



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2011 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2011 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2010 information is included for your reference. You do not need to make any 2010 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2010 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

2011 TAX ORGANIZER

Taxpayer Information				Spouse Information			
Last name				Last name			
First name				First name			
Middle Initial		Suffix		Middle Initial		Suffix	
Social security number				Social security number			
Occupation				Occupation			
Work phone		Ext ..		Work phone		Ext ..	
Cell phone				Cell phone			
E-mail address				E-mail address			
Date of birth				Date of birth			
Address						Apartment number	
City				State		ZIP Code	
Home phone		Fax number		Home phone		Fax number	

Dependent Information					
First name Last name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid

Education Tuition and Fees
Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
Enter total 2011 qualified student loan interest

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2010 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2010 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

Taxpayer

Spouse

Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2010 Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2010 Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc

Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2011	_____	_____
Roth IRA contributions made for 2011	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

2011 Deductions

Medical and Dental Expenses	2011 Amount	2010 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes:		
From 01/01/11 thru 06/30/11	_____	_____
From 07/01/11 thru 12/31/11	_____	_____
Other medical and dental expenses:		
_____	_____	_____

Taxes	2011 Amount	2010 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses		
Home mortgage interest paid — Attach Form(s) 1098.		
Lender's Name	2011 Amount	2010 Amount
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2011 Amount	
_____	_____	

Cash/Check/Credit Contributions	2011 Amount	2010 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		

Miscellaneous Deductions	2011 Amount	2010 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list):		
_____	_____	_____

	Yes	No
1 Did a lender cancel any of your debt in 2011? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you purchase a motor vehicle or boat during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
4 Did you purchase a hybrid or electric vehicle in 2011? If yes , enter year, make, model, and date purchased:	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you donate a vehicle in 2011? If yes , attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
6 What was the sales tax rate in your locality in 2011? % State ID		
7 Did your marital status change during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain:		
8 Were you or your spouse permanently and totally disabled in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you provide over half the support for any other person during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you incur adoption expenses during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive any disability payments in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive tip income not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
16a Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2011? If yes , attach closing or escrow statements, 1099-C or 1099-A forms.	<input type="checkbox"/>	<input type="checkbox"/>
b If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you incur any casualty or theft losses during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you pay any individual for domestic services in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you buy or sell any stocks or bonds in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? ..	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you incur any moving expenses? If yes , attach details	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntary terminated?	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		
25 Do you expect your income and deductions in 2012 to be the same as 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If no , attach explanation of changes expected.		
26 If you paid any alimony, enter recipient's SSN: Alimony paid:		
27 Enter your state of residence Taxpayer Spouse		

Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.		
If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

Additional Information (Enter any additional information here and attach any documents.)

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General Questions

ORG3

PERSONAL INFORMATION

Yes No

- 1 Did your marital status change during 2011? ☐ ☐
If **yes**, explain
- 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ☐ ☐
If **no**, enter another person (if desired) to be allowed to discuss this return with the IRS.
Caution: Review any transferred information for accuracy.
Designee's Name ▶
Phone Number ▶ Personal Identification Number (5 digit PIN) ▶
- 3 Do you or your spouse plan to retire in 2012? ☐ ☐
- 4 Were you or your spouse permanently and totally disabled in 2011? ☐ ☐
- 5 Enter date of death for taxpayer or spouse (if during 2011 or 2012): Taxpayer: Spouse:
- 6 Were you or your spouse a member of the U.S. Armed Forces during 2011? ☐ ☐

DEPENDENT INFORMATION

Yes No

- 7a Do you have dependents who must file? ☐ ☐
b If **yes**, do you want us to prepare the return(s)? ☐ ☐
- 8a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? ☐ ☐
b If **yes**, do you want to include your child's income on your return? ☐ ☐
- 9 Are any of your dependents **not** U.S. citizens or residents? ☐ ☐
- 10 Did you provide over half the support for any other person during 2011? ☐ ☐
- 11 Did you incur adoption expenses during 2011? ☐ ☐

IRA, PENSION AND EDUCATION SAVINGS PLANS

Yes No

- 12 Did you receive payments from a pension or profit-sharing plan? ☐ ☐
- 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ☐ ☐
- 14a Did you convert all or part of a regular IRA into a Roth IRA? ☐ ☐
b Did you roll over all or part of a qualified plan into a Roth IRA? ☐ ☐
- 15 Did you contribute to a Coverdell Education Savings Account? ☐ ☐

