

SAGACITY TAX AND ACCOUNTING
THOMAS LAMEY
980 INWOOD AVE N
OAKDALE, MN 55128

Organizer Mailing Slip

TAX ORGANIZER

Dear Client,

Enclosed is your Tax Organizer for tax year 2011.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as \$35 for each \$100 in deductible expenses you find in your 2011 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

We have scheduled your appointment for:

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

THOMAS LAMEY
SAGACITY TAX AND ACCOUNTING
980 INWOOD AVE N
OAKDALE, MN 55128
(651) 829-9776
TLAMEY@SAGACITYCPA.COM

SAGACITY TAX AND ACCOUNTING
980 INWOOD AVE N
OAKDALE, MN 55128
(651) 829-9776
Fax - (651) 846-4965
TLAMEY@SAGACITYCPA.COM

December 10, 2011

Dear Client,

Thank you for choosing our firm to prepare your income tax returns for tax year 2011. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2011 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2011, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2011 tax return. We appreciate your business.

Sincerely,

SAGACITY TAX AND ACCOUNTING

Accepted by:

Date _____

Date _____

SAGACITY TAX AND ACCOUNTING
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Sincerely,

SAGACITY TAX AND ACCOUNTING

Accepted by:

Date _____

Date _____

General Information

Taxpayer

Spouse

First Name

Middle Initial

Last Name

Suffix

Social Security Number

Date of Birth

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

Home Phone

Work Phone

Cell Phone

Fax Number

Legally Blind

Totally Disabled

Claimed as a Dependent

Presidential Election Fund (\$3)

Occupation

E-mail address

State of Residence as of 12/31

County of Residence as of 12/31

School District as of 12/31

Sales tax rate of locality in 2011 %

If Part Year, Period of Residency to

Filing Status

Status on 2010 return :

- Status as of 12/31/2011 : **1** Single
- Enter ("X") in the box **2** Married filing joint
- 3** Married filing separately
(Enter spouse's name and SSN above)

4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____

5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country _____

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

Name _____

SSN _____

Questions

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

Basic Information

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

Income

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

Questions (Cont.)

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

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

Business and Rental Property Income

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

Business and Rental Property Deductions

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

Other Deductions

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

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

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

1099-R Information

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

Name _____

SSN _____

Foreign Employer Compensation & Pension

Enter "X"

if spouse

Foreign employer's name

		Employer Compensation	Gross Pension	Taxable Pension
<input type="checkbox"/>	1	-----		
<input type="checkbox"/>	2	-----		
<input type="checkbox"/>	3	-----		
<input type="checkbox"/>	4	-----		
<input type="checkbox"/>	5	-----		
<input type="checkbox"/>	6	-----		
<input type="checkbox"/>	7	-----		
<input type="checkbox"/>	8	-----		
<input type="checkbox"/>	9	-----		
<input type="checkbox"/>	10	-----		
<input type="checkbox"/>	11	-----		
<input type="checkbox"/>	12	-----		
<input type="checkbox"/>	13	-----		
<input type="checkbox"/>	14	-----		
<input type="checkbox"/>	15	-----		

Name _____

SSN _____

Interest Income

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

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

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

Dividend Income

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

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

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

Name _____

SSN _____

Interest Income

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

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

*F/S/J Payer

			Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
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	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						
	46	46						
	47	47						
	48	48						
	49	49						
	50	50						

Name _____

SSN _____

Dividend Income

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

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

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
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	21	21						
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	27	27						
	28	28						
	29	29						
	30	30						
	31	31						
	32	32						
	33	33						
	34	34						
	35	35						
	36	36						
	37	37						
	38	38						
	39	39						
	40	40						
	41	41						
	42	42						
	43	43						
	44	44						
	45	45						

