

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [23]
Date of death	_____ [24]	_____ [25]
Work/daytime telephone number/ext number	_____ [26] _____ [27]	_____ [28] _____ [29]
Home/evening telephone number	_____ [30]	_____ [31]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [32]	

Present Mailing Address

Address _____ [36]
 Apartment number _____ [37]
 City, state postal code, zip code _____ [38] _____ [39] _____ [40]
 Foreign country name _____ [42]
 In care of addressee _____ [45]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

[46] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	*** Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [47]
 Social security number of qualifying person _____ [48]

Dependent Codes

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you</p> <p>3 = Other dependent</p> <p>4 = Claimed under pre-1985 agreement</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit</p> <p>***Months</p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Car telephone number	_____ [11]	_____ [19]
Fax telephone number	_____ [12]	_____ [20]
Mobile telephone number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	_____ [18]	_____ [26]

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bond Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bond Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N) _____[2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[4]

Spouse self-selected Personal Identification Number (PIN) _____[5]

NOTES/QUESTIONS:

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

Do you expect a considerable change in your 2012 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2012? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/11	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/11	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/17/12	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2010 return + _____ [3]

2010 overpayment applied to '11 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid		Calculated Amount
1st quarter payment	_____ [9]		+ _____ [10]		_____ _____ _____ _____
2nd quarter payment	_____ [11]		+ _____ [12]		
3rd quarter payment	_____ [13]		+ _____ [14]		
4th quarter payment	_____ [15]		+ _____ [16]		
Additional payment	_____ [17]		+ _____ [18]		

2011 City Estimated Tax Payments

City #1			City #2		
City name	_____ [28]		City name	_____ [50]	
Amount paid with 2010 return	+ _____ [31]		Amount paid with 2010 return	+ _____ [53]	
2010 overpayment applied to '11 estimates	+ _____ [32]		2010 overpayment applied to '11 estimates	+ _____ [54]	
Treat calculated amounts as paid	_____ [36]		Treat calculated amounts as paid	_____ [58]	

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]		+ _____ [38]		1st quarter payment	_____ [59]	+ _____ [60]
2nd quarter payment	_____ [39]		+ _____ [40]		2nd quarter payment	_____ [61]	+ _____ [62]
3rd quarter payment	_____ [41]		+ _____ [42]		3rd quarter payment	_____ [63]	+ _____ [64]
4th quarter payment	_____ [43]		+ _____ [44]		4th quarter payment	_____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3			City #4		
City name	_____ [72]		City name	_____ [94]	
Amount paid with 2010 return	+ _____ [75]		Amount paid with 2010 return	+ _____ [97]	
2010 overpayment applied to '11 estimates	+ _____ [76]		2010 overpayment applied to '11 estimates	+ _____ [98]	
Treat calculated amounts as paid	_____ [80]		Treat calculated amounts as paid	_____ [102]	

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]		+ _____ [82]		1st quarter payment	_____ [103]	+ _____ [104]
2nd quarter payment	_____ [83]		+ _____ [84]		2nd quarter payment	_____ [105]	+ _____ [106]
3rd quarter payment	_____ [85]		+ _____ [86]		3rd quarter payment	_____ [107]	+ _____ [108]
4th quarter payment	_____ [87]		+ _____ [88]		4th quarter payment	_____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code (**See codes below)	Ordinary ^[1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer										
	Amounts +										
2	Payer										
	Amounts +										
3	Payer										
	Amounts +										
4	Payer										
	Amounts +										
5	Payer										
	Amounts +										
6	Payer										
	Amounts +										
7	Payer										
	Amounts +										
8	Payer										
	Amounts +										
9	Payer										
	Amounts +										
10	Payer										
	Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding (Box 12)	+	_____	[15]
Local withholding (Box 15)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		_____	[21]
Mark if distribution was from an inherited IRA		_____	[22]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding (Box 12)	+	_____	[15]
Local withholding (Box 15)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		_____	[21]
Mark if distribution was from an inherited IRA		_____	[22]

