxable amount	b.	2684	
c. Election is made to defer crop insurance proceeds to next year	c.	1151 <input type="checkbox"/> Yes	
d. Crop insurance proceeds deferred from last year	d.	2919	
Explain election to defer crop insurance proceeds: ←	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
7a. Specified custom hire (machine work) income	7a.	3883	NEW
b. Custom hire income not reported on line 7a	b.	2685	
8a. Specified other income (include federal/state fuel tax credit/refund)	8a.	3881	NEW
b. Other income not reported on line 8a	b.	2686	

NOTES OR QUESTIONS:

F _____

PROFIT OR LOSS FROM FARMING, CONT'D

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

FARM EXPENSES		2011 AMOUNTS	2010 AMOUNTS
10.	Car and truck expenses (see vehicle depreciation organizer)	10. 2696	
11.	Chemicals	11. 2698	
12.	Conservation expenses	12. 2699	
13.	Custom hire (machine work)	13. 2708	
14.	Depreciation and sec 179 expense deduction (see depreciation organizer) . .	14. 2700	
15.	Employee benefit programs (other than pension and profit-sharing)	15. 2701	
16.	Feed purchased	16. 2702	
17.	Fertilizers and lime	17. 2703	
18.	Freight and trucking	18. 2704	
19.	Gasoline, fuel and oil	19. 2705	
20.	Insurance (other than health)	20. 2706	
21a.	Interest: Mortgage (paid to banks, etc.)	21a. 2710	
b.	Other interest	b. 2711	
22.	Labor hired less employment credits	22. 2723	
23.	Pension and profit-sharing plans	23. 2712	
24a.	Rent or lease: Vehicles, machinery, and equipment	24a. 2713	
b.	Other (land, animals, etc.)	b. 2660	
25.	Repairs and maintenance	25. 2714	
26.	Seeds and plants	26. 2715	
27.	Storage and warehousing	27. 2716	
28.	Supplies	28. 2717	
29.	Taxes	29. 2718	
30.	Utilities	30. 2719	
31.	Veterinary, breeding, and medicine	31. 2720	
32.	Other expenses: Amortization (see depreciation organizer)	32. 2642	
	Miscellaneous	2709	
	Office in home expense	3541	
35.	Received a subsidy this year	35. 1616 <input type="checkbox"/> Yes	NEW
36.	Amount at risk	36. 2725	
FARM INCOME - ACCRUAL METHOD		2011 AMOUNTS	2010 AMOUNTS
	Unit-livestock or farm price method used	1383 <input type="checkbox"/> Yes	
37a.	Specified sales of livestock, produce, grains, and other products	37a. 3901	NEW
b.	Sales of livestock, produce, grains and other products not reported on in 37a . .	b. 2687	
38a.	Cooperative distributions (Form(s) 1099-PATR)	38a. 2769	
b.	Taxable amount	b. 2770	
39a.	Agricultural program payments	39a. 2688	
b.	Taxable amount	b. 2776	
40a.	Commodity Credit Corporation loans reported under election	40a. 2690	
b.	CCC loans forfeited	b. 2921	
c.	Taxable amount	c. 2798	
41.	Crop insurance proceeds	41. 2920	
42a.	Specified custom hire (machine work) income from merchant card or 3rd party payment	42a. 3877	NEW
b.	Other custom hire income not reported on line 42a	b. 2691	
43a.	Specified other income (include federal/state fuel tax credit/refund	43a. 3876	NEW
b.	Other income not reported on line 43a	b. 2692	
45.	Inventory of livestock, produce, grains, and other products at beg of year . . .	45. 2693	
46.	Cost of livestock, produce, grains, and other products purchased during yr . .	46. 2694	
48.	Inventory of livestock, produce, and other products at end of year	48. 2695 () ()	