ITEMS RELATED TO INCOME/LOSSES

Yes No

- 16 Did you receive any disability payments in 2011? ☐ ☐
- 17 Did you receive tip income **not** reported to your employer? ☐ ☐
- 18a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2011?
(Attach copies of any escrow statements or Forms 1099.) ☐ ☐
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? ☐ ☐
c Are you planning to purchase a home soon? ☐ ☐
- 19 Did you incur any casualty or theft losses during 2011? ☐ ☐
- 20 Did you incur any non-business bad debts? ☐ ☐

PRIOR YEAR TAX RETURNS

Yes No

- 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ☐ ☐
If **yes**, enclose agent's report or notice of change.
- 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? ☐ ☐

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
24a At any time during 2011, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2011? Report all interest income on Org 11	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust?	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2011, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you or your spouse have self-employed health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job?	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you?	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated?	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS

	Yes	No
32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you start paying mortgage insurance premiums in 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you purchase a motor vehicle or boat during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
35 Did you purchase a hybrid or electric vehicle in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter year, make, model, and date purchased:		
36 Did you donate a vehicle in 2011? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
37 What was the sales tax rate in your locality in 2011? _____ % State ID		
38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
39 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach details.		
41 Did you or your spouse participate in a medical savings account in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
42 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay any individual for domestic services in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you, your spouse, or your dependents attend post-secondary school in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did a lender cancel any of your debt in 2011? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
48 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input type="checkbox"/>	<input type="checkbox"/>
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>

Caution: Review transferred information for accuracy.

50 If **yes**, please provide the following information:

a Name of your financial institution

b Routing Transit Number (must begin with 01 through 12 or 21 through 32)

c Account number

d What type of account is this?

Checking ☐ Savings ☐

☒ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2011? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.</p>		
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/> <hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2010 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

ORG5

[illegible]

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name	_____	_____
First name	_____	_____
Middle initial and suffix	MI Suffix	MI Suffix
Social security number	_____	_____
Occupation	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____
Birthdate or age as of 1-1-2012 ...	MM/DD/YYYY _____	MM/DD/YYYY _____
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address ...	_____	Apartment number _____
City	State	ZIP code
Home phone	Foreign country	_____
Fax	Foreign phone	_____

FILING STATUS

☐ **1** Single
☐ **2** Married filing jointly
☐ **3** Married filing separately
 Check this box if you **did not** live with spouse at any time during the year ☐
 Check this box if you are eligible to claim spouse's exemption ☐
 Check this box if your spouse itemizes deductions ☐
☐ **4** Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name Child's social security number
☐ **5** Qualifying widow(er)
 Check the box for the year the spouse died 2009 ☐ 2010 ☐

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2011 Child Care Expense
		+Months in U.S.	*Not Citizen	2010 Child Care Expense
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
***** Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

☒ **Attach all copies of your W-2 forms here.**

1	Employer's name	Check if not applicable for 2011	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		
c Check SE tax on: (a) housing or parsonage allowance		(b) W-2 wages	(c) both
2	Employer's name	Check if not applicable for 2011	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value		
c Check SE tax on: (a) housing or parsonage allowance		(b) W-2 wages	(c) both

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

☒ **Attach all copies of your 1099-R forms here.**

1	Payer's name	Check if not applicable for 2011	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2a If a partial rollover, enter the amount rolled over		
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		
	3 Health insurance premiums deductible on Schedule A		
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
b If only part of distribution is RMD, enter the part that is RMD			
2	Payer's name	Check if not applicable for 2011	<input type="checkbox"/>
	Payer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2a If a partial rollover, enter the amount rolled over		
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		
	3 Health insurance premiums deductible on Schedule A		
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
b If only part of distribution is RMD, enter the part that is RMD			

W-2G – GAMBLING OR LOTTERY WINNINGS

☒ **Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)

W-2 Amounts

ORG7A

WAGES, SALARIES, TIPS, AND OTHER COMPENSATION			
Box	Description	2011	2010
c	Employer's name (from ORG7)		
1	Wages, tips, etc		
2	Federal income tax withheld		
3	Social security wages		
4	Social security tax		
5	Medicare wages/tips		
6	Medicare tax withheld		
13b	Check if retirement plan participant	<input type="checkbox"/>	<input type="checkbox"/>
7	Social security tips		
8	Allocated tips		
	Unreported tips less than \$20 per month		
	Unreported tips \$20 or more per month		
9	(Not used)		
10	Dependent care		
11	Nonqualified plans		
13a	Check if statutory employee	<input type="checkbox"/>	<input type="checkbox"/>
13c	Check if third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>

