

General Information

Taxpayer

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth

Spouse

First Name
Middle Initial
Last Name
Suffix
Social Security Number
Date of Birth

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

Home Phone
Work Phone
Cell Phone
Fax Number

Home Phone
Work Phone
Cell Phone
Fax Number

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Legally Blind
Totally Disabled
Claimed as a Dependent
Presidential Election Fund (\$3)

Occupation
E-mail address

Occupation
E-mail address

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

State of Residence as of 12/31
County of Residence as of 12/31
School District as of 12/31

Sales tax rate of locality in 2011 %
If Part Year, Period of Residency to

Sales tax rate of locality in 2011 %
If Part Year, Period of Residency to

Filing Status

Status on 2010 return :

Status as of 12/31/2011 :
Enter ("X") in the box

- 1 Single
- 2 Married filing joint
- 3 Married filing separately
(Enter spouse's name and SSN above)
- 4 Head of Household Non-dependent name: _____
Non-dependent SSN: _____
- 5 Qualifying widow(er) with minor child Year spouse died _____

Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country

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

2011

Questions (Cont.)

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

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

Business and Rental Property Income

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

Business and Rental Property Deductions

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

Other Deductions

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

Name _____

SSN _____

Wages and Retirement Income

W-2 Information

Enter "X"
if spouse

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

1099-R Information

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

Name _____

SSN _____

Interest Income

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

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

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

Dividend Income

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

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

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

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

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

Interest:

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

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

Rent or Lease:

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

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

Travel, Meals, and Entertainment:

Travel

63	63		
64	64		
65	65		
66	66		

Meals and entertainment

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

72 Utilities	72		
73 Wages	73		

Other Expenses

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

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

Vehicle 1 -

Vehicle 2 -

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

Actual Expenses

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

Vehicle 3 -

Vehicle 4 -

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

Actual Expenses

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

Name _____

SSN _____

Business _____

Copy _____

Self-Employed Office in Home Expenses

		Current Year Amount	Prior Year Amount
Area of Home			
1	Area used regularly and exclusively for business, regularly for daycare.	1	
2	Total area of home	2	
Daycare only			
3	Multiply days used for daycare during year by hours used per day	3	
Expenses related to entire home including business portion			
4	Casualty losses	4	
5	Excess mortgage interest	5	
6	Insurance	6	
7	Rent	7	
8	Repairs and maintenance	8	
9	Utilities	9	
10	Other expenses	10	
Additional expenses related to business portion only			
11	Casualty losses	11	
12	Excess mortgage interest	12	
13	Insurance	13	
14	Rent	14	
15	Repairs and maintenance	15	
16	Utilities	16	
17	Other expenses	17	

Name _____

SSN _____

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

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

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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34					
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36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name _____

SSN _____

Real Estate Rentals and Royalties

Kind of Property
 Address
 City State Zip

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

Income

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

Property Expense

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

Assets Placed in Service This Year

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

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expense

18

19

20

21

22

23

24

25

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

Travel Expenses

26

27

28

29

30

31

32

33

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

Meals and Entertainment Expense

34

35

36

37

38

39

40

41

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

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

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

Actual Expenses

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

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

Actual Expenses

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

Name _____

SSN _____

Farm Income and Expenses

Enter "X" in one box: Filer Spouse

General Information

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

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

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

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

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

Assets Placed in Service This Year

(Description):

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

Name _____

SSN _____

Product _____

Vehicle Information - Farm

Vehicle 1 -

Vehicle 2 -

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

Actual Expenses

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

Vehicle 3 -

Vehicle 4 -

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

Actual Expenses

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

Name _____

SSN _____

Miscellaneous Income

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

Adjustments to Income

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

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

Miscellaneous Deductions

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

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

Name _____

SSN _____

IRA Contribution Information

Traditional IRA Contributions

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

Roth Contributions

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

SIMPLE IRA

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

--	--

Education IRA (Coverdell ESA)

Filer

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

Current Year Amount	Prior Year Amount

Spouse

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

Name _____

SSN _____

Taxes - Itemized Deductions

Real Estate Taxes

23 Principal residence 23

Real Estate Not Held For Investment

24 24

25 25

26 26

27 27

28 28

Real Estate Held For Investment

29 29

30 30

31 31

32 32

33 33

34 Personal property taxes 34

Other Taxes

35 35

36 36

37 37

Current Year Amount	Prior Year Amount

--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions

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

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

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

Other Miscellaneous Expenses - Itemized Deductions

If investment related enter "X"

			Current Year Amount	Prior Year Amount
59	Certain attorney and accounting fees	<input type="checkbox"/>		
60	Safe deposit box rental	<input type="checkbox"/>		
61	IRA Custodial fees	<input type="checkbox"/>		
62	Investment counsel and advisory fees	<input type="checkbox"/>		
63	<input type="checkbox"/>		
64	<input type="checkbox"/>		
65	<input type="checkbox"/>		
66	<input type="checkbox"/>		
67	<input type="checkbox"/>		
68	<input type="checkbox"/>		
69	<input type="checkbox"/>		
70	<input type="checkbox"/>		
71	<input type="checkbox"/>		
72	<input type="checkbox"/>		
73	<input type="checkbox"/>		
74	<input type="checkbox"/>		

Other Miscellaneous Deductions

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

Name _____

SSN _____

Employee Business Expenses

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

Filer

Spouse

Meals and Entertainment

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

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

Travel Expenses

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

Other Employment Related Expenses

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

Vehicle Information	Vehicle 1 -		Vehicle 2 -	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
13 Date vehicle was placed in service . . . 13				
14 Cost of vehicle 14				
15 Total miles driven for the year 15				
16 Business miles driven during the year 16				
January 1 to June 30				
July 1 to December 31				
17 Commuting miles (included in total miles driven for the year) 17				
18 Average daily roundtrip commuting miles 18				
19 Vehicle Interest 19				
20 Vehicle Personal Property tax 20				
If claiming actual expenses continue:				
21 Gasoline, oil, repairs and vehicle insurance 21				
22 Vehicle lease or rental 22				
23 Value of employer-provided vehicle (if 100% is included in W-2) 23				

Name _____

SSN _____

Child and Dependent Care Expenses

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

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

Non-Dependent Information and Qualifying Expenses

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

Persons or Organizations Who Provided the Care

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