Name _____

SSN _____

Seller Financed Mortgage Interest

		Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 Name _____ Address _____		
<input type="checkbox"/>	2 Name _____ Address _____		
<input type="checkbox"/>	3 Name _____ Address _____		
<input type="checkbox"/>	4 Name _____ Address _____		
<input type="checkbox"/>	5 Name _____ Address _____		
<input type="checkbox"/>	6 Name _____ Address _____		
<input type="checkbox"/>	7 Name _____ Address _____		
<input type="checkbox"/>	8 Name _____ Address _____		
<input type="checkbox"/>	9 Name _____ Address _____		
<input type="checkbox"/>	10 Name _____ Address _____		
<input type="checkbox"/>	11 Name _____ Address _____		
<input type="checkbox"/>	12 Name _____ Address _____		
<input type="checkbox"/>	13 Name _____ Address _____		
<input type="checkbox"/>	14 Name _____ Address _____		
<input type="checkbox"/>	15 Name _____ Address _____		
<input type="checkbox"/>	16 Name _____ Address _____		
<input type="checkbox"/>	17 Name _____ Address _____		
<input type="checkbox"/>	18 Name _____ Address _____		
<input type="checkbox"/>	19 Name _____ Address _____		
<input type="checkbox"/>	20 Name _____ Address _____		
<input type="checkbox"/>	21 Name _____ Address _____		
<input type="checkbox"/>	22 Name _____ Address _____		
<input type="checkbox"/>	23 Name _____ Address _____		
<input type="checkbox"/>	24 Name _____ Address _____		

Name _____

SSN _____

Exclusion of Interest From Series EE and I US Savings Bonds Issued After 1989

If you cashed series EE or I U.S. savings bonds in 2011 that were issued after 1989, you may be able to exclude from your income part or all of the interest on those bonds.

- 1 Total qualified tuition and fees paid 1 -----
- 2 Nontaxable education benefits received 2 -----
- 3 Enter total proceeds (principal and interest) from EE or I bonds issued after 1989 and cashed in 2011 3 -----
- 4 Enter the face value of all post - 1989 series EE bonds cashed in 2011 4 -----
- 5 Enter the face value of all series I bonds cashed in 2011 5 -----

Name of person (you, your spouse, or your dependent) who was enrolled at or attended an eligible educational institution

Eligible Educational Institution

	First Name	M I	Last Name
1	-----	-----	-----
2	-----	-----	-----
3	-----	-----	-----

1	Name	-----
	Address	-----
	City, State, Zip	-----
2	Name	-----
	Address	-----
	City, State, Zip	-----
3	Name	-----
	Address	-----
	City, State, Zip	-----



Name _____

SSN _____

Alimony Received

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

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

Alimony Paid

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

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

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C-EZ)

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal employer identification number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- City, state, zip State _____ Zip _____

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
5	Income reported on 1099 MISC		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
6	.....	
7	.....	
8	.....	
9	.....	

Business Expenses

		Current Year Amount	Prior Year Amount
10	Business meals and entertainment		
11	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>
12	.....	
13	.....	
14	.....	
15	.....	
16	.....	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C-EZ)

Vehicle 1 -

Vehicle 2 -

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

Actual Expenses

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

Vehicle 3 -

Vehicle 4 -

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

Actual Expenses

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

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

- 1 Employer Identification Number _____ (do not enter Social Security Number)
- 2 Principal business or profession _____
- 3 Business name _____
- 4 Business address _____
- 5 City _____ State _____ Zip _____

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other - (Specify) _____
- 7 Did you "materially participate" in this business? Yes No
- 8 Check ('X') if you started or acquired this business in 2011.
- 9 Did you make any payments in 2011 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC		
11	Gross merchant card and third party network receipts and sales		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
12	_____		
13	_____		
14	_____		
15	_____		
16	Returns and allowances		
17	Other income		

Inventory (Enter "X" where applicable)

- 18 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 19 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

		Current Year Amount	Prior Year Amount
20	Inventory at the beginning of year		
21	Purchases less cost of items withdrawn for personal use		
22	Cost of labor		
23	Materials and supplies		
24	Other Costs		
25	Inventory at end of year		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

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

Interest:

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

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

Rent or Lease:

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

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

Travel, Meals, and Entertainment:

Travel

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

Meals and entertainment

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

72	Utilities	72	
73	Wages	73	

Other Expenses

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

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

Vehicle 1 - **Vehicle 2 -**

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

Actual Expenses

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

Vehicle 3 - **Vehicle 4 -**

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

Actual Expenses

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

Name _____

SSN _____

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

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

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
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26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Installment Sale Income

New Sale (Only)

Note: If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1
2
3
4
5
6

Description	Date Acquired	Date Sold	Interest	Principal
1
2
3
4
5
6

Prior Year Sale (Only)

Note: If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2011	
			Interest	Principal
1
2
3
4
5
6

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1
2
3
4
5
6

Name _____

SSN _____

Real Estate Rentals and Royalties

Kind of Property

Address

City State Zip

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

Income

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

Property Expense

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

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A	A	
B	B	
C	C	
D	D	
E	E	
F	F	
G	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

