2011

TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2011 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, you may use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2011 tax return. We appreciate the opportunity to serve you.

Courtesy of
BOODMAN & ASSOCIATES INC
18377 BEACH BLVD STE 102
HUNTINGTON BEACH, CA 92648-1349
phil@boodmanassoc.com
(71484747440000

2011
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?

Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?

Y N 3. Would you like to have a paper copy of your tax return?

Y N 4. Did your marital status change during the year?

Y N 5. Were you a resident of, or did you have income in, more than one state during the year?

Y N 6. Do you wish to have $3 (or $6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).

Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?

Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).

Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?

Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.

Y N 11. Did you incur child care or dependent care expenses?

Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?

Y N 13. Did you or any member of your household pay educational expenses for post secondary education?

Y N 14. Did you buy, sell, or trade any assets?

Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?

Y N 16. Did you receive or pay any alimony or separate maintenance payments?

Y N 17. Did you have any moving expenses?

Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?

Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?

Y N 20. Did you receive any COBRA health insurance premium assistance during 2011?

Y N 21. Did you make cash or noncash charitable contributions?

Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.

Y N 23. Did you have any casualty or theft losses?

Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.

Y N 25. Did you have any debt that was cancelled in 2011? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.

Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept. 1, 2008 and May 31, 2010?

Y N 27. Did you receive the First-Time Homebuyer Credit from purchasing a home prior to 1/1/2009?

Y N 28. Did you dispose of a home for which you received any First-Time Homebuyer Credit?

Y N 29. If you are the recipient of a PBGC or TAA pension, did you pay health insurance premiums?

Y N 30. Did you adopt a child during the year 2011?

Y N 31. Do you own a vacation home that was rented to someone else at anytime?

Y N 32. Did you make any gifts directly or through a trust which exceeded $13,000 per person?

Y N 33. Did you pay wages of more than $1,700 to any one household employee?

Y N 34. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.

Y N 35. Have you provided ALL your deductions? If you are uncertain about an item then provide details.

Y N 36. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?

Y N 37. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?

Y N 38. For 2012, do you expect a significant fluctuation in your income, deductions or withholding?

Y N 39. For 2012, do you need or want estimated tax payment vouchers prepared?

Y N 40. Did you make any federal or state estimated tax payments for 2011? If yes, provide the date and amount of each payment.

Please use the following blank lines to provide additional information regarding the above questions (indicate the question number). This space can also be used for any other information or questions you may have.

2106 ______

EMPLOYEE BUSINESS EXPENSES

CLIENT ______________

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

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

EMPLOYEE BUSINESS EXPENSE		2011 AMOUNTS	2010 AMOUNTS
2. Parking fees, tolls, local transportation, etc	2.		
3. TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) — Lodging	3.		
Car rental			
Other			
4. Other business expenses not included above	4.		
5. Total meals and entertainment expenses			
Dept. of Transportation employee	5.	Yes	
7. REIMBURSEMENT NOT ON FORM(S) W-2 — Other than meals and entertainment	7A.		
Meals and entertainment	B.		

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

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

NOTES OR QUESTIONS:

EMPLOYEE BUSINESS EXPENSES, PG 2

CLIENT ______________

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

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

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

CHILD AND DEPENDENT CARE EXPENSES

CLIENT ________________

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

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE

Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2011 Amts	2010 Amounts
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Record dependent care expenses for each dependent on the Dependent Information sheet.

		2011 AMOUNTS	2010 AMOUNTS
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.		
5. Number of months taxpayer was a student or disabled, if applicable	5.		
Number of months spouse was a student or disabled, if applicable			

Worksheet for 2010 Expenses Paid for Dependent Care Expenses in 2011

			2011	2010
1	Amount of 2010 qualified expenses paid in 2010	1.		
2	Amount of 2010 qualified expenses paid in 2011	2.		
4	Care for 2010 was for 2 or more qualifying children	4.	☐ Yes	☐
5	Dependent care benefits received for 2010 and excluded from income	5.		
7	Smaller of taxpayer's earned income and spouse's earned income for 2010	7.		
9	Amount on which the credit for 2010 was figured	9.		
11	2010 adjusted gross income	11.		

Expenses paid for: Name ________________ SSN ________

Explanation of expenses: ________________________________

____

PART III - DEPENDENT CARE BENEFITS

		2011 AMOUNTS	2010 AMOUNTS
14. Total employer-provided dependent care benefits	14.		
15. Carryover from 2010 that was used in 2011 during the grace period	15.		
16. Forfeited amount of employer-provided dependent care benefits	16.		
18. Qualified expenses incurred in 2011	18.		
20. Taxpayer elects to include nontaxable combat pay	20.	☐ Yes	☐ Yes
Spouse elects to include nontaxable combat pay		☐ Yes	☐ Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.		

NOTES OR QUESTIONS:

2555 ______ FOREIGN EARNED INCOME

CLIENT ______

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

GENERAL INFORMATION

Is this your spouse's foreign earned income? . . . . . . ☐ Yes

Total itemized deduction amount not claimed because they are related to excluded income . . . . . .

1. Your foreign address . . . . . . 1. ______
   City . . . . . . ______
   State or province . . . . . . ______
   Postal Code . . . . . . ______ Country Code ______
3. Employer . . . . . . 3. ______
4a. Employer's U.S. address . . . . . . 4a. ______
   ZIP Code . . . . . . ______ City ______ State ______
b. Employer's foreign address . . . . . b. ______
   City . . . . . . ______
   State or province . . . . . . ______
   Postal Code . . . . . . ______ Country ______
5. Employer is: ☐ A foreign entity ☐ A U.S. company ☐ Self
   ☐ A foreign affiliate of a U.S. company ☐ Other Specify: ______
6a. Last year (after 1981) Form 2555 was filed to claim either exclusion . . 6a. ______
6d. List type of exclusion and tax year for which revocation was effective 6d. ______
7. Citizen of which country (Default = U.S.) . . . . . . 7. ______
8b. If separate home maintained because of adverse living conditions, list:
   City and country of residence . . . . 8b. ______
   Number of days home was maintained ______
9. Tax home location during the year . . . . 9. ______
   Date tax home was established . . . . ______