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME		2011 AMOUNTS				2010 AMOUNTS	
		TAXPAYER		SPOUSE		TAXPAYER	SPOUSE
7.	Taxable scholarship / fellowship income . . .	7.	2252				
10.	IF YOU ITEMIZED LAST YEAR ←	Deducted 2010 state/local sales tax	1023	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
		State tax refund	2337				
		2010 state and local taxes . . .	3499				
		2010 itemized deductions . . .	2297				
11.	Alimony received	11.	2115		2573		
19.	Unemployment compensation received . . .		2435		2569		
	Repaid unemployment compensation	19.	2929				
20.	SOCIAL SECURITY ← BENEFITS	Social security benefits received	2247		2389		
		Medicare premiums withheld	3544		3545		
		Medicare prescription drug prem	3415		3416		
		Tier 1 Railroad retirement received	2992		2993		
		Federal withholding	2598		2599		
21.	Net operating loss carryover	21.	2537				
	Other income:		SE?	T/S	ST	ST	
			<input type="checkbox"/>	<input type="checkbox"/>			

ADJUSTMENTS TO INCOME		2011 AMOUNTS				2010 AMOUNTS	
23.	Educator expenses	23.	2594		3625		
25.	Health savings account deduction	25.	2830				
26.	Moving expenses	26.	2340				
28.	Self-employed SEP, SIMPLE, and qual plans	28.	7621		7622		
29.	Self-employed health insurance		2420		2421		
	Health insurance premium from S Corp . . .	29.	2832		2834		
30.	Penalty on early withdrawal of savings	30.	2519				
31.	Alimony paid	31.	2251				
	Recipient's Name	SSN		ST		ST	
32.	Payments to your IRA (see 8606 organizer) .		2518		2514		
	Covered by employer's retirement plan . . .	32.	1124	<input type="checkbox"/> Yes	1161	<input type="checkbox"/> Yes	
33.	Student loan interest deduction	33.	2333		2848		
34.	Tuition and fees deduction	34.	2595				
35.	Domestic production activities	35.	2849				
36.	Jury duty pay given to employer		3212				
	Other adjustments:		T/S	ST	ST		
			<input type="checkbox"/>				

NOTES OR QUESTIONS:

NONCASH CHARITABLE CONTRIBUTIONS

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2011.
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES INFORMATION ON DONATED PROPERTY

Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION (Complete line 2 if less than an entire interest in property listed in Part I was given up) (Complete line 3 if conditions were placed on a contribution listed in Part I)

- 2a. Enter letter from Part I that identifies the property 0256
- b. Total amount claimed as deduction for property listed in Part I: (1) For this tax year 2379
(2) For any prior tax years 2501
- c. Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
Name of charitable organization 0258
Address (number, street, and room or suite no.) 0312
City or town 0313 State 0314 ZIP code 0315
- d. For tangible property, enter place where property is located or kept 0261
- e. Name of any person, other than the donee organization having actual possession of the property
0262

If an agreement between the donor and donee places conditions on any contrib listed in Part I, answer the following questions. Attach stmt.

- 3a. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . 3a. 1301 Yes
- b. Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? 1302 Yes
- c. Is there a restriction limiting the donated property for a particular use? 3c. 1303 Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP) INFORMATION ON DONATED PROPERTY

Enter kind of donated property from the listing below:

1 = Art (contribution over \$20,000)	4 = Qualified conservation contribution	7 = Equipment
2 = Art (contribution under \$20,000)	5 = Other real estate	8 = Securities
3 = Collectibles	6 = Intellectual property (patents, etc.)	9 = Other

0176

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

EMPLOYEE BUSINESS EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION			
Occupation in which expenses were incurred	0032		
Business expense owner (Taxpayer or Spouse)		0356	
Two-letter state code		0391	
	2011 AMOUNTS	2010 AMOUNTS	
Employee business expense is for a Clergy return	1449	Yes	