	Control Totals+	
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Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[14]
State withholding (Box 12)	+	_____	[15]
Local withholding (Box 15)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		_____	[21]
Mark if distribution was from an inherited IRA		_____	[22]

	Control Totals+	
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Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2011 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2011 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2011 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [67]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor/lender _____ [4]
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) _____ [6]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [12]
 Bankruptcy (if checked) (Box 6) _____ [13]
 Fair market value of property (Box 7) + _____ [14]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [15]
 Balance of principal outstanding (Box 2) + _____ [16]
 Fair market value of property (Box 4) + _____ [17]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [18]

	Control Totals+	
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Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [67]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor _____ [4]
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) _____ [6]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [12]
 Bankruptcy (if checked) (Box 6) _____ [13]
 Fair market value of property (Box 7) + _____ [14]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [15]
 Balance of principal outstanding (Box 2) + _____ [16]
 Fair market value of property (Box 4) + _____ [17]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [18]

	Control Totals+	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals+	
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Gambling Winnings #2

Please provide all copies of Form W-2G.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals+	
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NOTES/QUESTIONS:

Rent and Royalty Property - General Information

Preparer use only	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [3]	
Description	_____ [2]	
Address	_____ [8]	
State postal code	_____ [4]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	_____ [9]	
Description of other type (Type code #8)	_____ [10]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	_____ [11]	
Percentage of ownership if not 100%	_____ [13]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [15]	_____

Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)	+ _____ [23]	
Rents and royalties NOT from merchant cards/third party payments	+ _____ [25]	

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [28]	_____ [29]	
Auto	+ _____ [31]	_____ [32]	
Travel	+ _____ [34]	_____ [35]	
Cleaning and maintenance	+ _____ [37]	_____ [38]	
Commissions:			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [46]	_____ [47]	
Management fees:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [52]	_____ [53]	
Other mortgage interest	+ _____ [55]	_____ [57]	
Qualified mortgage insurance premiums	+ _____ [58]	_____ [59]	
Other interest:			
_____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Repairs	+ _____ [64]	_____ [65]	
Supplies	+ _____ [67]	_____ [68]	
Taxes:			
_____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [73]	_____ [74]	
Depreciation	+ _____ [76]	_____ [77]	
Depletion	+ _____ [79]	_____ [80]	
Other expenses:			
_____	+ _____ [82]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [86]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2011	

Control Totals+

Preparer use only
Description _____

Vacation Home Information

	2011 Information	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2011	+ _____	[20]
Carryover of disallowed depreciation expenses into 2011	+ _____	[21]

Prior Year Information

Passive and Other Information

Preparer use only				
Carryovers	Regular		AMT	
Operating	+	[27]	+	[28]
Schedule D - Short-term	+	[29]	+	[30]
Schedule D - Long-term	+	[31]	+	[32]
Schedule D - 28% rate	+	[33]	+	[34]
Form 4797 - Part I	+	[35]	+	[36]
Form 4797 - Part II	+	[37]	+	[38]
Comm revitalization	+	[39]	+	[40]
Section 179	+	[41]		

NOTES/QUESTIONS:

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2011	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2011:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2011	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2011	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2010	+ _____ [45]	+ _____ [46]
Enter the total Roth IRA contribution recharacterizations for 2011	+ _____ [47]	+ _____ [48]
Enter the Roth conversion IRA basis on December 31, 2010	+ _____ [49]	+ _____ [50]
Value of all your Roth IRA's on December 31, 2011:	+ _____ [51]	+ _____ [52]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home		
1/1/11 to 6/30/11	_____	[13]
7/1/11 to 12/31/11	_____	[14]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid		2011 Information	Prior Year Information
—	_____	+	_____ [1]	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+ _____ [7]	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	
—	—	_____	_____	_____	+ _____	

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Interest Expenses

T/S/J	2011 Information	Percentage Type* (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098				
[1] _____	+	[2] _____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	
_____	+	_____	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address	_____			_____
_____	_____	_____	+	_____
Address	_____			_____
_____	_____	_____	+	_____
Address	_____			_____
_____	_____	_____	+	_____
Address	_____			_____