Box 12 W-2 Code	2011 Box 12 Amount	2010 Box 12 Amount		2011	2010
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax		
			M: Attributable to RR Tier 2 tax		
			R: Taxpayer MSA		
			Spouse MSA		
			G: Not government employer	<input type="checkbox"/>	<input type="checkbox"/>

2011 Box 14 Description or Code	2011 Box 14 Amount	2010 Box 14 Description or Code	2010 Box 14 Amount

Box 15 State	2011 Box 16 Wages, tips, etc	2011 Box 17 Income tax	2010 Box 16 Wages, tips, etc	2010 Box 17 Income tax

Box 20 Locality	2011 Box 18 Wages, tips, etc	2011 Box 19 Income tax	2010 Box 18 Wages, tips, etc	2010 Box 19 Income tax

ORG7B

Payer's name			
Box	Description	2011	2010
		<div style="text-align: center;"> </div>	<div style="text-align: center;"> </div>
	Federal income tax withheld		
▶		<div style="text-align: center;"> </div>	<div style="text-align: center;"> </div>
▶		<div style="text-align: center;"> </div>	<div style="text-align: center;"> </div>
▶	Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q	<div style="text-align: center;">| |</div>	<div style="text-align: center;">| |</div>
▶	If a fully taxable disability pension, check if recipient is under the minimum retirement age .....	<div style="text-align: center;">| |</div>	<div style="text-align: center;">| |</div>
	State tax withheld — State 1		
	State tax withheld — State 2		
	State/Payer's state number — State 1		
	State/Payer's state number — State 2		
	State distribution — State 1		
	State distribution — State 2		
	Local tax withheld — Locality 1		
	Local tax withheld — Locality 2		
	Name of locality — Locality 1		
	Name of locality — Locality 2		
	Local distribution — Locality 1		
	Local distribution — Locality 2		
Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of			
▶	Spouse and treat as recipient's own (treat as rollover) .....	<div style="text-align: center;">| | | |</div>	<div style="text-align: center;">| | | |</div>
▶	Recipient, but originally was inherited from spouse's (own IRA)		
▶	Spouse and not treat as recipient's own (taxable amount in box 2a)		
▶	Someone other than a spouse (taxable amount in box 2a)		

1099-MISC Income

ORG8

MISCELLANEOUS INCOME

☒ Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2011	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
7	Nonemployee compensation			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld — 1st state			
17	State name — two letters — 1st state			
	Payer's state number — 1st state			
18	State income — 1st state			
16	State tax withheld — 2nd state			
17	State name — two letters — 2nd state			
	Payer's state number — 2nd state			
18	State income — 2nd state			

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

☒ Attach all copies of SSA and RRB forms.

Taxpayer

Spouse

- 1 Social Security Benefits from Form SSA-1099
- 2 Federal income tax withheld from Form SSA-1099
- 3 Medicare B premiums withheld from Form SSA-1099
- 4 Medicare D premiums withheld from Form SSA-1099
- 5 Railroad Retirement Benefits from Form RRB-1099
- 6 Federal income tax withheld from Form RRB-1099
- 7 Medicare premiums withheld from Form RRB-1099

FORM 1099-G

☒ Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2011			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2009 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	ATAA/RTAA payments			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld			

OTHER INCOME

Nature and Source	2011 Taxpayer	2011 Spouse	2010 Combined
1 Alimony received			
2 Recovery of bad debts previously deducted			
3 Jury duty pay			
4 Bartering income not reported elsewhere			
5 Income from the rental of personal property			
6 Other miscellaneous income items: Description:			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

☒ Attach all copies of your Form 1099-INTs here.

**Type of Interest

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2011 Box 1 Interest	Type of Interest**	2011 Box 3 US/Treasury Interest	2011 Box 8 Tax Exempt	State	2010 Box 1 + 3

X* Check if you did not receive income from this account in 2011.

DIVIDEND INCOME

☒ Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2011 Box 1a Ordinary Dividends	2011 Box 1b Qualified Dividends	2011 Box 2a Capital Gains	State	2010 Box 1a + 2a

X* Check if you did not receive income from this account in 2011.