EMPLOYEE BUSINESS EXPENSE	2011 AMOUNTS	2010 AMOUNTS
2. Parking fees, tolls, local transportation, etc	2. 2449	
3. TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <ul style="list-style-type: none"> Lodging Car rental Other 	3. 2440 2215 2216	
4. Other business expenses not included above	4. 2454	
5. Total meals and entertainment expenses	2450	
Dept. of Transportation employee	5. 1137	Yes
6. REIMBURSEMENT NOT ON FORM(S) W-2 <ul style="list-style-type: none"> Other than meals and entertainment Meals and entertainment 	7A. 2453 B. 2238	

LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10. Business owner is Armed Forces Reservist ..	1178		Amount allocated to Armed Forces Reservist .. 2441
Business owner is a Qualified Performing Artist	1168		Amount allocated to Qualified Performing Artist 2442
Business owner is a fee-basis state/local government employee	1118		Amount allocated to fee-basis state/local government employee
Business owner is a disabled employee	1169		Amount allocated to disabled employee

	VEHICLE 1		VEHICLE 2	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2011				
Busn miles vehicle driven 01-01-11 to 06-30-11 ..				
Busn miles vehicle driven 07-01-11 to 12-31-11 ..		NEW		NEW
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn ..				
Limitation amount				

NOTES OR QUESTIONS:

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	VEHICLE 3		VEHICLE 4	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2011				
Busn miles vehicle driven 01-01-11 to 06-30-11, ...				
Busn miles vehicle driven 01-01-11 to 06-30-11		NEW		NEW
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn ...				
Limitation amount				

	VEHICLE 5		VEHICLE 6	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2011				
Busn miles vehicle driven 01-01-11 to 06-01-11, ...				
Busn miles vehicle driven 07-01-11 to 12-31-11, ...		NEW		NEW
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn ...				
Limitation amount				

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2011 Amts	2010 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2011 AMOUNTS	2010 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.	7544	
5. Number of months taxpayer was a student or disabled, if applicable	5.	3226	
Number of months spouse was a student or disabled, if applicable		2513	
Worksheet for 2010 Expenses Paid for Dependent Care Expenses in 2011			
1. Amount of 2010 qualified expenses paid in 2010	1.	7820	
2. Amount of 2010 qualified expenses paid in 2011	2.	7821	
4. Care for 2010 was for 2 or more qualifying children	4.	1490 <input type="checkbox"/> Yes	
5. Dependent care benefits received for 2010 and excluded from income	5.	7822	
7. Smaller of taxpayer's earned income and spouse's earned income for 2010	7.	7823	
9. Amount on which the credit for 2010 was figured	9.	7824	
11. 2010 adjusted gross income	11.	7825	
Expenses paid for: 0141		Name	0359 SSN
Explanation of expenses: _____			

PART III - DEPENDENT CARE BENEFITS		2011 AMOUNTS	2010 AMOUNTS
14. Total employer-provided dependent care benefits	14.	2354	
15. Carryover from 2010 that was used in 2011 during the grace period	15.	3604	
16. Forfeited amount of employer-provided dependent care benefits	16.	2643	
18. Qualified expenses incurred in 2011	18.	2527	
20. Taxpayer elects to include nontaxable combat pay	20.	1411 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spouse elects to include nontaxable combat pay		1412 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.	2875	

NOTES OR QUESTIONS:

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.

2011 FEDERAL ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2010 return . . .				3319
1st quarter payment	04-15-2011		4477 - -	4472
2nd quarter payment	06-15-2011		4478 - -	4473
3rd quarter payment	09-15-2011		4479 - -	4474
4th quarter payment	01-17-2012		4480 - -	4475
Additional payment			4481 - -	4476

UNDERPAYMENT INFORMATION

Prior year (2010) tax amount	2401
Are you a Farmer / Fisherman?	1148 <input type="checkbox"/> Yes
Prior year adjusted gross income	3314
Was the income received uneven? (seasonal employment)	<input type="checkbox"/> Yes

APPLICATION OF 2011 OVERPAYMENT

If you have an overpayment of 2011 taxes, do you want the excess refunded? or applied to 2012 estimate?
 Other (please explain): _____

2012 ESTIMATED TAX INFORMATION

Do you expect your 2012 taxable income to be generally the same as 2011? Yes No
 If "No," enter any differences in income, deductions, dependents, etc.