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

____ Payer's/Borrower's name _____ [7]
 ____ Street Address _____
 ____ City/State/Zip code _____

Refinancing Points paid in 2011 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2011 (**Preparer use only**) + _____ [12]
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2011 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2011 (**Preparer use only**) + _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2011 _____

T/S/J	2011 Information
Investment interest expense, other than on Schedule(s) K-1:	
[14] _____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+

T/S/J	2011 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Miscellaneous Deductions

T/S/J	2011 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11] _____	+ _____ [12]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Union dues:		
[14] _____	+ _____ [15]	
_____	+ _____	
[17] Tax preparation fees _____	_____ [18]	
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
[20] _____	+ _____ [21]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[23] Safe deposit box rental _____	_____ [24]	
Investment expenses, other than on Schedule(s) K-1:		
[26] _____	+ _____ [27]	
_____	+ _____	
_____	+ _____	
Other expenses, not subject to the 2% AGI limitation:		
[30] _____	+ _____ [31]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[33] _____	+ _____ [34]	
_____	+ _____	

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

	2011 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___[7]	___
Was another vehicle available for personal use? (Y, N)	___[9]	___
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___[11]	___

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [15]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [18]		_____ [47]	
Total mileage	_____ [20]		_____ [49]	
Business mileage from 1/1/11 to 6/30/11	_____ [22]		_____ [51]	
Business mileage from 7/1/11 to 12/31/11	_____ [24]		_____ [53]	
Average daily round trip commuting mileage	_____ [25]		_____ [54]	
Total commuting mileage	_____ [27]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [29]		+ _____ [58]	
Vehicle rentals	+ _____ [31]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [33]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [39]		+ _____ [68]	
Depreciation	+ _____ [41]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [75]
 Comments _____
 Vehicle 4 description _____ [103]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [78]		_____ [106]	
Total mileage	_____ [80]		_____ [108]	
Business mileage from 1/1/11 to 6/30/11	_____ [82]		_____ [110]	
Business mileage from 7/1/11 to 12/31/11	_____ [84]		_____ [112]	
Average daily round trip commuting mileage	_____ [85]		_____ [113]	
Total commuting mileage	_____ [87]		_____ [116]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [89]		+ _____ [117]	
Vehicle rentals	+ _____ [91]		+ _____ [119]	
Inclusion amount (Preparer use only)	+ _____ [93]		+ _____ [121]	
Value of employer-provided vehicle	+ _____ [99]		+ _____ [127]	
Depreciation	+ _____ [101]		+ _____ [129]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals+	
--	------------------------	--

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals+	
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Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

	Control Totals+	
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NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2011 Information	Prior Year Information
Total area of home	_____ [11]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </div>
Area used exclusively for business	_____ [13]	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [15]	
Total hours used this year, if less than 8,760	_____ [17]	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [19]	
Area used partly for day-care business	_____ [21]	

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2011 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [26]	+ _____ [27]	<div style="border: 1px solid black; padding: 5px;"> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ </div>
Mortgage insurance premiums	+ _____ [29]	+ _____ [30]	
Real estate taxes	+ _____ [32]	+ _____ [33]	
Excess mortgage interest and insurance premiums	+ _____ [35]	+ _____ [36]	
Insurance	+ _____ [38]	+ _____ [39]	
Rent	+ _____ [41]	+ _____ [42]	
Repairs & maintenance	+ _____ [44]	+ _____ [45]	
Utilities	+ _____ [47]	+ _____ [48]	
Other expenses, such as: Supplies & Security system	+ _____ [50]	+ _____ [51]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Excess casualty losses		+ _____ [53]	
Carryovers:			
Operating expenses		+ _____ [54]	
Casualty losses		+ _____ [55]	
Depreciation		+ _____ [57]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [58]	
Depreciation		+ _____ [62]	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [4]
 Description _____ [5]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [9]		_____ [46]	
Commuting miles	_____ [11]		_____ [48]	
Business miles from 1/1/11 to 6/30/11	_____ [13]		_____ [50]	
Business miles from 7/1/11 to 12/31/11	_____ [15]		_____ [52]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [16]	---	_____ [53]	---
Was another vehicle available for personal use? (Y, N)	_____ [18]	---	_____ [55]	---
Do you have evidence to support your deduction? (Y, N)	_____ [20]	---	_____ [57]	---
Is this evidence written? (Y, N)	_____ [22]	---	_____ [59]	---
Parking, fees and tolls	+ _____ [24]		+ _____ [61]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [26]		+ _____ [63]	
Interest	+ _____ [28]		+ _____ [65]	
Registration	+ _____ [30]		+ _____ [67]	
Property taxes	+ _____ [32]		+ _____ [69]	
Vehicle rentals	+ _____ [34]		+ _____ [71]	
Inclusion amount (Preparer use only)	+ _____ [36]		+ _____ [73]	
Depreciation	+ _____ [38]		+ _____ [75]	