1099-INT Amounts

ORG11A

Box	Form 1099-INT	2011	2010
	Payer Name		
2	Early withdrawal penalty		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign taxes paid		
7	Foreign country		
	State taxes withheld		
	State ID		
9	Private activity bond interest		
	Percent of private activity bond amount included in total interest		
Types of adjustments:* <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U			
	Amount of adjustment		

*Type of adjustment:

N = Nominee distribution

O = Original issue discount (OID) adjustment

B = Amortizable bond premium (ABP) adjustment

A = Accrued interest adjustment

H = Other adjustment

U = U.S. Savings bond interest previously reported

1099-DIV Amounts

ORG11B

Box	Form 1099-DIV	2011	2010
	Payer Name		
2b	Unrecaptured Section 1250 gain		
2c	Section 1202 gain		
2d	Collectibles (28%) gain		
3	Nondividend distributions (Nontaxable distributions)		
4	Federal taxes withheld		
5	Investment expenses		
6	Foreign tax paid		
7	Foreign country		
	State taxes withheld		
	State ID		
	U.S. government interest in dividends		
	Exempt-interest dividends (not included in box 1)		
	Private activity bond amount included above		
	Percent of private activity bond included above		
	Margin interest paid in 2011		
	Types of adjustments:		
	Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment		

Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

*X Check if you did not receive interest from this payer in 2011.

CHILD'S INTEREST AND DIVIDENDS (greater than \$950)			
*X	Child's Name	2011	2010
	First name _____ MI _____		
	Last name _____ Suffix _____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name _____ MI _____		
	Last name _____ Suffix _____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		
	First name _____ MI _____		
	Last name _____ Suffix _____ SSN _____		
	Child's taxable interest		
	Child's tax-exempt interest		
	Child's ordinary dividends		
	Child's capital gain distributions		

*X Check if this child did not receive interest or dividend income in 2011.

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2011	2010
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums		
b	Spouse's gross long-term care premiums		
c	Dependent's gross long-term care premiums		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5a	Insurance reimbursement		
b	Medical (MSA) or health (HSA) savings account distributions		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees		
9	Expenses for qualified long-term care		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12a	Miles driven for medical purposes 01/01/11 thru 06/30/11		
b	Miles driven for medical purposes 07/01/11 thru 12/31/11		
13	Ambulance fees and other medical transportation costs		
14	Lodging		
15	Other medical and dental expenses:		
a	.....	
b	.....	
c	.....	
d	.....	
e	.....	
f	.....	
g	.....	
h	.....	
i	.....	
j	.....	
TAXES		2011	2010
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.			
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		
		
		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2011	2010
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2011
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2010 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

INVESTMENT INTEREST		
	2011	2010
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2011	2010
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

* Methods of determining FMV:

Appraisal	Capitalization of income	Present value	Thrift shop
Average share	Comparative sales	Replacement cost	
Catalog	Consignment shop	Reproduction cost	

** Type of Donated Property

Household/clothing items	Business equipment	Intellectual property
Motor vehicle, boat or airplane	Business inventory	Real property, conservation property
Art, other than self-created	Stock, publicly traded	Real property, other than conservation
Art, self-created	Stock, other than publicly traded	Other personal property
Collectibles	Securities, other than stock	Other intangible property

***How Property was Acquired: Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2011	2010
Employee Business Expenses			
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.			
1	Union and professional dues		
2	Professional subscriptions		
3	Uniforms and protective clothing		
4	Job search costs		
5	Other unreimbursed employee expenses:		
a	.....	
b	.....	
c	.....	
d	.....	
e	.....	
Other Expenses Subject to the 2% Limitation			
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No			
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check to code assets as Investment Expense <input type="checkbox"/>			
Use ORG50 to record dispositions.			
Use ORG51A to enter additional assets.			
Use ORG11a for investment expenses related to interest income.			
Use ORG11b for investment interest related to dividend income.			
6	Tax return preparation fees		
7	Investment counsel and advisory fees		
8	Certain attorney and accounting fees		
9	Safe deposit box rental		
10	IRA custodial fees		
11	Other expenses (list):		
a	.....	
b	.....	
c	.....	
d	.....	
e	.....	
OTHER MISCELLANEOUS DEDUCTIONS		2011	2010
12	Amortizable bond premiums (acquired before 10/23/86)		
13	Gambling losses (to the extent of gambling income)		
14	Unrecovered investment in annuity		
15	Other miscellaneous deductions:		
		

Moving Expenses

ORG16

If you sold your principal residence during 2011, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? Yes ☐ No ☐

If **Yes**, did you move due to a permanent change of station? Yes ☐ No ☐

If **Yes**, enter the allowances or reimbursements received from the government _____

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 _____

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals	
Lodging not including meals	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? Yes ☐ No ☐