BONA FIDE RESIDENCE

10. Date bona fide residence began . . . . 10. ______ and ended ______
11. Kind of living quarters in foreign country . . . 11. ______
   1 = Purchased home 2 = Rented house or apartment 3 = Rented room 4 = Quarters furnished by employer
12b. If a family member lived abroad with taxpayer, list family relationship ______
   For what period . . . . . . 12b. ______
13a. Statement submitted to foreign country that taxpayer is not a resident of that country . . . . 13a. ☐ Yes
b. Taxpayer required to pay income tax to country where claim bona fide residency . . . . 13b. ☐ No
14. See Organizer 2555, page 3 for travel calendar
15a. Contractual terms or conditions relating to length of emplmnt abroad 15a. ______
b. Type of visa under which taxpayer entered foreign country . . . . . . 15b. ______
c. Did visa limit length of stay or employment in foreign country? . . . . . . 15c. ☐ Yes
e. If home was maintained in U.S. while living abroad, list address . . . 15e. ______
   Was home rented? . . . . . . ☐ Yes
   Name of occupant(s) ______ Relationship . . . . . ______

PHYSICAL PRESENCE TEST

16. Physical presence test for 12-month pd 16. ______ through ______
17. Principal country of emplmnt during tax yr 17. ______
18. Travel History

TRAVEL HISTORY DURING THE TAX YEAR

Country	Date Arrived	Date Left	Full Days in Country	U.S. Work Days	Income Earned

2555 ______ FOREIGN EARNED INCOME, CON'T

CLIENT ______________

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

INCOME		2011 AMOUNTS	2010 AMOUNTS
EARNED INCOME:			
19. Total wages, salaries, bonuses, commissions, etc.	19.		
20a. Allowable share of income for personal services: in a business			
in a partnership	20a.		
b. Partnership name, address, nature of income: 0189			
NONCASH INCOME:			
21a. Home			
b. Meals			
c. Car			
d. Other - list	21d.		
ALLOWANCES, REIMBURSEMENTS, OR EXPENSES PAID:			
22a. Cost of living and overseas differential			
b. Family			
c. Education			
d. Home leave			
e. Quarters			
f. Other - list	22f.		
23. Other foreign earned income	23.		
Specify			
25. Total excludable meals and lodging	25.		

PART VI - CLAIMING HOUSEING EXCLUSION AND/OR DEDUCTION	2011 AMOUNTS	2010 AMOUNTS
28. Qualified housing expenses for the tax year		

29. Housing expense location and limitations:

Country	Location	# Days in Qualifying Period Within Current Tax Year	Daily Limitation	Yearly Limitation

		2011 AMOUNTS	2010 AMOUNTS
31. Number of days in qualifying period that fall within 2011 tax year	31.		
34. Employer provided amounts	34.		

PART VIII - CLAIMING HOUSING EXCLUSION, FOREIGN EARNED INCOME EXCLUSION, OR BOTH

		2011 AMOUNTS	2010 AMOUNTS
44. Deductions allowed that are allocable to excluded income	44.		

Explanation of deductions allowed that are allocable to excluded income

PART IX - CLAIMING HOUSING DEDUCTION		2011 AMOUNTS	2010 AMOUNTS
49. Housing deductions carryover from 2010	49.		

6252

INSTALLMENT SALE INCOME

CLIENT ________________

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

PRIOR YEAR INSTALLMENT SALE

1. Description of property			
Ownership Code (Taxpayer, Spouse, Joint)		Two-letter state code	1.
2. Date acquired	(MM-DD-YYYY)		
Date sold	(MM-DD-YYYY)		2.
3. Property was sold to a related party after May 14, 1980		3.	☐ Yes
4. Property sold to a related party was a marketable security		4.	☐ Yes

		2011 AMOUNTS	2010 AMOUNTS
19. Gross profit percentage	19.	%	
21. Principal payments received during the year			
Payments that qualify for 28% rate			
Current interest payments received	21.		
23. Total payments received in prior years			
Prior year interest payments received	23.		
25. Portion that is taxable as ordinary income	25.		
26. Total unrecaptured section of 1250 gain	26.		

PRIOR YEAR INSTALLMENT SALE

1. Description of property			
Ownership Code (Taxpayer, Spouse, Joint)		Two-letter state code	1.
2. Date acquired	(MM-DD-YYYY)		
Date sold	(MM-DD-YYYY)		2.
3. Property was sold to a related party after May 14, 1980		3.	☐ Yes
4. Property sold to a related party was a marketable security		4.	☐ Yes

		2011 AMOUNTS	2010 AMOUNTS
19. Gross profit percentage	19.	%	
21. Principal payments received during the year			
Payments that qualify for 28% rate			
Current interest payments received	21.		
23. Total payments received in prior years			
Prior year interest payments received	23.		
25. Portion that is taxable as ordinary income	25.		
26. Total unrecaptured section of 1250 gain	26.		

PRIOR YEAR INSTALLMENT SALE

1. Description of property			
Ownership Code (Taxpayer, Spouse, Joint)		Two-letter state code	1.
2. Date acquired	(MM-DD-YYYY)		
Date sold	(MM-DD-YYYY)		2.
3. Property was sold to a related party after May 14, 1980		3.	☐ Yes
4. Property sold to a related party was a marketable security		4.	☐ Yes

		2011 AMOUNTS	2010 AMOUNTS
19. Gross profit percentage	19.	%	
21. Principal payments received during the year			
Payments that qualify for 28% rate			
Current interest payments received	21.		
23. Total payments received in prior years			
Prior year interest payments received	23.		
25. Portion that is taxable as ordinary income	25.		
26. Total unrecaptured section of 1250 gain	26.		