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

Travel Expenses

26

27

28

29

30

31

32

33

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

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

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

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

Vehicle 1 -

Vehicle 2 -

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

Actual Expenses

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

Vehicle 3 -

Vehicle 4 -

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

Actual Expenses

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

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

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

*F/S/J	Entity Name
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
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32
33
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50

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
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	46	
	47	
	48	
	49	
	50	

Name _____

SSN _____

Farm Rental Income and Expenses

Enter "X" in one box: Filer Spouse Joint

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number)
- 2 Description of the principal crop or activity
- 3 Did you actively participate in the operation of this farm? Enter "X" in the appropriate box Yes No

Farm Rental Income

		Current Year Amount	Prior Year Amount
4 Income from production of livestock, produce, grains, and other crops	4		
5 Total cooperative distributions	5		
6 CCC loans reported under election	6		
7 Total CCC loans forfeited	7		
8 Crop insurance proceeds and certain disaster payments	8		
9 If election to defer, "X" the box.	9	<input type="checkbox"/>	<input type="checkbox"/>
10 Amount deferred	10		

Other income (including Federal and state gasoline or fuel tax credit or refund)

11 _____	11		
12 _____	12		
13 _____	13		
14 _____	14		
15 _____	15		

Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A _____	A		
B _____	B		
C _____	C		
D _____	D		
E _____	E		
F _____	F		
G _____	G		
H _____	H		

Name _____

SSN _____

Activity _____

Farm Rental Expenses Cont.

		Current Year Amount	Prior Year Amount
Expenses			
26	Chemicals	26	
27	Conservation expenses	27	
28	Custom hire (machine work)	28	
29	Employee benefit programs (other than on line 38)	29	
30	Feed purchased	30	
31	Fertilizers and lime	31	
32	Freight and trucking	32	
33	Gasoline, fuel, and oil	33	
34	Insurance (other than health)	34	

Interest:

35	Mortgage (paid to banks, etc.)	35	
36	Other	36	

37	Labor hired (less employment credits)	37	
38	Pension and profit-sharing plans	38	

Rent or lease:

39	Machinery rental or lease	39	
40	Equipment rental or lease	40	
41	.....	41	
42	.....	42	
43	.....	43	
44	.....	44	
45	.....	45	
46	.....	46	

Other (land, animals, etc.)

47	.....	47	
48	.....	48	
49	.....	49	
50	.....	50	
51	.....	51	
52	.....	52	
53	.....	53	
54	.....	54	
55	.....	55	

56	Repairs and maintenance	56	
57	Seeds and plants purchased	57	
58	Storage and warehousing	58	
59	Supplies purchased	59	
60	Taxes	60	
61	Utilities	61	
62	Veterinary, breeding, and medicine	62	

Other expenses (specify):

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	
67	.....	67	
68	.....	68	
69	.....	69	

Name _____

SSN _____

Activity _____

Vehicle Information - Farm Rental

Vehicle 1 -

Vehicle 2 -

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

Actual Expenses

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

Vehicle 3 -

Vehicle 4 -

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

Actual Expenses

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

Name _____

SSN _____

Farm Income and Expenses

Enter "X" in one box: Filer Spouse

General Information

- 1 Federal Employer Identification Number (do not enter Social Security Number)
- 2 Principal product
- 3 Accounting Method Enter "X" in the appropriate box Cash Accrual
- 4 Did you "materially participate" in this business? Enter "X" in the appropriate box Yes No
- 5 Did you receive a subsidy in 2011? Yes No

Farm Income - Cash Method (Use only if cash method of accounting)

		Current Year Amount	Prior Year Amount
6	Sales of livestock and other items purchased for resale	6	
7	Cost or other basis of livestock and other items reported on line 1	7	
8	Sales of livestock, produce, grains, and other products you raised	8	
9	Total cooperative distributions	9	
10	Agricultural program payments	10	
11	Commodity Credit Corporation loans reported under election	11	
12	Total Commodity Credit Corporation loans forfeited	12	
13	Crop insurance proceeds and certain disaster payments received in 2011	13	
14	If election to defer, "X" the box	14	<input type="checkbox"/> <input type="checkbox"/>
15	Amount deferred from 2010	15	
16	Custom hire (machine work)	16	
17	Other income, including Federal and state gasoline or fuel tax credit or refund	17	

Farm Income - Accrual Method (Use only if accrual method of accounting)