If **Yes**, did you move due to a permanent change of station? Yes ☐ No ☐

If **Yes**, enter the allowances or reimbursements received from the government _____

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 _____

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses	
Storage expenses	
Expenses of moving from old to new home:	
Travel not including meals	
Lodging not including meals	

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed

Check box if a fee-basis state or local government official

Check box if subject to Department of Transportation (DOT) hours of service limits

Treat all MACRS assets for activity as qualified Indian reservation property? ☐ Yes ☐ No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ☐ Regular ☐ Extension ☐ No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No

Was this activity located in a Qualified Disaster Area ☐ Yes ☐ No

EXPENSES	2011	2010
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other:		
.....		
.....		
.....		

EMPLOYER REIMBURSEMENTS	2011	2010
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2011	2010
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2011	2010
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2011, please complete ORG51— Additional Assets.
For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2011, please complete the disposition information on ORG50 — Existing Assets. For vehicles, see page 2.

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1	Vehicle 2
15	Description of vehicle		
16	Date placed in service		
17	Enter detail on lines 17a and 17b, or total on line 17c:		
a	Ending mileage reading		
b	Beginning mileage reading		
c	Total miles for the year (line 17a less line 17b)		
18a	Business miles from 01/01/2011 thru 06/30/2011		
b	Business miles from 07/01/2011 thru 12/31/2011		
19	Total commuting miles		
20	Average daily commuting miles		
STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2
21	Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES		Vehicle 1	Vehicle 2
23	Gasoline, oil, repairs, insurance, etc		
24	Vehicle registration fee (excluding property tax)		
25	Vehicle lease or rental fee		
26	Inclusion amount (Preparer Use Only)		
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28	Depreciation (Preparer Use Only)		
VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2
29	Cost or basis		
30	Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only)		
33	Section 179 expense (Preparer Use Only)		
34	Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38	Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39	Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Date sold		
42	Date acquired, if different from line 16		
43	Sales price		
44	Expense of sale		
45	Gain/loss basis, if different (Preparer Use Only)		
46	AMT gain/loss basis, if different (Preparer Use Only)		
VEHICLE QUESTIONS			
47	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	Is another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49	Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50	If yes, is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employee Home Office Expense

ORG17A

for:
copy:

GENERAL INFORMATION		2011	2010
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2	Area used only partly for day care (square footage)		
3	Total area of home (square footage)		
4	Daycare hours		
a	Number of weeks used for daycare, if less than full year		
b	Number of days used for day care each week		
c	Number of days closed for holidays, vacations, etc		
d	Number of hours used for daycare each day		
5	Total wages from this business		
6	Enter the percent of wages above that are from the business use of this home		
7	Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8	Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2011		2010	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Qualified mortgage insurance				
15 Other insurance				
16 Rent				
17 Repairs and maintenance				
18 Utilities				
19 Other expenses (e.g., rent)				
20 Carryover of operating expenses				
21 Excess casualty losses (Preparer Use Only)				
22 Depreciation of your home (Preparer Use Only)				
23 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
25	Enter the land value included in cost for residence			

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle			
2 Date placed in service			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading			
b Beginning mileage reading			
c Total miles for the year (line 3a less line 3b)			
4a Business miles 01/01/2011 thru 06/30/2011			
b Business miles 07/01/2011 thru 12/31/2011			
5 Total commuting miles			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc			
9 Vehicle registration fee (excluding property tax)			
10 Vehicle lease or rental fee			
11 Inclusion amount (Preparer Use Only)			
12 Depreciation (Preparer Use Only)			
13 Parking fees, tolls, and local transportation			
14 Portion of vehicle registration fee based on value			
15 Interest on vehicle			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis			
17 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use)			
20 Section 179 expense (Preparer Use)			
21 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? (Preparer Use)	<input type="checkbox"/> 100% 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100% 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100% 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold			
29 Date acquired, if different from line 2			
30 Sales price			
31 Expense of sale			
32 Gain/loss basis, if different (Preparer Use)			
33 AMT gain/loss basis, if different (Preparer Use)			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If yes , is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Business name