Filing Status	0435		
Personal exemptions	3709	TP over 65 1460 <input type="checkbox"/> Yes	TP blind 1462 <input type="checkbox"/> Yes
		SP over 65 1461 <input type="checkbox"/> Yes	SP blind 1463 <input type="checkbox"/> Yes
Dependent exemptions	3710		
Qualified Child tax credit	3711		

1. Wages increase or (-) decrease Taxpayer	3936	Spouse	3937	
Ordinary income increase or (-) decrease				1. 3712
2. Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%)				2. 3713
3. Self-employment income 3. Taxpayer	3714	Spouse	3938	
4. Adjustments increase or (-) decrease				4. 3715
6. Itemized deductions increase or (-) decrease				6. 3716
9. Taxable income increase or (-) decrease				9. 3717
10. Tax increase or (-) decrease				10. 3718
11. Alternative minimum tax increase or (-) decrease				11. 3719
12. Nonrefundable credits increase or (-) decrease				12. 3720
14. Other taxes increase or (-) decrease				14. 3721
15. Refundable credits increase or (-) decrease				15. 3722
19. Withholding increase or (-) decrease				19. 3723
20. Total 2012 estimated tax payments paid to date				20. 3724

If you owe a tax for 2012, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.

State _____

2011 STATE ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2010 return . . .				3539
1st quarter payment	04-15-2011		6042 - -	3130
2nd quarter payment	06-15-2011		6043 - -	3131
3rd quarter payment	09-15-2011		6044 - -	3132
4th quarter payment	01-17-2012		6045 - -	3133
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2010) tax amount	2401
Are you a Farmer / Fisherman?	1148 <input type="checkbox"/> Yes
Prior year adjusted gross income	3314
Was the income received uneven? (seasonal employment)	<input type="checkbox"/> Yes

APPLICATION OF 2011 OVERPAYMENT

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

Other (please explain): _____

2012 ESTIMATED TAX INFORMATION

Do you expect your 2012 taxable income to be generally the same as 2011? Yes No

If "No," enter any differences:

1. Taxable income	1. 5079
2. Tax	2. 5082
7. Withholding	7. 5083

If you owe a tax for 2012, do you want estimated tax vouchers prepared? Yes

NOTES OR QUESTIONS:

Paid Preparer's Earned Income Credit Checklist

2011

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.**

Attachment
Sequence No. 177

Taxpayer name(s) shown on return

Taxpayer's social security number

For the definitions of the following terms, see **Pub. 596**.

- **Investment Income**
- **Qualifying Child**
- **Earned Income**
- **Full-time Student**

Part I All Taxpayers

<p>1 Enter preparer's name and PTIN as shown on return ▶ _____</p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p style="padding-left: 20px;">▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5a Was the taxpayer a nonresident alien for any part of 2011?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than \$3,150? See Rule 6 in Pub. 596 before answering</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2011? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering</p> <p style="padding-left: 20px;">▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

For Paperwork Reduction Act Notice, see instructions.

Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name			
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> • The child is unmarried, or • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of 2011) -- <ul style="list-style-type: none"> • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.			
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.			
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.			
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.			
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit			<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 15, stop ; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.			
Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.			

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)

Yes No

▶ If you checked "No" on line 16, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2011?

Yes No

▶ If you checked "No" on line 17, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2011? If the taxpayer's filing status is married filing jointly, check "No."

Yes No

▶ If you checked "Yes" on line 18, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

19 Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit

Yes No

▶ If you checked "No" on line 19, **stop**; the taxpayer **cannot** take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if **Form 8862** must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?

Yes No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

Yes No

22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)

Yes No

23 Did you keep the following records?
● Form 8867 (or your own form or files),
● The EIC worksheet(s) or your own worksheet(s), and
● A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained

Yes No

▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.

▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.

ASSETS

VEHICLE INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2011.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

DETAIL STATEMENTS

	2011 AMOUNTS	2010 AMOUNTS