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [78]
 Description _____ [79]
 Comments _____

Vehicle 4 - Date placed in service _____ [115]
 Description _____ [116]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [83]		_____ [120]	
Commuting miles	_____ [85]		_____ [122]	
Business miles from 1/1/11 to 6/30/11	_____ [87]		_____ [124]	
Business miles from 7/1/11 to 12/31/11	_____ [89]		_____ [126]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [90]	---	_____ [127]	---
Was another vehicle available for personal use? (Y, N)	_____ [92]	---	_____ [129]	---
Do you have evidence to support your deduction? (Y, N)	_____ [94]	---	_____ [131]	---
Is this evidence written? (Y, N)	_____ [96]	---	_____ [133]	---
Parking, fees and tolls	+ _____ [98]		+ _____ [135]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [100]		+ _____ [137]	
Interest	+ _____ [102]		+ _____ [139]	
Registration	+ _____ [104]		+ _____ [141]	
Property taxes	+ _____ [106]		+ _____ [143]	
Vehicle rentals	+ _____ [108]		+ _____ [145]	
Inclusion amount (Preparer use only)	+ _____ [110]		+ _____ [147]	
Depreciation	+ _____ [112]		+ _____ [149]	

Control Totals+

Child and Dependent Care Expenses

**Please enter all amounts paid in 2011 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2010 employer-provided dependent care benefits used during 2011 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2011	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2011		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____ [7]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Control Totals+

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, or 2010 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____[5]
Enter the total amount of costs for exterior windows	+	_____[7]
Enter the total amount of costs for exterior doors	+	_____[9]
Enter the total amount of costs for qualified metal roofs	+	_____[11]
Enter the total amount of costs for energy-efficient building property	+	_____[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____[10]
Enter the total amount of costs for qualified solar electric property	+	_____[12]
Enter the total amount of costs for qualified solar water heating property	+	_____[14]
Enter the total amount of costs for qualified small wind energy property	+	_____[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____[13]
Enter the total amount of costs for qualified fuel cell property	+	_____[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____[17]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different _____ [1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Use Tax

Purchases subject to use tax _____ [9]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift _____ [10]

Name of party (1 = Democratic, 2 = Green, 3 = Libertarian, 4 = Republican) _____ [11]

Citizens Clean Election Fund _____ [12]

Charitable Contributions

Aid to Education Fund (Entire refund only) _____ [13]

Arizona Wildlife Fund _____ [14]

Child Abuse Prevention Fund _____ [15]

Domestic Violence Shelter Fund _____ [16]

I Didn't Pay Enough Fund _____ [17]

National Guard Relief Fund _____ [18]

Neighbors Helping Neighbors Fund _____ [19]

Special Olympics Fund _____ [20]

Veterans Donation Fund _____ [21]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [22]

Mark if you:

Received Title 16, SSI payments _____ [23]

Lived alone _____ [24]

Property taxes paid through rent payments _____ [25]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [26]

Social security number _____ [27]

Address _____ [28] Apartment number _____ [29]

City _____ [30] State _____ [31] Zip code _____ [32]

Income earned by other household residents _____ [33]

NOTES/QUESTIONS: