



## INSTRUCTIONS

The 2011 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2011 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference.

Please provide us with the following additional information:

- A copy of your 2010 tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S-corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,

**SEMAPHORE TAX & BUSINESS SOLUTIONS, INC.**

Semaphore Tax & Business Solutions, Inc.  
16420 Bake Parkway, Irvine, CA 92618  
Phone: (949) 215-9900 ~ Fax: (949) 333-3101

|             |             |           |                      |
|-------------|-------------|-----------|----------------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Tax Organizer</b> |
|-------------|-------------|-----------|----------------------|

**SEMAPHORE TAX & BUSINESS SOLUTIONS, INC. Tax Return Appointment**

16420 BAKE PKWY

IRVINE, CA 92618-4665

Telephone number: (949)215-9900

Fax number: (949)333-3101

E-mail address: taxsupport@semaphoretax.com

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please enter all pertinent 2011 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

|                                  |  |  |
|----------------------------------|--|--|
| First name and initial . . . . . |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Social security number . . . . . |  |  |
| Occupation . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Date of death (m/d/y) . . . . .  |  |  |
| 1=blind . . . . .                |  |  |
| Home phone . . . . .             |  |  |
| Work phone . . . . .             |  |  |
| Work extension . . . . .         |  |  |
| Cell phone . . . . .             |  |  |
| E-mail address . . . . .         |  |  |

|         |                            |  |
|---------|----------------------------|--|
| Address | In care of . . . . .       |  |
|         | Street address . . . . .   |  |
|         | Apartment number . . . . . |  |
|         | City . . . . .             |  |
|         | State . . . . .            |  |
|         | ZIP code . . . . .         |  |

**DEPENDENTS**

Dependent No.

Dependent No.

|                                  |  |  |
|----------------------------------|--|--|
| First name . . . . .             |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Social security number . . . . . |  |  |
| Relationship . . . . .           |  |  |
| Months lived at home . . . . .   |  |  |

Dependent No.

Dependent No.

|                                  |  |  |
|----------------------------------|--|--|
| First name . . . . .             |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Social security number . . . . . |  |  |
| Relationship . . . . .           |  |  |
| Months lived at home . . . . .   |  |  |

**2011 1040 US Tax Organizer**

Please enter all pertinent 2011 information. If you have attached a government form for an item, check the box and do not enter a 2011 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2011 Amount             | 2010 Amount |
|-------------------------|-------------|
| <b>Attach Forms W-2</b> | _____       |
|                         | _____       |
|                         | _____       |
|                         | _____       |

**INTEREST INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                              |       |
|------------------------------|-------|
| <b>Attach Forms 1099-INT</b> | _____ |
|                              | _____ |
|                              | _____ |
|                              | _____ |

**DIVIDEND INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                              |       |
|------------------------------|-------|
| <b>Attach Forms 1099-DIV</b> | _____ |
|                              | _____ |
|                              | _____ |
|                              | _____ |

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

|                          |       |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

|                                       |       |
|---------------------------------------|-------|
| <b>Attach Forms 1099-R &amp; W-2G</b> | _____ |
|                                       | _____ |
|                                       | _____ |
|                                       | _____ |
| Winnings not reported on W-2G.....    | _____ |
| Total gambling losses.....            | _____ |

**OTHER GOVERNMENT FORMS - INCOME**

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements)

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

- Form 1099-G - State tax refunds.....

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1099</b> |  |
|--------------------------|--|

**MISCELLANEOUS INCOME**

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: \_\_\_\_\_

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**2011 1040 US Tax Organizer**

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....  
 Spouse: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

| 2011 Amount | 2010 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....  
 Form 1098-T - Tuition and related expenses .....

|                          |  |
|--------------------------|--|
| <b>Attach Forms 1098</b> |  |
|--------------------------|--|

**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Expenses from rental of personal property .....  
 Other adjustments to income:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

\_\_\_\_\_  
 Alimony paid - Recipient name & SSN .....

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

Spouse:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Expenses from rental of personal property .....  
 Other adjustments to income:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

\_\_\_\_\_  
 Alimony paid - Recipient name & SSN .....

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |

**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....  
 Doctors, dentists and nurses .....  
 Hospitals and nursing homes .....  
 Insurance premiums .....  
 Long-term care premiums - taxpayer .....  
 Long-term care premiums - spouse .....  
 Insurance reimbursement .....  
 Out-of-pocket lodging and transportation expenses .....  
 Number of medical miles .....  
 Other: \_\_\_\_\_

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**TAXES PAID**

State income taxes - 1/11 payment on 2010 state estimate .....  
 State income taxes - paid with 2010 state extension .....  
 State income taxes - paid with 2010 state return .....  
 State income taxes - paid for prior years and/or to other states .....

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |



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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       |                                                                                                                                          |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return?                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?                                         |

Please enter all pertinent 2011 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

|                                                                |  |  |
|----------------------------------------------------------------|--|--|
| 1=direct deposit of federal tax refund into bank account ..... |  |  |
| 1=electronic payment of balance due .....                      |  |  |
| 1=electronic payment of estimated tax .....                    |  |  |

**BANK INFORMATION**

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |

**2011 ESTIMATED TAX / 1040-ES (6)**

| Federal                                      | Amount Paid | Date Paid | TS | 2011 Voucher Amount |
|----------------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2010 .....          |             |           |    |                     |
| 1st quarter payment (due 4/18/11) .....      |             |           |    |                     |
| 2nd quarter payment (due 6/15/11) .....      |             |           |    |                     |
| 3rd quarter payment (due 9/15/11) .....      |             |           |    |                     |
| 4th quarter payment (due 1/17/12) .....      |             |           |    |                     |
| Additional Estimated Tax Payments            |             |           |    |                     |
| Paid with extension (not later than 4/17/12) |             |           |    |                     |

| State                                        | Amount Paid | Date Paid | TS | 2011 Voucher Amount |
|----------------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2010 .....          |             |           |    |                     |
| 1st quarter payment (due 4/18/11) .....      |             |           |    |                     |
| 2nd quarter payment (due 6/15/11) .....      |             |           |    |                     |
| 3rd quarter payment (due 9/15/11) .....      |             |           |    |                     |
| 4th quarter payment (due 1/17/12) .....      |             |           |    |                     |
| Additional Estimated Tax Payments            |             |           |    |                     |
| Paid with extension (not later than 4/17/12) |             |           |    |                     |

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

|                                       |                                          |
|---------------------------------------|------------------------------------------|
| 1 = Checking or savings (default)     | 6 = Coverdell savings account (ESA)      |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other                                |
| 3 = Spouse's IRA (next year limits)   | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA)      | 9 = Spouse's IRA (current year limits)   |
| 5 = Archer MSA                        | 10 = Series I treasury bonds             |

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2011 information.

**APPLICATION OF 2011 OVERPAYMENT (7.1)**

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 different from 2011? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2012 withholding to be different from 2011? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|                                                  |                                         |
|--------------------------------------------------|-----------------------------------------|
| Principal business/profession.....               | <input style="width:95%;" type="text"/> |
| Principal business code.....                     | <input style="width:95%;" type="text"/> |
| Business name, if different from Form 1040.....  | <input style="width:95%;" type="text"/> |
| Business address, if different from Form 1040... | <input style="width:95%;" type="text"/> |
| City, if different from Form 1040.....           | <input style="width:95%;" type="text"/> |
| State, if different from Form 1040.....          | <input style="width:95%;" type="text"/> |
| ZIP code, if different from Form 1040.....       | <input style="width:95%;" type="text"/> |
| Employer identification number.....              | <input style="width:95%;" type="text"/> |
| Other accounting method.....                     | <input style="width:95%;" type="text"/> |

|                                                                                                     |                                         |  |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| Accounting method: 1=cash, 2=accrual.....                                                           | <input style="width:95%;" type="text"/> |  |
| Inventory method: 1=cost, 2=lower cost/market, 3=other.....                                         | <input style="width:95%;" type="text"/> |  |
| 1=change of inventory method.....                                                                   | <input style="width:95%;" type="text"/> |  |
| 1=spouse, 2=joint.....                                                                              | <input style="width:95%;" type="text"/> |  |
| 1=first Schedule C filed for this business.....                                                     | <input style="width:95%;" type="text"/> |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.. | <input style="width:95%;" type="text"/> |  |
| 1=not subject to self-employment tax.....                                                           | <input style="width:95%;" type="text"/> |  |
| 1=did not "materially participate".....                                                             | <input style="width:95%;" type="text"/> |  |
| 1=personal services is not a material income producing factor.....                                  | <input style="width:95%;" type="text"/> |  |
| 1=investment.....                                                                                   | <input style="width:95%;" type="text"/> |  |
| 1=minister's Schedule C.....                                                                        | <input style="width:95%;" type="text"/> |  |
| 1=single member limited liability company.....                                                      | <input style="width:95%;" type="text"/> |  |

**INCOME**

|                                                                    | 2011 Amount                             | 2010 Amount                             |
|--------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Merchant card and third party payments (Form 1099-K, Box 1) *..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Gross receipts or sales (Form 1099-MISC, box 7).....               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Returns and allowances.....                                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other income:                                                      |                                         |                                         |
| <input style="width:95%;" type="text"/>                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/>                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/>                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/>                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/>                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/>                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

**COST OF GOODS SOLD**

|                                         |                                         |                                         |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| Inventory at beginning of the year..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Purchases.....                          | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cost of items for personal use.....     | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cost of labor.....                      | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Materials and supplies.....             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other costs:                            |                                         |                                         |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Inventory at end of the year.....       | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|                                                                      | 2011 Amount | 2010 Amount |
|----------------------------------------------------------------------|-------------|-------------|
| Accounting.....                                                      |             |             |
| Advertising.....                                                     |             |             |
| Answering service.....                                               |             |             |
| Bad debts from sales or service.....                                 |             |             |
| Bank charges.....                                                    |             |             |
| Car and truck expenses (not entered elsewhere).....                  |             |             |
| Commissions.....                                                     |             |             |
| Contract labor.....                                                  |             |             |
| Delivery and freight.....                                            |             |             |
| Dues and subscriptions.....                                          |             |             |
| Employee benefit programs.....                                       |             |             |
| Insurance (other than health).....                                   |             |             |
| Mortgage interest (paid to banks, etc.).....                         |             |             |
| Other interest (not entered elsewhere).....                          |             |             |
| Janitorial.....                                                      |             |             |
| Laundry and cleaning.....                                            |             |             |
| Legal and professional.....                                          |             |             |
| Miscellaneous.....                                                   |             |             |
| Office expense.....                                                  |             |             |
| Outside services.....                                                |             |             |
| Parking and tolls.....                                               |             |             |
| Pension and profit sharing plans - contributions.....                |             |             |
| Pension and profit sharing plans - admin. and education costs.....   |             |             |
| Postage.....                                                         |             |             |
| Printing.....                                                        |             |             |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... |             |             |
| Rent - other.....                                                    |             |             |
| Repairs.....                                                         |             |             |
| Security.....                                                        |             |             |
| Supplies.....                                                        |             |             |
| Taxes - real estate.....                                             |             |             |
| Taxes - payroll.....                                                 |             |             |
| Taxes - sales tax included in gross receipts.....                    |             |             |
| Taxes - other (not entered elsewhere).....                           |             |             |
| Telephone.....                                                       |             |             |
| Tools.....                                                           |             |             |
| Travel.....                                                          |             |             |
| Total meals and entertainment in full (50%).....                     |             |             |
| Department of Transportation meals in full (80%).....                |             |             |
| Uniforms.....                                                        |             |             |
| Utilities.....                                                       |             |             |
| Wages.....                                                           |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| <hr/> |  |  |
| <hr/> |  |  |
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NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



2011

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US

Sale of Home & Moving Expenses

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If you sold your home or moved in 2011, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home (1/1/11 - 6/30/11)
Miles driven to new home (7/1/11 - 12/31/11)

(\* owned and used property as main home for at least 2 of 5 years before sale)

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**Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.**

**GENERAL INFORMATION**

|                                  |                                         |
|----------------------------------|-----------------------------------------|
| Description of property.....     | <input style="width:95%;" type="text"/> |
| Street address .....             | <input style="width:95%;" type="text"/> |
| City.....                        | <input style="width:95%;" type="text"/> |
| State.....                       | <input style="width:95%;" type="text"/> |
| ZIP code.....                    | <input style="width:95%;" type="text"/> |
| Type of property (see table).... | <input style="width:95%;" type="text"/> |
| Other type of property.....      | <input style="width:95%;" type="text"/> |

|                                                                                                         |                                         |                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Percentage of ownership if not 100% (.xxxx) .....                                                       | <input style="width:40%;" type="text"/> | <b>Type of Property</b><br><br>1 = Single Family Residence<br>2 = Multi-Family Residence<br>3 = Vacation/Short-Term Rental<br>4 = Commercial<br>5 = Land<br>6 = Royalties<br>7 = Self-Rental |
| Percentage of tenant occupancy if not 100% (.xxxx) .....                                                | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=spouse, 2=joint .....                                                                                 | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=qualified joint venture .....                                                                         | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. .... | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=nonpassive activity, 2=passive royalty .....                                                          | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=did not actively participate.....                                                                     | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=real estate professional.....                                                                         | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=rental other than real estate .....                                                                   | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=investment .....                                                                                      | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |
| 1=single member limited liability company.....                                                          | <input style="width:40%;" type="text"/> |                                                                                                                                                                                              |

**INCOME**

|                                                                     | 2011 Amount                             | 2010 Amount                             |
|---------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| Merchant card and third party payments (Form 1099-K, Box 1) * ..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Payments not reported above.....                                    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Adjustments to amounts from Form(s) 1099-K * .....                  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| Advertising.....                             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
|----------------------------------------------|-----------------------------------------|-----------------------------------------|
| Association dues.....                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Auto and travel (not entered elsewhere)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cleaning and maintenance.....                | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Commissions.....                             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Gardening.....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Insurance.....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Legal and professional fees.....             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Licenses and permits.....                    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Management fees.....                         | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Miscellaneous.....                           | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Mortgage interest (paid to banks, etc.)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified mortgage insurance premiums.....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Excess mortgage interest.....                | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other interest (not entered elsewhere).....  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Painting and decorating.....                 | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

\* NOTE: Based on late revisions to the 2011 Schedules E, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**DIRECT EXPENSES (continued)**

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

|                                             | 2011 Amount | 2010 Amount |
|---------------------------------------------|-------------|-------------|
| Pest control .....                          |             |             |
| Plumbing and electrical .....               |             |             |
| Repairs .....                               |             |             |
| Supplies .....                              |             |             |
| Taxes - real estate .....                   |             |             |
| Taxes - other (not entered elsewhere) ..... |             |             |
| Telephone .....                             |             |             |
| Utilities .....                             |             |             |
| Wages and salaries .....                    |             |             |
| Other:                                      |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |

**OIL AND GAS**

|                                                                   |  |  |
|-------------------------------------------------------------------|--|--|
| Production type (preparer use only) .....                         |  |  |
| Cost depletion .....                                              |  |  |
| Percentage depletion rate or amount .....                         |  |  |
| State cost depletion, if different (-1 if none) .....             |  |  |
| State % depletion rate or amount, if different (-1 if none) ..... |  |  |

**VACATION HOME**

|                                                         |  |  |
|---------------------------------------------------------|--|--|
| Number of days rented at fair market value .....        |  |  |
| Number of days personal use .....                       |  |  |
| Number of days owned (if optional method elected) ..... |  |  |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|                                               |  |  |
|-----------------------------------------------|--|--|
| Advertising .....                             |  |  |
| Association dues .....                        |  |  |
| Auto and travel (not entered elsewhere) ..... |  |  |
| Cleaning and maintenance .....                |  |  |
| Commissions .....                             |  |  |
| Gardening .....                               |  |  |
| Insurance .....                               |  |  |
| Legal and professional fees .....             |  |  |
| Licenses and permits .....                    |  |  |
| Management fees .....                         |  |  |
| Miscellaneous .....                           |  |  |
| Mortgage interest (paid to banks, etc.) ..... |  |  |
| Qualified mortgage insurance premiums .....   |  |  |
| Excess mortgage interest .....                |  |  |
| Other interest (not entered elsewhere) .....  |  |  |
| Painting and decorating .....                 |  |  |

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Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**INDIRECT EXPENSES (continued)**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|                                             | 2011 Amount | 2010 Amount |
|---------------------------------------------|-------------|-------------|
| Pest control .....                          |             |             |
| Plumbing and electrical .....               |             |             |
| Repairs .....                               |             |             |
| Supplies .....                              |             |             |
| Taxes - real estate .....                   |             |             |
| Taxes - other (not entered elsewhere) ..... |             |             |
| Telephone .....                             |             |             |
| Utilities .....                             |             |             |
| Wages and salaries .....                    |             |             |
| Other:                                      |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |

|             |             |           |                                                  |                  |
|-------------|-------------|-----------|--------------------------------------------------|------------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Partnership and S corporation Information</b> | <b>20.1,20.2</b> |
|-------------|-------------|-----------|--------------------------------------------------|------------------|

Please add, change or delete 2011 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--------------------------------------------|
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |
|     |                     |                                |                                 |                                            |

**S CORPORATION INFORMATION (20.2)**

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|----------------------------------------------|
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |
|     |                       |                                |                                 |                                              |

**20.1,20.2**

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|                                                                      | 2011 Amount | 2010 Amount |
|----------------------------------------------------------------------|-------------|-------------|
| Description of vehicle.....                                          |             |             |
| 1=no evidence to support your deduction.....                         |             |             |
| 1=no written evidence to support your deduction.....                 |             |             |
| 1=vehicle is available for off-duty personal use.....                |             |             |
| 1=no other vehicle is available for personal use.....                |             |             |
| 1=vehicle used primarily by more than 5% owner.....                  |             |             |
| Number of months your job required a vehicle (if not 12 months)..... |             |             |

**AUTOMOBILE MILEAGE**

|                                                 |  |  |
|-------------------------------------------------|--|--|
| Total mileage (for the tax year).....           |  |  |
| Business mileage (from 1/1/11 to 6/30/11).....  |  |  |
| Business mileage (from 7/1/11 to 12/31/11)..... |  |  |
| Commuting mileage (for the tax year).....       |  |  |
| Average daily round-trip commute.....           |  |  |

**ACTUAL EXPENSES**

|                                                            |  |  |
|------------------------------------------------------------|--|--|
| Parking fees and tolls (business portion only).....        |  |  |
| Gasoline, lube, oil.....                                   |  |  |
| Repairs.....                                               |  |  |
| Tires.....                                                 |  |  |
| Insurance.....                                             |  |  |
| Miscellaneous.....                                         |  |  |
| Auto license (other than personal property taxes).....     |  |  |
| Personal property taxes (based on car's value).....        |  |  |
| Interest (car loan) (for Schedule C, E & F).....           |  |  |
| Vehicle rent or lease payments.....                        |  |  |
| Inclusion amount (enter as positive).....                  |  |  |
| Value of employer-provided vehicle on Form W-2 (2106)..... |  |  |

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Adjustments to Income

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Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

|                                                                                                | 2011 Amount |        | 2010 Amount |        |
|------------------------------------------------------------------------------------------------|-------------|--------|-------------|--------|
|                                                                                                | Taxpayer    | Spouse | Taxpayer    | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)..... |             |        |             |        |
| Contributions made to date .....                                                               |             |        |             |        |
| 1=covered by plan, 2=not covered.....                                                          |             |        |             |        |
| 2011 payments from 1/1/12 to 4/17/12.....                                                      |             |        |             |        |

**ROTH IRA CONTRIBUTIONS**

|                                                                                                     | 2011 Amount | 2010 Amount |
|-----------------------------------------------------------------------------------------------------|-------------|-------------|
|                                                                                                     | Taxpayer    | Spouse      |
| Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)..... |             |             |
| Contributions made to date .....                                                                    |             |             |

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

|                                                                                         | 2011 Amount | 2010 Amount |
|-----------------------------------------------------------------------------------------|-------------|-------------|
|                                                                                         | Taxpayer    | Spouse      |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |             |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |             |
| Defined benefit contributions you expect to make .....                                  |             |             |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) ..... |             |             |
| Plan contribution rate if not .25 (.xxxx) .....                                         |             |             |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) .....                     |             |             |
| Individual 401k: SE designated Roth contributions (1=max.) .....                        |             |             |
| <b>SIMPLE contributions:</b>                                                            |             |             |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....         |             |             |
| Employer matching rate if not .03 (.xxxx) .....                                         |             |             |
| 1=nonelective contributions (2%) .....                                                  |             |             |
| Contributions made to date .....                                                        |             |             |

**ADJUSTMENTS TO INCOME**

|                                                      | 2011 Amount | 2010 Amount |
|------------------------------------------------------|-------------|-------------|
|                                                      | Taxpayer    | Spouse      |
| <b>Self-employed health insurance:</b>               |             |             |
| Total premiums (excluding long-term care).....       |             |             |
| Long-term care premiums .....                        |             |             |
| Student loan interest paid (1098-E, box 1) .....     |             |             |
| Educator expenses (kindergarten thru grade 12) ..... |             |             |
| Jury duty pay given to employer .....                |             |             |
| Expenses from rental of personal property .....      |             |             |
| Other adjustments to income:                         |             |             |
| _____                                                |             |             |
| _____                                                |             |             |
| _____                                                |             |             |

| Alimony paid:             | Taxpayer                   | Spouse    |
|---------------------------|----------------------------|-----------|
|                           | Recipient's first name.... |           |
| Recipient's last name.... |                            |           |
| Recipient's SSN.....      |                            |           |
| Amount paid .....         | 2011 amt:                  | 2010 amt: |

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Itemized Deductions

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Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

|                                                                                            | 2011 Amount | TS | 2010 Amount |
|--------------------------------------------------------------------------------------------|-------------|----|-------------|
| Prescription medicines and drugs .....                                                     |             |    |             |
| Doctors, dentists and nurses .....                                                         |             |    |             |
| Hospitals and nursing homes .....                                                          |             |    |             |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. |             |    |             |
| Long-term care premiums - taxpayer .....                                                   |             |    |             |
| Long-term care premiums - spouse .....                                                     |             |    |             |
| Insurance reimbursement (enter as a positive number) .....                                 |             |    |             |
| Lodging and transportation:                                                                |             |    |             |
| Out-of-pocket expenses .....                                                               |             |    |             |
| Medical miles driven (1/1/11 - 6/30/11) .....                                              |             |    |             |
| Medical miles driven (7/1/11 - 12/31/11) .....                                             |             |    |             |
| Other medical and dental expenses:                                                         |             |    |             |
| _____                                                                                      |             |    |             |
| _____                                                                                      |             |    |             |
| _____                                                                                      |             |    |             |

**TAXES PAID** (State and local withholding and 2011 estimates are automatic.)

|                                                                          |  |  |  |
|--------------------------------------------------------------------------|--|--|--|
| State income taxes - 1/11 payment on 2010 state estimate .....           |  |  |  |
| State income taxes - paid with 2010 state extension .....                |  |  |  |
| State income taxes - paid with 2010 state return .....                   |  |  |  |
| State income taxes - paid for prior years and/or to other state .....    |  |  |  |
| City/local income taxes - 1/11 payment on 2010 city/local estimate ..... |  |  |  |
| City/local income taxes - paid with 2010 city/local extension .....      |  |  |  |
| City/local income taxes - paid with 2010 city/local return .....         |  |  |  |

**SALES AND USE TAXES PAID**

|                                                                    |  |  |  |
|--------------------------------------------------------------------|--|--|--|
| State and local sales taxes (except autos and special items) ..... |  |  |  |
| Use taxes paid on 2011 purchases .....                             |  |  |  |
| Use taxes paid with 2010 state return .....                        |  |  |  |
| Sales tax on autos not included above .....                        |  |  |  |
| Sales tax on boats, aircraft, other special items .....            |  |  |  |

**OTHER TAXES PAID**

|                                                                                               |  |  |  |
|-----------------------------------------------------------------------------------------------|--|--|--|
| Real estate taxes - principal residence:                                                      |  |  |  |
| _____                                                                                         |  |  |  |
| _____                                                                                         |  |  |  |
| _____                                                                                         |  |  |  |
| Real estate taxes - property held for investment .....                                        |  |  |  |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) .. |  |  |  |
| Foreign income taxes .....                                                                    |  |  |  |
| Other taxes:                                                                                  |  |  |  |
| _____                                                                                         |  |  |  |
| _____                                                                                         |  |  |  |
| _____                                                                                         |  |  |  |

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2011 Amount

TS

2010 Amount

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for passive interest.

Certain home mortgage interest included above (6251) . . . . .

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for cash or check contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for cash or check contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2011 Amount, 2010 Amount. Includes rows for volunteer expenses and charitable miles.

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2011 Amount

TS

2010 Amount

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Tax return preparation fee .....

Safe deposit box rental .....

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2011 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2011 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

|                                                                                  | 2011 Amount | TS | 2010 Amount |
|----------------------------------------------------------------------------------|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured     |             |    |             |
| Home acquisition and grandfather debt on the date that the last debt was secured |             |    |             |

**LOAN INFORMATION**

Loan #1

|                                                   |  |  |  |
|---------------------------------------------------|--|--|--|
| Lender's name                                     |  |  |  |
| Form (see table)                                  |  |  |  |
| Number of form                                    |  |  |  |
| 1=taxpayer, 2=spouse, blank=joint                 |  |  |  |
| Interest paid                                     |  |  |  |
| Points paid                                       |  |  |  |
| Total principal paid                              |  |  |  |
| Lump sum principal payment (if paid off)          |  |  |  |
| Months outstanding (if not 12)                    |  |  |  |
| Home acquisition debt balance - beginning of year |  |  |  |
| Home acquisition debt borrowed in 2011            |  |  |  |
| Home equity debt balance - beginning of year      |  |  |  |
| Home equity debt borrowed in 2011                 |  |  |  |
| Grandfather debt balance - beginning of year      |  |  |  |

Loan #2

|                                                   |  |  |  |
|---------------------------------------------------|--|--|--|
| Lender's name                                     |  |  |  |
| Form (see table)                                  |  |  |  |
| Number of form                                    |  |  |  |
| 1=taxpayer, 2=spouse, blank=joint                 |  |  |  |
| Interest paid                                     |  |  |  |
| Points paid                                       |  |  |  |
| Total principal paid                              |  |  |  |
| Lump sum principal payment (if paid off)          |  |  |  |
| Months outstanding (if not 12)                    |  |  |  |
| Home acquisition debt balance - beginning of year |  |  |  |
| Home acquisition debt borrowed in 2011            |  |  |  |
| Home equity debt balance - beginning of year      |  |  |  |
| Home equity debt borrowed in 2011                 |  |  |  |
| Grandfather debt balance - beginning of year      |  |  |  |

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

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US

Noncash Contributions (Form 8283)

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If your total noncash contributions are in excess of \$500 in 2011, please complete the information below for each donee using the following guidelines:

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

|                                                         |                                                  |                             |  |
|---------------------------------------------------------|--------------------------------------------------|-----------------------------|--|
| No. <input type="text"/>                                | Name of charitable organization (donee).....     |                             |  |
|                                                         | Street address .....                             |                             |  |
|                                                         | City .....                                       |                             |  |
|                                                         | State .....                                      |                             |  |
|                                                         | ZIP code .....                                   |                             |  |
|                                                         | 1=spouse, 2=joint .....                          |                             |  |
|                                                         | Property description (other than vehicle).....   |                             |  |
|                                                         | Vehicle                                          | Year (yyyy) .....           |  |
|                                                         |                                                  | Make and model .....        |  |
|                                                         |                                                  | Condition and mileage ..... |  |
|                                                         | Date of contribution (m/d/y) *.....              |                             |  |
|                                                         | Date acquired by donor (m/y) *.....              |                             |  |
|                                                         | How acquired by donor (Table 1 or describe)..... |                             |  |
| Donor's cost or basis .....                             |                                                  |                             |  |
| Fair market value .....                                 |                                                  |                             |  |
| Method used to determine FMV (Table 2 or describe)..... |                                                  |                             |  |

|                                                         |                                                  |                             |  |
|---------------------------------------------------------|--------------------------------------------------|-----------------------------|--|
| No. <input type="text"/>                                | Name of charitable organization (donee).....     |                             |  |
|                                                         | Street address .....                             |                             |  |
|                                                         | City .....                                       |                             |  |
|                                                         | State .....                                      |                             |  |
|                                                         | ZIP code .....                                   |                             |  |
|                                                         | 1=spouse, 2=joint .....                          |                             |  |
|                                                         | Property description (other than vehicle).....   |                             |  |
|                                                         | Vehicle                                          | Year (yyyy) .....           |  |
|                                                         |                                                  | Make and model .....        |  |
|                                                         |                                                  | Condition and mileage ..... |  |
|                                                         | Date of contribution (m/d/y) *.....              |                             |  |
|                                                         | Date acquired by donor (m/y) *.....              |                             |  |
|                                                         | How acquired by donor (Table 1 or describe)..... |                             |  |
| Donor's cost or basis .....                             |                                                  |                             |  |
| Fair market value .....                                 |                                                  |                             |  |
| Method used to determine FMV (Table 2 or describe)..... |                                                  |                             |  |

|                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance<br/>2 = Gift                              4 = Exchange</p> | <p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog<br/>2 = Thrift shop value              4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|             |             |           |                                         |                                              |           |
|-------------|-------------|-----------|-----------------------------------------|----------------------------------------------|-----------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Business Use of Home (Form 8829)</b> | No. <input style="width:40px;" type="text"/> | <b>29</b> |
|-------------|-------------|-----------|-----------------------------------------|----------------------------------------------|-----------|

**Please enter 2011 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

|                                                                            | 2011 Amount | 2010 Amount |
|----------------------------------------------------------------------------|-------------|-------------|
| Form .....                                                                 |             |             |
| Number of form (e.g., enter 2 for Schedule C number 2) .....               |             |             |
| Business use area (square footage) .....                                   |             |             |
| Total area of home (square footage) .....                                  |             |             |
| Total hours facility used (for daycare facilities only) .....              |             |             |
| Total hours available (if not 8,760) .....                                 |             |             |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) ..... |             |             |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) .....     |             |             |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

|                                             |  |  |
|---------------------------------------------|--|--|
| Mortgage interest .....                     |  |  |
| Real estate taxes .....                     |  |  |
| Qualified mortgage insurance premiums ..... |  |  |
| Casualty losses .....                       |  |  |
| Insurance .....                             |  |  |
| Miscellaneous .....                         |  |  |
| Rent .....                                  |  |  |
| Repairs and maintenance .....               |  |  |
| Utilities .....                             |  |  |
| Excess mortgage interest .....              |  |  |
| Other indirect expenses:                    |  |  |
| _____                                       |  |  |
| _____                                       |  |  |
| _____                                       |  |  |

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

|                                             |  |  |
|---------------------------------------------|--|--|
| Mortgage interest .....                     |  |  |
| Real estate taxes .....                     |  |  |
| Qualified mortgage insurance premiums ..... |  |  |
| Casualty losses .....                       |  |  |
| Insurance .....                             |  |  |
| Miscellaneous .....                         |  |  |
| Rent .....                                  |  |  |
| Repairs and maintenance .....               |  |  |
| Utilities .....                             |  |  |
| Excess mortgage interest .....              |  |  |
| Excess casualty losses .....                |  |  |
| Allowable casualty losses .....             |  |  |
| Other direct expenses:                      |  |  |
| _____                                       |  |  |
| _____                                       |  |  |
| _____                                       |  |  |

2011

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

|                                                                           |                      |  |
|---------------------------------------------------------------------------|----------------------|--|
| Form .....                                                                | <input type="text"/> |  |
| Number of form (1=first Schedule C, 2=second, etc.) .....                 | <input type="text"/> |  |
| 1=spouse .....                                                            | <input type="text"/> |  |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> |  |

**EMPLOYEE BUSINESS EXPENSES**

|                                                                    | 2011 Amount          | 2010 Amount          |
|--------------------------------------------------------------------|----------------------|----------------------|
| Meal and entertainment expenses .....                              | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1 ..... | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance) .....          | <input type="text"/> | <input type="text"/> |
| Local transportation (bus, taxi, train, etc.).....                 | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight .....               | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1.....                | <input type="text"/> | <input type="text"/> |
| Other business expenses:                                           | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                                               | <input type="text"/> | <input type="text"/> |

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2011

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

|                                                       | 2011 Amount | 2010 Amount |
|-------------------------------------------------------|-------------|-------------|
| 1=vehicle used primarily by more than 5% owner.....   |             |             |
| 1=vehicle is available for off-duty personal use..... |             |             |
| 1=no other vehicle is available for personal use..... |             |             |
| 1=no evidence to support your deduction.....          |             |             |
| 1=no written evidence to support your deduction.....  |             |             |

VEHICLE 1

|                                                            |  |  |
|------------------------------------------------------------|--|--|
| Description of vehicle.....                                |  |  |
| Date placed in service (m/d/y).....                        |  |  |
| Total mileage (for the tax year).....                      |  |  |
| Business mileage (from 1/1/11 to 6/30/11).....             |  |  |
| Business mileage (from 7/1/11 to 12/31/11).....            |  |  |
| Commuting mileage (for the tax year).....                  |  |  |
| Average daily round-trip commute.....                      |  |  |
| Number of months of vehicle business use (if not 12).....  |  |  |
| Parking fees and tolls (business portion only).....        |  |  |
| Actual expenses:                                           |  |  |
| Gasoline, lube, oil.....                                   |  |  |
| Repairs.....                                               |  |  |
| Tires.....                                                 |  |  |
| Insurance.....                                             |  |  |
| Miscellaneous.....                                         |  |  |
| Auto license (other than personal property taxes).....     |  |  |
| Personal property taxes (based on car's value).....        |  |  |
| Interest (car loan) (for Schedule C, E & F).....           |  |  |
| Vehicle rent or lease payments.....                        |  |  |
| Inclusion amount (enter as positive).....                  |  |  |
| Value of employer-provided vehicle on Form W-2 (2106)..... |  |  |

VEHICLE 2

|                                                            |  |  |
|------------------------------------------------------------|--|--|
| Description of vehicle.....                                |  |  |
| Date placed in service (m/d/y).....                        |  |  |
| Total mileage (for the tax year).....                      |  |  |
| Business mileage (from 1/1/11 to 6/30/11).....             |  |  |
| Business mileage (from 7/1/11 to 12/31/11).....            |  |  |
| Commuting mileage (for the tax year).....                  |  |  |
| Average daily round-trip commute.....                      |  |  |
| Number of months of vehicle business use (if not 12).....  |  |  |
| Parking fees and tolls (business portion only).....        |  |  |
| Actual expenses:                                           |  |  |
| Gasoline, lube, oil.....                                   |  |  |
| Repairs.....                                               |  |  |
| Tires.....                                                 |  |  |
| Insurance.....                                             |  |  |
| Miscellaneous.....                                         |  |  |
| Auto license (other than personal property taxes).....     |  |  |
| Personal property taxes (based on car's value).....        |  |  |
| Interest (car loan) (for Schedule C, E and F).....         |  |  |
| Vehicle rent or lease payments.....                        |  |  |
| Inclusion amount (enter as positive).....                  |  |  |
| Value of employer-provided vehicle on Form W-2 (2106)..... |  |  |

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|             |             |           |                                                      |                  |
|-------------|-------------|-----------|------------------------------------------------------|------------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Child and Dependent Care Expenses (Form 2441)</b> | <b>33.1,33.2</b> |
|-------------|-------------|-----------|------------------------------------------------------|------------------|

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

|                                                          | 2011 Amount |        | 2010 Amount |        |
|----------------------------------------------------------|-------------|--------|-------------|--------|
|                                                          | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Dependent care expenses incurred but not paid in 2011... |             |        |             |        |
| Employer-provided benefits forfeited in 2011.....        |             |        |             |        |

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

|                                              |                                                                  |  |                  |
|----------------------------------------------|------------------------------------------------------------------|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name.....                                                  |  |                  |
|                                              | Last name.....                                                   |  |                  |
|                                              | Date of birth (m/d/y).....                                       |  |                  |
|                                              | Social security number.....                                      |  |                  |
|                                              | Qualified dependent care expenses incurred and paid in 2011..... |  | <b>2010 amt:</b> |
|                                              | 1=disabled.....<br>1=spouse, 2=joint.....                        |  |                  |

|                                              |                                                                  |  |                  |
|----------------------------------------------|------------------------------------------------------------------|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name.....                                                  |  |                  |
|                                              | Last name.....                                                   |  |                  |
|                                              | Date of birth (m/d/y).....                                       |  |                  |
|                                              | Social security number.....                                      |  |                  |
|                                              | Qualified dependent care expenses incurred and paid in 2011..... |  | <b>2010 amt:</b> |
|                                              | 1=disabled.....<br>1=spouse, 2=joint.....                        |  |                  |

|                                              |                                                                  |  |                  |
|----------------------------------------------|------------------------------------------------------------------|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name.....                                                  |  |                  |
|                                              | Last name.....                                                   |  |                  |
|                                              | Date of birth (m/d/y).....                                       |  |                  |
|                                              | Social security number.....                                      |  |                  |
|                                              | Qualified dependent care expenses incurred and paid in 2011..... |  | <b>2010 amt:</b> |
|                                              | 1=disabled.....<br>1=spouse, 2=joint.....                        |  |                  |

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

|                                              |                                           |  |                  |
|----------------------------------------------|-------------------------------------------|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider.....                     |  |                  |
|                                              | Street address.....                       |  |                  |
|                                              | City, state, ZIP code.....                |  |                  |
|                                              | Identification number (SSN or EIN).....   |  |                  |
|                                              | Amount paid to care provider in 2011..... |  | <b>2010 amt:</b> |
|                                              | 1=spouse, 2=joint.....                    |  |                  |

|                                              |                                           |  |                  |
|----------------------------------------------|-------------------------------------------|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider.....                     |  |                  |
|                                              | Street address.....                       |  |                  |
|                                              | City, state, ZIP code.....                |  |                  |
|                                              | Identification number (SSN or EIN).....   |  |                  |
|                                              | Amount paid to care provider in 2011..... |  | <b>2010 amt:</b> |
|                                              | 1=spouse, 2=joint.....                    |  |                  |

|             |             |           |                                              |           |
|-------------|-------------|-----------|----------------------------------------------|-----------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Education Credits / Tuition Deduction</b> | <b>38</b> |
|-------------|-------------|-----------|----------------------------------------------|-----------|

**Please complete the information below if you paid qualified education expenses in 2011 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

|                                                     |                                                   | 2011 Amount                                                                                           | 2010 Amount |
|-----------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------|
| <b>No.</b> <input style="width:40px;" type="text"/> | Student Info.                                     | 1=taxpayer, 2=spouse .....                                                                            |             |
|                                                     |                                                   | First name .....                                                                                      |             |
|                                                     |                                                   | Last name .....                                                                                       |             |
|                                                     |                                                   | Social security number .....                                                                          |             |
|                                                     |                                                   | 1=American opportunity credit, 2=lifetime learning credit .....                                       |             |
|                                                     |                                                   | Number of years hope credit claimed .....                                                             |             |
|                                                     |                                                   | Number of years American opportunity credit claimed .....                                             |             |
|                                                     |                                                   | Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no .....                   |             |
|                                                     |                                                   | Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) ..... |             |
|                                                     |                                                   | Books and supplies required to be purchased from institution .....                                    |             |
|                                                     | Books and supplies not entered above .....        |                                                                                                       |             |
|                                                     | Amount of prior year refund or assistance * ..... |                                                                                                       |             |

|                                                     |                                                   |                                                                                                       |  |
|-----------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| <b>No.</b> <input style="width:40px;" type="text"/> | Student Info.                                     | 1=taxpayer, 2=spouse .....                                                                            |  |
|                                                     |                                                   | First name .....                                                                                      |  |
|                                                     |                                                   | Last name .....                                                                                       |  |
|                                                     |                                                   | Social security number .....                                                                          |  |
|                                                     |                                                   | 1=American opportunity credit, 2=lifetime learning credit .....                                       |  |
|                                                     |                                                   | Number of years hope credit claimed .....                                                             |  |
|                                                     |                                                   | Number of years American opportunity credit claimed .....                                             |  |
|                                                     |                                                   | Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no .....                   |  |
|                                                     |                                                   | Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) ..... |  |
|                                                     |                                                   | Books and supplies required to be purchased from institution .....                                    |  |
|                                                     | Books and supplies not entered above .....        |                                                                                                       |  |
|                                                     | Amount of prior year refund or assistance * ..... |                                                                                                       |  |

|                                                     |                                                   |                                                                                                       |  |
|-----------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| <b>No.</b> <input style="width:40px;" type="text"/> | Student Info.                                     | 1=taxpayer, 2=spouse .....                                                                            |  |
|                                                     |                                                   | First name .....                                                                                      |  |
|                                                     |                                                   | Last name .....                                                                                       |  |
|                                                     |                                                   | Social security number .....                                                                          |  |
|                                                     |                                                   | 1=American opportunity credit, 2=lifetime learning credit .....                                       |  |
|                                                     |                                                   | Number of years hope credit claimed .....                                                             |  |
|                                                     |                                                   | Number of years American opportunity credit claimed .....                                             |  |
|                                                     |                                                   | Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no .....                   |  |
|                                                     |                                                   | Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) ..... |  |
|                                                     |                                                   | Books and supplies required to be purchased from institution .....                                    |  |
|                                                     | Books and supplies not entered above .....        |                                                                                                       |  |
|                                                     | Amount of prior year refund or assistance * ..... |                                                                                                       |  |

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.