		Current Year Amount	Prior Year Amount
18	Sales of livestock and other items purchased for resale	18	
19	Total cooperative distributions	19	
20	CCC loans reported under election	20	
21	Total CCC loans forfeited	21	
22	Other income, including Federal and state gasoline or fuel tax credit or refund	22	
23	Inventory of livestock, produce, grains, and other products at beginning of the year	23	
24	Cost of livestock, produce, grains, and other products purchased during the year	24	
25	Inventory of livestock, produce, grains, and other products at end of year	25	

Assets Placed in Service This Year

(Description):

		Date Placed In Service	Purchase Amount
A	.....	A	
B	.....	B	
C	.....	C	
D	.....	D	
E	.....	E	
F	.....	F	
G	.....	G	
H	.....	H	

Name _____

SSN _____

Product _____

Vehicle Information - Farm

Vehicle 1 -

Vehicle 2 -

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

Actual Expenses

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

Vehicle 3 -

Vehicle 4 -

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

Actual Expenses

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

Name _____

SSN _____

Social Security and Railroad Retirement

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

Name _____

SSN _____

Miscellaneous Income

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

Adjustments to Income

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

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

Miscellaneous Deductions

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

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

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

Roth Contributions

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

SIMPLE IRA

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

--	--

Education IRA (Coverdell ESA)

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

Name _____

SSN _____

Taxes - Itemized Deductions

Real Estate Taxes

23 Principal residence 23

Real Estate Not Held For Investment

24 24

25 25

26 26

27 27

28 28

Real Estate Held For Investment

29 29

30 30

31 31

32 32

33 33

34 Personal property taxes 34

Other Taxes

35 35

36 36

37 37

Current Year Amount	Prior Year Amount

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

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

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

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

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"	Current Year Amount	Prior Year Amount
59	Certain attorney and accounting fees			
60	Safe deposit box rental			
61	IRA Custodial fees			
62	Investment counsel and advisory fees			
63	.....		
64	.....		
65	.....		
66	.....		
67	.....		
68	.....		
69	.....		
70	.....		
71	.....		
72	.....		
73	.....		
74	.....		

Other Miscellaneous Deductions

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

Name _____

SSN _____

Employee Business Expenses

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

Filer

Spouse

Meals and Entertainment

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

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

Travel Expenses

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

Other Employment Related Expenses

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

Vehicle Information

Vehicle 1 -

Vehicle 2 -

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

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

If claiming actual expenses continue:

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

Name _____

SSN _____

Child and Dependent Care Expenses

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

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

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

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

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

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

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

Enter "X" in the appropriate box

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

Name _____

SSN _____

Household Employment Taxes

Enter "X" in one box:

Filer

Employer Identification Number _____

Spouse

A household employee, generally, does not include spouse, children, parents or a person under age 18.

Social Security, Medicare, and Income Taxes

Enter "X" in the appropriate boxes

- 1 Did you pay ANY ONE household employee cash wages of \$1,700 or more in 2011? 1 Yes No
If yes, skip to line 4.
- 2 Did you withhold Federal income tax during 2011 for any household employees? 2 Yes No
If yes, skip to line 5.
- 3 Did you pay TOTAL cash wages of \$1,000 or more in ANY calendar QUARTER
of 2010 or 2011 to household employees? 3 Yes No

		Current Year Amount	Prior Year Amount
4	Enter the total amount of wages paid to all employees, who were each paid in excess of \$1,700 during the year.		
5	Total Federal income tax withheld		
6	Advanced earned income credit payments		

Unemployment Tax - If wages above were in excess of \$1,000 in any one quarter, include the following information:

Enter "X" in the appropriate boxes

- 7 Did you pay unemployment contributions to only one state? 7 Yes No
(If 'Yes' complete Section A, otherwise fill out Section B)
- 8 Did you pay all state unemployment contributions by April 15, 2012? 8 Yes No
- 9 Were all wages that are taxable for federal unemployment also taxable
for your state unemployment tax? 9 Yes No

Section A

10	Name of State where you paid unemployment contributions	10	
11	State reporting number as shown on State unemployment return	11	
12	Amount of contributions paid to the State unemployment fund	12	
13	Total cash wages subject to FUTA	13	

Section B

			State Unemployment	State Unemployment
14	Name of State where you paid unemployment contributions	14		
15	State reporting number as shown on State unemployment return	15		
16	Wages, subject to state unemployment tax, reported to State	16		
17	State experience rate	17		
18	State experience rate period a. From	18a		
	b. To		18b	
19	Amount of contributions paid to the State unemployment fund	19		