NOTES OR QUESTIONS:

8283 ______

NONCASH CHARITABLE CONTRIBUTIONS

CLIENT ______________

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

SECTION A - DEDUCTIONS OF $5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES

INFORMATION ON DONATED PROPERTY

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

PART II OTHER INFORMATION

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

2a. Enter letter from Part I that identifies the property ______________

b. Total amount claimed as deduction for property listed in Part I: (1) For this tax year ______________
(2) For any prior tax years ______________

c. Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
Name of charitable organization ______________
Address (number, street, and room or suite no.) ______________
City or town ______________ State ______________ ZIP code ______________

d. For tangible property, enter place where property is located or kept ______________

e. Name of any person, other than the donee organization having actual possession of the property ______________

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

3a. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . 3a. ☐ Yes

b. Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . b. ☐ Yes

c. Is there a restriction limiting the donated property for a particular use? . . . . 3c. ☐ Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER $5,000 PER ITEM OR GROUP)

INFORMATION ON DONATED PROPERTY

Enter kind of donated property from the listing below:

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

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

Attach any declarations of appraisal and donee acknowledgments

8829 ______ BUSINESS USE OF HOME EXPENSES

CLIENT ______________

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

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

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

ALLOWABLE DEDUCTION		DIRECT EXPENSES		INDIRECT EXPENSES	
		2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
9. Casualty losses	9.				
10. Deductible mortgage interest					
Qualified mortgage insurance premium	10.				
11. Real estate taxes	11.				
16. Excess mortgage interest	16.				
17. Insurance	17.				
18. Rent	18.				
19. Repairs and maintenance	19.				
20. Utilities	20.				
21. Other expenses	21.				
24. Operating expenses carryover from 2010 Form 8829, line 42	24.				
28. Excess casualty losses	28.				
30. Carryover of excess casualty losses and depreciation from 2010 Form 8829, line 43	30.				

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

Date business use began ______________________

A

ITEMIZED DEDUCTIONS

CLIENT ________________

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

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

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

INTEREST PAID	2011 AMOUNTS		2010 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 10.			

11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098

First name . . . . . ________________ T, S, J ☐
Address ________________
City, state, zip ________________
SSN ________________
FEIN ________________ Amount ________________

Second name . . ________________ T, S, J ☐
Address ________________
City, state, zip ________________
SSN ________________
FEIN ________________ Amount ________________

Third name . . . . ________________ T, S, J ☐
Address ________________
City, state, zip ________________
SSN ________________
FEIN ________________ Amount ________________

Details: ________________

	2011 TAXPAYER	2011 SPOUSE	2010 AMOUNTS
12. Points not reported on Form 1098 12.			
13. Qualified mortgage insurance premiums 13.			
14. Deductible investment interest 14.			

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

ITEMIZED DEDUCTIONS, CONT'D

CLIENT ________________

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

CONTRIBUTIONS		2011 AMOUNTS		2010 AMOUNTS
16. Gifts made by cash or check:	16.	TAXPAYER	SPOUSE	
Total charitable mileage at 14 cents per mile		MI	MI	
Capital gain contributions limited to 30%				
Contributions limited to 30% of AGI				
Contributions limited to 20% of AGI				
17. Contributions made other than by cash or check: (provide details)				
18. Contribution carryover from prior year	18.			

CASUALTY AND THEFT		2011 AMOUNTS		2010 AMOUNTS
20. Net loss before applying 10% of AGI	20.			
Details: ____________________				

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION		2011 AMOUNTS		2010 AMOUNTS
21. Union and professional dues				
Job education				
Form 2106 or Form 2106-EZ	21.			
Other unreimbursed expenses:				
22. Tax return preparation fees	22.			
23. Investment fees				
Safe deposit box	23.			
Other limited miscellaneous deductions:				

OTHER MISCELLANEOUS DEDUCTIONS		2011 AMOUNTS		2010 AMOUNTS
28. Gambling losses	28.			
Other miscellaneous deductions:				

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT ________________

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

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

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

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

	2011 AMOUNTS	2010 AMOUNTS
Foreign account	☐ Yes	☐ Yes
Name of country		
Foreign trust	☐ Yes	☐ Yes
EF ONLY: Accrued market discount		NEW

ORDINARY DIVIDEND INCOME (cont.)

CLIENT ________________

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

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nondividend Distributions (Box 3)

B

INTEREST INCOME, CONT'D

CLIENT ________________

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

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2010 TOTAL AMOUNTS

C______

BUSINESS INCOME

CLIENT ______________

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

GENERAL INFORMATION		2011 AMOUNTS	2010 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint)			
Clergy Schedule C		☐ Yes	☐
If Joint Schedule C, taxpayer's ownership percentage		%	
Community property for self-employment purposes		☐ Yes	☐
Two-letter state code			
A. Principal business activity	A.		
Principal busn including product or svc			
B. Principal business code	B.		
C. Business name	C.		
D. Federal employer identification number	D.		
E. Business street address	E.		
Business city, state, ZIP code			
F. ACCOUNTING METHOD IF NOT CASH ← Accrual method	F.	☐ Yes	☐
Other		☐ Yes	☐
Specify other method			
G. Were you a ``material participant'' in the operation of this business?	G.	☐ No	☐
H. Is this the first Schedule C filed for this business?	H.	☐ Yes	☐
I. Were you required to file Form(s) 1099 in 2011?	I.	☐ Yes	NEW
J. If yes, were all required Forms(s) filed?	J.	☐ No	NEW

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

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

C______

BUSINESS INCOME, CONT'D

CLIENT ______________

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

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

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

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

NOTES OR QUESTIONS:

ASSETS

VEHICLE INFORMATION

CLIENT ______________

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

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

ACTIVITY ______________

Description	T,S,J	Date in Service
	☐	

	2011 AMTS	2010 AMTS
Cost		
Business miles 01/01/11 - 06/30/11	MI	
Business miles 07/01/11 - 12/31/11	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		

Odometer - Begin: ______________ End: ______________

D / 8949

CAPITAL GAINS AND LOSSES

CLIENT ________________

IF YOU SOLD ANY STOCKS, BONDS, OR OTHER PROPERTY IN 2011,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH SALE BELOW.

*1099B Code	Description of Property	No. of Shares	T / S	**Adjust Code	Date Acquired	Date Sold	Term	Gross Sales Price	Cost or Other Basis	Adjustment to Gain

Short-term capital loss carryover from 2010 Schedule D Capital Loss Carryover Worksheet, line 10 . . . . ( )

Long-term capital loss carryover from 2010 Schedule D Capital Loss Carryover Worksheet, line 13 . . . . ( )

* A - Basis Provided   B - Basis Not Provided   C - No 1099-B Received

** 0 - Nonspecific   A - Nominee CG distribution   B - Sale of Home   C - Personal (No Loss)   D - SSBIC Postponed Gain   E - ESOP Qualified Exchange   F - Sec 1202
G - Sec 1045 Rollover   H - 1099-B Box 8 wrong   I - 1099-B Box 3 too low   J - 1099-B Box 3 too high   K - Collectible (28% rate)   L - Form 8939 filed
M - Converted Property 4797 Gain   N - Other Adjustment   W - Wash Sale (No Loss)   AR - At Risk Loss   AV - Average Basis   CA - Qualified Community Assets
DC - DC Zone Gain   EZ - Sec 1202 EZB   PA - Passive Loss

DI

DEPENDENT INFORMATION

CLIENT ________________

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

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

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

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

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

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

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

NOTES:

ASSETS DEPRECIATION

CLIENT ________________

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

Description	T/S/J	Date Placed in Service	Cost	Busn %	Method	Life	Prior Depreciation	Date Sold

* ATTACH ADDITIONAL INFORMATION FOR NEWLY ACQUIRED ASSETS OR DISPOSITION OF ASSETS

NOTES OR QUESTIONS:

E1______

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT ______________

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

	DESCRIPTION	LOCATION			
1. Property description . . .					
City.		State		Zip code	
Type of property*:	NEW				

* 1 - Single-family residence
2 - Multi-family residence
3 - Vacation/short-term rental
4 - Commercial
5 - Land
6 - Royalties
7 - Self-rental
8 - Other
Describe: ______________________

Type of activity*: ______

* 1 - Passive rental real estate with active participation
2 - Passive rental real estate
3 - Real estate professional
4 - Nonpassive rental real estate
5 - Land lease (nonpassive investment income)
6 - Self-rental to business in which taxpayer materially participated
7 - Not rented for profit
8 - Vacation home (related party for less than FMV rental)
9 - Royalty (portfolio, nonpassive)

		2011 AMOUNTS	2010 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse; J = Joint)			
Two-letter state code			
Final disposition.		☐ Yes	☐
Percent of ownership (if not 100%)			
Percent of personal use or non vacation use			
2. Number of days home used personally	2.		
Number of days home rented at fair rental price			
Rental is part of personal residence		☐ Yes	☐
Square feet used for rental purposes			
Total square feet of rental property			

VACATION HOME	2011 AMOUNTS	2010 AMOUNTS
Use tax court method to allocate interest and taxes	☐ Yes	
Number of days home owned, if not 365 (tax court method)		

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

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

NOTES

E1 ______

INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT ______________

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

EXPENSES		DIRECT EXPENSES		INDIRECT EXPENSES	
		2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
5. Advertising	5.				
6. Auto expense (see vehicle deprec organizer)					
Other travel expenses	6.				
7. Cleaning and maintenance	7.				
8. Commissions	8.				
9. Insurance	9.				
10. Legal and other professional fees	10.				
11. Management fees	11.				
12. Mortgage interest paid to banks, etc	12.				
Qualified mortgage insurance					
13. Other interest	13.				
14. Repairs	14.				
15. Supplies	15.				
16. Taxes	16.				
17. Utilities	17.				
18. Depreciation expense (see deprec organizer)	18.				
Depletion (see depreciation organizer)					
19. Other expenses:	19.				
______					
______					
______					
______					
Amortization (see depreciation organizer)					
Office in home deduction					
Oil and gas deduction					

PRIOR YEAR PASSIVE ACTIVITY CARRYOVER LOSSES

FEDERAL

	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	( )		( )	
Schedule D short-term losses	( )		( )	
Schedule D long-term losses	( )		( )	
Schedule D 28% rate LT losses	( )		( )	
Form 4797 Pt I (Sec 1231 losses)	( )		( )	
Form 4797 Pt II (Ordinary losses)	( )		( )	

STATE

	Regular		AMT	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
Schedule E operating losses	( )		( )	NEW
Schedule D short-term losses	( )		( )	NEW
Schedule D long-term losses	( )		( )	NEW
Schedule D 28% rate LT losses	( )		( )	NEW
Form 4797 Pt I (Sec 1231 losses)	( )		( )	NEW
Form 4797 Pt II (Ordinary losses)	( )		( )	NEW

FOR REAL ESTATE PROFESSIONALS ONLY

	2011 AMOUNTS	2010 AMOUNTS
Passive activity loss carryovers that are from an activity that was not an active participation activity prior to becoming a real estate professional	☐ Yes	

E2

INCOME OR LOSS FROM RENTAL REAL ESTATE, Pg 2

CLIENT ________________

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

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

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

NOTES

Form 8867

Department of the Treasury
Internal Revenue Service

Paid Preparer's Earned Income Credit Checklist

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

OMB No. 1545-1629

2011

Attachment Sequence No. 177

Taxpayer name(s) shown on return	Taxpayer's social security number

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

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

Part I All Taxpayers

1 Enter preparer's name and PTIN as shown on return ▶ ____________

2 Is the taxpayer's filing status married filing separately? . . . . ☐ Yes ☐ No

▶ If you checked ``Yes'' on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering . . . . ☐ Yes ☐ No

▶ If you checked ``No'' on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? . . . . . . ☐ Yes ☐ No

▶ If you checked ``Yes'' on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of 2011? . . . . ☐ Yes ☐ No

▶ If you checked ``Yes'' on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? . . . . ☐ Yes ☐ No

▶ If you checked ``Yes'' on line 5a and ``No'' on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than $3,150? See Rule 6 in Pub. 596 before answering . . . . ☐ Yes ☐ No

▶ If you checked ``Yes'' on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2011? If the taxpayer's filing status is married filing jointly, check ``No.'' Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering . . . . ☐ Yes ☐ No

▶ If you checked ``Yes'' on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

Part II Taxpayers With a Child

	Child 1	Child 2	Child 3
Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.			
8 Child's name			
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	Yes No	Yes No	Yes No
10 Is either of the following true? ● The child is unmarried, or ● The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund)	Yes No	Yes No	Yes No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	Yes No	Yes No	Yes No
12 Was the child (at the end of 2011) -- ● Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), ● Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or ● Any age and permanently and totally disabled?	Yes No	Yes No	Yes No
▶ If you checked ``Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked ``No" on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.			
13a Could any other person check ``Yes" on lines 9, 10, 11, and 12 for the child?	Yes No	Yes No	Yes No
▶ If you checked ``No" on line 13a, go to line 14. Otherwise, go to line 13b.			
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering	Yes No Don't know	Yes No Don't know	Yes No Don't know
▶ If you checked ``Yes" on line 13c, go to line 14. If you checked ``No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked ``Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.			
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering	Yes No	Yes No	Yes No
▶ If you checked ``No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked ``Yes" on line 14, continue.			
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit			Yes No

▶ If you checked ``No" on line 15, stop; the taxpayer cannot take the EIC. If you checked ``Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.

Note. If you checked ``No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked ``Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) . . . . ☐ Yes ☐ No

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

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2011? . . . . ☐ Yes ☐ No

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

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

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

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit . . . . ☐ Yes ☐ No

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

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you? . . . . ☐ Yes ☐ No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? . . . . ☐ Yes ☐ No

22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.) . . . . ☐ Yes ☐ No

23 Did you keep the following records?
- Form 8867 (or your own form or files),
- The EIC worksheet(s) or your own worksheet(s), and
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained . . . . ☐ Yes ☐ No

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

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

ES 2010 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT ________________

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.

2011 FEDERAL ESTIMATED TAX PAYMENTS	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2010 return				
1st quarter payment	04-15-2011		- -	
2nd quarter payment	06-15-2011		- -	
3rd quarter payment	09-15-2011		- -	
4th quarter payment	01-17-2012		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2010) tax amount	
Are you a Farmer / Fisherman?	☐ Yes
Prior year adjusted gross income	
Was the income received uneven? (seasonal employment)	☐ Yes

APPLICATION OF 2011 OVERPAYMENT

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

Other (please explain): ______________________________

2012 ESTIMATED TAX INFORMATION

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

If ``No,'' enter any differences in income, deductions, dependents, etc.

Filing Status ____________

Personal exemptions ____________ TP over 65 ☐ Yes TP blind ☐ Yes

SP over 65 ☐ Yes SP blind ☐ Yes

Dependent exemptions ____________

Qualified Child tax credit ____________

1.	Wages increase or (-) decrease	Taxpayer ______ Spouse ______	
	Ordinary income increase or (-) decrease	1.	
2.	Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%)	2.	
3.	Self-employment income	3. Taxpayer ______ Spouse ______	
4.	Adjustments increase or (-) decrease	4.	
6.	Itemized deductions increase or (-) decrease	6.	
9.	Taxable income increase or (-) decrease	9.	
10.	Tax increase or (-) decrease	10.	
11.	Alternative minimum tax increase or (-) decrease	11.	
12.	Nonrefundable credits increase or (-) decrease	12.	
14.	Other taxes increase or (-) decrease	14.	
15.	Refundable credits increase or (-) decrease	15.	
19.	Withholding increase or (-) decrease	19.	
20.	Total 2012 estimated tax payments paid to date	20.	

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

NOTES OR QUESTIONS:

F ______

PROFIT OR LOSS FROM FARMING

CLIENT ________________

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

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

	FARM INCOME - CASH METHOD		2011 AMOUNTS	2010 AMOUNTS
1a.	Specified sales of livestock and other resale items	1a.		NEW
b.	Sales livestock and other resale items not reported on line 1a	b.		
d.	Cost or other basis of livestock of other items reported on line 1c	d.	( )	( )
2a.	Specified sales of products raised	2a.		NEW
b.	Sales products raised but not reported on line 2a	b.		
3a.	Total cooperative distributions (Form(s) 1099-PATR)	3a.		
b.	Taxable amount	b.		
4a.	Agricultural program payments	4a.		
b.	Taxable amount	b.		
5a.	Commodity Credit Corporation loans reported under election	5a.		
	Explain CCC loans reported under election:			
b.	CCC loans forfeited	5b.		
c.	Taxable amount	c.		
6a.	Crop insurance proceeds and Federal crop disaster pmts received this yr	6a.		
b.	Taxable amount	b.		
c.	Election is made to defer crop insurance proceeds to next year	c.	Yes	
d.	Crop insurance proceeds deferred from last year	d.		
	Explain election to defer crop insurance proceeds:			
7a.	Specified custom hire (machine work) income	7a.		NEW
b.	Custom hire income not reported on line 7a	b.		
8a.	Specified other income (include federal/state fuel tax credit/refund)	8a.		NEW
b.	Other income not reported on line 8a	b.		

NOTES OR QUESTIONS:

F ______

PROFIT OR LOSS FROM FARMING, CONT'D

CLIENT ______________

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

	FARM EXPENSES		2011 AMOUNTS	2010 AMOUNTS
10.	Car and truck expenses (see vehicle depreciation organizer)	10.		
11.	Chemicals	11.		
12.	Conservation expenses	12.		
13.	Custom hire (machine work)	13.		
14.	Depreciation and sec 179 expense deduction (see depreciation organizer)	14.		
15.	Employee benefit programs (other than pension and profit-sharing)	15.		
16.	Feed purchased	16.		
17.	Fertilizers and lime	17.		
18.	Freight and trucking	18.		
19.	Gasoline, fuel and oil	19.		
20.	Insurance (other than health)	20.		
21a.	Interest: Mortgage (paid to banks, etc.)	21a.		
b.	Other interest	b.		
22.	Labor hired less employment credits	22.		
23.	Pension and profit-sharing plans	23.		
24a.	Rent or lease: Vehicles, machinery, and equipment	24a.		
b.	Other (land, animals, etc.)	b.		
25.	Repairs and maintenance	25.		
26.	Seeds and plants	26.		
27.	Storage and warehousing	27.		
28.	Supplies	28.		
29.	Taxes	29.		
30.	Utilities	30.		
31.	Veterinary, breeding, and medicine	31.		
32.	Other expenses: Amortization (see depreciation organizer)	32.		
	Miscellaneous			
	Office in home expense			
35.	Received a subsidy this year	35.	☐ Yes	NEW
36.	Amount at risk	36.		

	FARM INCOME - ACCRUAL METHOD		2011 AMOUNTS	2010 AMOUNTS
	Unit-livestock or farm price method used		☐ Yes	☐
37a.	Specified sales of livestock, produce, grains, and other products	37a.		NEW
b.	Sales of livestock, produce, grains and other products not reported on ln 37a	b.		
38a.	Cooperative distributions (Form(s) 1099-PATR)	38a.		
b.	Taxable amount	b.		
39a.	Agricultural program payments	39a.		
b.	Taxable amount	b.		
40a.	Commodity Credit Corporation loans reported under election	40a.		
b.	CCC loans forfeited	b.		
c.	Taxable amount	c.		
41.	Crop insurance proceeds	41.		
42a.	Specified custom hire (machine work) income from merchant card or 3rd party payment	42a.		NEW
b.	Other custom hire income not reported on line 42a	b.		
43a.	Specified other income (include federal/state fuel tax credit/refund	43a.		NEW
b.	Other income not reported on line 43a	b.		
45.	Inventory of livestock, produce, grains, and other products at beg of year	45.		
46.	Cost of livestock, produce, grains, and other products purchased during yr	46.		
48.	Inventory of livestock, produce, and other products at end of year	48.	( )	( )

FDK1______

FIDUCIARY SCHEDULE K-1 RECEIVED

CLIENT ____________

FOR ACCURACY, PLEASE INCLUDE A COPY OF THE SCHEDULE K-1.

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

GENERAL INFORMATION

Entity ownership code: T = Taxpayer S = Spouse J = Joint (default)		
A. Entity identification number	A.	
B. Estate's or trust's name	B.	
C. Fiduciary name	C.	
Fiduciary street address		
Fiduciary ZIP code, city and state		
Are you a real estate professional?		☐ Yes
Did you materially participate in this trade or business activity?		☐ Yes
Is this activity from active rental real estate?		☐ Yes
Foreign entity?		☐ Yes
E. This a final disposition or entity is exempt from limitation	E.	☐ Yes

DISTRIBUTIVE SHARE ITEMS

K-1 BOX NUMBER	K-1 CODE	DESCRIPTION	2011 AMOUNTS	2010 AMOUNTS

* Revised code for 2010

4835 ______ FARM RENTAL INCOME AND EXPENSES

CLIENT ______________

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

GENERAL INFORMATION	2011 AMOUNTS	2010 AMOUNTS
This is the spouse's farm rental income	☐ Yes	☐ Yes
Two-letter state code		
This activity is exempt from passive limitations	☐ Yes	☐ Yes
Are you a real estate professional?	☐ Yes	☐ Yes
Employer identification number (EIN)		
Did you ``materially participate'' in this farm operation this year?	☐ No	☐ No

FARM RENTAL INCOME		2011 AMOUNTS	2010 AMOUNTS
1. Income from production of livestock, produce, grains, and other crops	1.		
2a. Cooperative distributions from Form(s) 1099-PATR	a.		
b. Taxable amount	2b.		
3a. Agricultural program payments	a.		
b. Taxable amount	3b.		
4a. Commodity Credit Corporation (CCC) loans reported under election	a.		
Explain CCC loans reported under election:			
b. CCC loans forfeited	b.		
c. Taxable amount	4c.		
5a. Crop insurance proceeds and federal crop disaster pmts received this year	a.		
b. Taxable amount			
Election is made to defer crop insurance proceeds to next year	b.	☐ Yes	☐ Yes
Explain election to defer crop insurance proceeds:			
d. Crop insurance proceeds deferred from last year	5d.		
6. Other income. Include federal and state gas tax credit or refund	6.		

NOTES AND QUESTIONS:

4835 ______

FARM RENTAL INCOME AND EXPENSES, CONT'D

CLIENT ______________

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

	FARM RENTAL PROPERTY EXPENSES		2011 AMOUNTS	2010 AMOUNTS
8.	Car and truck expenses (see vehicle depreciation organizer)	8.		
9.	Chemicals	9.		
10.	Conservation expenses	10.		
11.	Custom hire (machine work)	11.		
12.	Depreciation and section 179 expense deduction (see depr organizer)	12.		
13.	Employee benefit programs (other than pension and profit-sharing)	13.		
14.	Feed	14.		
15.	Fertilizers and lime	15.		
16.	Freight and trucking	16.		
17.	Gasoline, fuel, and oil	17.		
18.	Insurance (other than health)	18.		
19a.	Interest: Mortgage (paid to banks, etc.)	a.		
b.	Other interest	19b.		
20.	Labor hired less employment credits	20.		
21.	Pension and profit-sharing plans	21.		
22a.	Rent or lease: Vehicles, machinery, and equipment	a.		
b.	Other (land, animals, etc.)	22b.		
23.	Repairs and maintenance	23.		
24.	Seeds and plants	24.		
25.	Storage and warehousing	25.		
26.	Supplies	26.		
27.	Taxes	27.		
28.	Utilities	28.		
29.	Veterinary, breeding, and medicine	29.		
30.	Other expenses: Miscellaneous	30.		
	Amortization (see depreciation organizer)			
	Prior year carryover loss			
33.	Received a subsidy in 2011		☐ Yes	NEW

NOTES OR QUESTIONS:

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT ________________

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

MISCELLANEOUS INCOME		2011 AMOUNTS		2010 AMOUNTS	
		TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7. Taxable scholarship / fellowship income	7.				
10. IF YOU ITEMIZED LAST YEAR: Deducted 2010 state/local sales tax		Yes	Yes		
State tax refund					
2010 state and local taxes					
2010 itemized deductions	10.				
11. Alimony received	11.				
19. Unemployment compensation received					
Repaid unemployment compensation	19.				
20. SOCIAL SECURITY BENEFITS: Social security benefits received					
Medicare premiums withheld					
Medicare prescription drug prem					
Tier 1 Railroad retirement received					
Federal withholding	20.				
21. Net operating loss carryover	21.				
Other income: SE? T/S		ST	ST		

ADJUSTMENTS TO INCOME		2011 AMOUNTS		2010 AMOUNTS	
23. Educator expenses	23.				
25. Health savings account deduction	25.				
26. Moving expenses	26.				
28. Self-employed SEP, SIMPLE, and qual plans	28.				
29. Self-employed health insurance					
Health insurance premium from S Corp	29.				
30. Penalty on early withdrawal of savings	30.				
31. Alimony paid	31.				
Recipient's Name SSN		ST	ST		
32. Payments to your IRA (see 8606 organizer)					
Covered by employer's retirement plan	32.	Yes	Yes		
33. Student loan interest deduction	33.				
34. Tuition and fees deduction	34.				
35. Domestic production activities	35.				
36. Jury duty pay given to employer					
Other adjustments: T/S		ST	ST		

NOTES OR QUESTIONS:

8606

NONDEDUCTIBLE IRAs

CLIENT ________________

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

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

	TAXPAYER		SPOUSE	
	2011 AMOUNTS	2010 AMOUNTS	2011 AMOUNTS	2010 AMOUNTS
1. Nondeductible traditional IRA contributions for 2011 . .				
2. Total traditional IRA basis for 2010 and prior years . . .				
4. IRA contributions made from 01/01/2012 to 04/08/2012				
6. Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12/31/2011				
Outstanding rollovers				
7. Total distributions received from traditional, SEP, and SIMPLE IRAs during 2011				
8. Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2011				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs)				

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

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

PART III - DISTRIBUTIONS FROM ROTH IRAs

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

PART IV - CERTAIN DISTRIBUTIONS FROM DESIGNATED ROTH ACCOUNTS

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

2010 8606 KEY DATA

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

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

NOTES OR QUESTIONS:

1099R PENSIONS AND ANNUITIES

CLIENT ________________

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

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.

Taxpayer or Spouse		Payer's federal identification no.	
Payer's name			
Payer's street address			
Payer's city		State	ZIP code
Account number		Foreign address	Yes

		2010 AMOUNTS		
			7. Distribution code	
1. Gross distribution			IRA/SEP/SIMPLE	Yes
2a. Taxable amount			Distrib rolled over 1 = IRA, 2 = Roth	
2b. Tax amount not determined	Yes		8. Other	
Total distribution?	Yes		Percent of other	
Qualified Charitable Dist (QCD)			9a. Percent of total distribution	
Qual health svgs acct funding			9b. Total employee contrib	
Insurance premium - retired public safety officer			10. Name of state	
			State tax withheld	
3. Capital gain (included in box 2a)			11. Payer's state I.D. number:	
4. Federal income tax withheld				
5. Employee contrib or ins prem			12. State distribution	
6. Net unrealized appreciation			13. Local tax withheld	
			14. Name of locality	
Disability is earned income?	Yes		15. Local distribution	

SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)

Cost in plan at starting date			Amount recd tax-free after 1986	
Age at starting date			# mos payments made this year	
Annuity starting date			Using Table 1 or Table 2	

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.

Taxpayer or Spouse		Payer's federal identification no.	
Payer's name			
Payer's street address			
Payer's city		State	ZIP code
Account number		Foreign address	Yes

		2010 AMOUNTS		
			7. Distribution code	
1. Gross distribution			IRA/SEP/SIMPLE	Yes
2a. Taxable amount			Distrib rolled over 1 = IRA, 2 = Roth	
2b. Tax amount not determined	Yes		8. Other	
Total distribution?	Yes		Percent of other	
Qualified Charitable Dist (QCD)			9a. Percent of total distribution	
Qual health svgs acct funding			9b. Total employee contrib	
Insurance premium - retired public safety officer			10. Name of state	
			State tax withheld	
3. Capital gain (included in box 2a)			11. Payer's state I.D. number:	
4. Federal income tax withheld				
5. Employee contrib or ins prem			12. State distribution	
6. Net unrealized appreciation			13. Local tax withheld	
			14. Name of locality	
Disability is earned income?	Yes		15. Local distribution	

SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)

Cost in plan at starting date			Amount recd tax-free after 1986	
Age at starting date			# mos payments made this year	
Annuity starting date			Using Table 1 or Table 2	

ATTACH ANY ADDITIONAL 1099-R'S

2011 SIGNED STATEMENT FOR TAXPAYER'S CHOICE TO PAPER FILE

Keep for Your Records

Date

Date

GI

PERSONAL DATA

CLIENT ____________

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

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	☐ Yes		☐ Yes	
Permanently and totally disabled	☐ Yes		☐ Yes	
Death Date				
Over age 65	☐ Yes		☐ Yes	
E-mail address				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	☐ Yes		☐ Yes	
Tuition and fees				
AOC expenses				
AOC prior years				
Credit Type				

Address ____________ Apt No ____________

City ____________ State ____________ ZIP Code ____________

County ____________ County / municipal code ____________

School District Name ____________ School District number ____________

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside ____________

Foreign address ____________

City ____________ State or Province ____________

Country ____________ Postal Code ____________

FILING STATUS

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

1 = Single
- ☐ Claimed as a dependent on someone else's return.
- ☐ Taxpayer claimed as dependent of someone else but qualifies for Education Credit

2 = Married Filing Jointly
- ☐ Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately
- ☐ Dual status alien
- ☐ Itemizing required for Schedule A
- ☐ Taking standard deduction
- ☐ Claiming spouse as a dependent
- ☐ Didn't live with spouse entire year

4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.

5 = Qualifying Widow(er) with Dependent Child Year spouse died (2009 or 2010) ____________

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

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

PTK1 ____________ PARTNERSHIP SCHEDULE K-1 RECEIVED

CLIENT ______________

ATTACH A COPY OF FORM 1065, SCHEDULE K-1 TO THIS PAGE.

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

GENERAL INFORMATION			
	Entity ownership code: T = Taxpayer S = Spouse J = Joint (default)		
A.	Partnership identification number		
B.	Partnership name		
	Partnership street address		
	Partnership ZIP code, city and state		
D.	Publicly-traded partnership?		Yes
G.	Are you a general partner or LLC member-manager?		Yes
	Are you a limited partner or other LLC member?		Yes
	Adjust limited partner or other LLC member's self-employment income by any section 179, unreimbursed partnership or depletion expenses		No
	Are you a real estate professional?		Yes
	Did you materially participate in this trade or business activity?		Yes
	Is this activity from active rental real estate?		Yes
	Foreign entity?		Yes
	This a final disposition or entity is exempt from limitation		Yes
	Some is not at risk		Yes

DISTRIBUTIVE SHARE ITEMS

K-1 BOX NUMBER	K-1 CODE	DESCRIPTION	2011 AMOUNTS	2010 AMOUNTS

* Revised code for 2011

CSK1 ____________ S CORPORATION SCHEDULE K-1 RECEIVED

CLIENT ______________

ATTACH A COPY OF FORM 1120S, SCHEDULE K-1 TO THIS PAGE.

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

GENERAL INFORMATION

	Entity ownership code: T = Taxpayer S = Spouse J = Joint (default)	
A.	S Corporation identification number	
B.	S Corporation name	
	S Corporation street address	
	S Corporation ZIP code, city and state	
	Are you a real estate professional?	Yes
	Did you materially participate in this trade or business activity?	Yes
	Is this activity from active rental real estate?	Yes
	Foreign entity?	Yes
	This a final disposition or entity is exempt from limitation	Yes
	Some is not at risk	Yes

DISTRIBUTIVE SHARE ITEMS

K-1 BOX NUMBER	K-1 CODE	DESCRIPTION	2011 AMOUNTS	2010 AMOUNTS

* Revised code for 2011

2011 ORGANIZER

The following items were on your 2010 tax return. Please look for them or their replacements in preparation for your tax appointment.	Comments, Corrections, or Questions

ES

2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT ________________

PLEASE ENTER ALL PERTINENT 2011 INFORMATION.

State ____________________________

2011 STATE ESTIMATED TAX PAYMENTS	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2010 return				
1st quarter payment	04-15-2011		- -	
2nd quarter payment	06-15-2011		- -	
3rd quarter payment	09-15-2011		- -	
4th quarter payment	01-17-2012		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2010) tax amount ____

Are you a Farmer / Fisherman? ☐ Yes

Prior year adjusted gross income ____

Was the income received uneven? (seasonal employment) ☐ Yes

APPLICATION OF 2011 OVERPAYMENT

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

Other (please explain): ____________________

2012 ESTIMATED TAX INFORMATION

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

If ``No,'' enter any differences:

1. Taxable income .... 1. ____
2. Tax .... 2. ____
7. Withholding .... 7. ____

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

NOTES OR QUESTIONS:

ORGANIZER SUMMARY

CLIENT ________________

DESCRIPTION	2011 AMOUNTS	2010 AMOUNTS

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT ______________

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

W-2#

WAGE AND TAX STATEMENT

Taxpayer or spouse?		Employer identification no.	
Employer name		Foreign address	Yes
Employer street address			
Employer city		State	ZIP code
Control number			

		2010 AMOUNTS				
1. Wages, tips, other compensation			12a. Code		Amt	
2. Federal income tax withheld			b. Code		Amt	
3. Social security wages			c. Code		Amt	
4. Social security tax withheld			d. Code		Amt	
5. Medicare wages and tips			13. Statutory empl to Sch C #			
6. Medicare tax withheld			Retirement plan?		Yes	
7. Social security tips			Third-party sick pay?			Yes
8. Allocated tips			14. Other		Amt	
9. Advance EIC payments			Other		Amt	
10. Dependent care benefits			Other		Amt	
11. Non-qualified plans			Other		Amt	

	State	15 State Employer I.D. Number	16 State Wages	17 State Tax Withheld	18 Local Wages	19 Local Tax Withheld	20 Locality Name
1							
		////////////////////			/////////////	/////////////	//////////////
2							

Corrected Form W-2? ☐ Yes — Clergy Form W-2 ☐ Yes

Non-standard indicator? ☐ Yes — Suppress Clergy self-employment tax ☐ Yes

W-2 #

WAGE AND TAX STATEMENT

Taxpayer or spouse?		Employer identification no.	
Employer name		Foreign address	Yes
Employer street address			
Employer city		State	ZIP code
Control number			

		2010 AMOUNTS				
1. Wages, tips, other compensation			12a. Code		Amt	
2. Federal income tax withheld			b. Code		Amt	
3. Social security wages			c. Code		Amt	
4. Social security tax withheld			d. Code		Amt	
5. Medicare wages and tips			13. Statutory empl to Sch C #			
6. Medicare tax withheld			Retirement plan?		Yes	
7. Social security tips			Third-party sick pay?			Yes
8. Allocated tips			14. Other		Amt	
9. Advance EIC payments			Other		Amt	
10. Dependent care benefits			Other		Amt	
11. Non-qualified plans			Other		Amt	

	State	15 State Employer I.D. Number	16 State Wages	17 State Tax Withheld	18 Local Wages	19 Local Tax Withheld	20 Locality Name
1							
		////////////////////			/////////////	/////////////	//////////////
2							

Corrected Form W-2? ☐ Yes — Clergy Form W-2 ☐ Yes

Non-standard indicator? ☐ Yes — Suppress Clergy self-employment tax ☐ Yes

Attach additional W-2's