3a Business street address

b 1 City, State and Zip Code, or

2 Foreign country

4 Principal business/profession

5 Employer ID number

6 Business code (Preparer Use Only)

7 Was this business fully disposed of in a fully taxable transaction during 2011? ☐ Yes ☐ No

8 Accounting method:
Cash ☐ Accrual ☐ Other (specify) ☐

9 Method used to value closing inventory:
Cost ☐ Lower of cost or market ☐ Other (explain) ☐

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) ☐ Yes ☐ No

11 Did you materially participate in the operation of this business during 2011? ☐ Yes ☐ No

12 Did you start or acquire this business during 2011? ☐ Yes ☐ No

13a Did you make any payments in 2011 that require you to file Forms 1099? ☐ Yes ☐ No

b If yes, did you or will you file all the required Forms 1099? ☐ Yes ☐ No

14 At-risk determination:
a Is all of the investment in this activity at risk? ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ☐ Yes ☐ No

15 Did you have unallowed passive losses in 2010? ☐ Yes ☐ No

16a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐ Yes ☐ No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No

d Was this business located in a Qualified Disaster Area? ☐ Yes ☐ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2011	2010
17	Gross receipts or sales		
18	Returns and allowances plus other adjustments		
19	Other income (include federal/state gas tax credit/refund)		
COST OF GOODS SOLD – IF APPLICABLE		2011	2010
20	Inventory at beginning of year		
21	Purchases		
22	Items withdrawn for personal use		
23	Cost of labor (do not include your salary)		
24	Materials and supplies		
25	Other costs		
26	Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2011	2010
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18)		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only)		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit		
d Meals and entertainment not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		

Business Use of Home

ORG20

for:
copy:

GENERAL INFORMATION		2011	2010
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2	Area used only partly for day care (square footage)		
3	Total area of home (square footage)		
4	Daycare hours		
a	Number of weeks used for daycare, if less than full year		
b	Number of days used for day care each week		
c	Number of days closed for holidays, vacations, etc		
d	Number of hours used for daycare each day		
5	Enter the date you began using this home office for this business		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only)		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2011		2010	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Total mortgage interest/points				
11 Mortgage interest/points on Form 1098				
12 Interest not on Form 1098				
13 Points not of Form 1098				
14 Real estate taxes				
15 Excess mortgage interest (Preparer Use)				
16 Qualified mortgage insurance				
17 Other insurance				
18 Rent				
19 Repairs and maintenance				
20 Utilities				
21 Other expenses (e.g., rent)				
22 Carryover of operating expenses				
23 Excess casualty losses (Preparer Use Only)				
24 Depreciation of your home (Preparer Use Only)				
25 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
27	Enter the land value included in cost for residence			

ORG21

ORG21

Sale of Your Home

ORG22

GENERAL INFORMATION

▶ ☒ Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2011).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
d Did you claim the First-Time Homebuyer Credit when you purchased this home?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)	<input type="checkbox"/>	<input type="checkbox"/>
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes , what is the amount of the financial instrument?		

8 Address of former home sold

9 a Date former home was sold

b Date former home was bought

10 Sales price of the home sold

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a	
b	
c	
d	

Installment Sale Income

ORG23

☒ **Attach all closing documents if this is the year of sale.**

Was the property sold in this installment sale a rental or used in a trade or business? ☐ Yes ☐ No
 Was the final installment received this year? ☐ Yes ☐ No

1 Description of property
 2a Date acquired 2b Date sold
 c Check this box if ordinary gain from non-capital asset ☐

GROSS PROFIT INFORMATION (Complete for year of sale only.)

3 Selling price, including mortgages and other debts
 4 Mortgages and other debts buyer assumed or took property subject to
 5 Cost or other basis of property sold
 6 Depreciation allowed or allowable
 7 Commissions and other expenses of sale
 8 Was this property your main home? ☐ Yes ☐ No

CURRENT TAXABLE PORTION

9 Gross profit percentage
 10a Payments received in current year
 b Interest received in current year
Seller Financed Mortgage Information
 11 Payer's Name Address SSN or EIN

 12 Payments received in prior years (do not include interest)

SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980? ☐ Yes ☐ No
 b If **yes**, was the property a marketable security? ☐ Yes ☐ No
*If **yes**, complete the rest of this form. If **no**, complete for year of sale and for 2 years after the sale.
 If you received the final installment payment this year, do not complete the rest of this form.*
 c Give the name, address, and taxpayer identification number of related party

14 Did the related party, during this tax year, resell or dispose of the property? ☐ Yes ☐ No
*If **no**, do not complete the rest of this form.*

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? ☐ Yes ☐ No
 If **yes**, give date of disposition
 b Was the first disposition a sale or exchange of stock to the issuing corporation? ☐ Yes ☐ No
 c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? ☐ Yes ☐ No
 d Did the second disposition occur after the death of the original seller or buyer? ☐ Yes ☐ No
 e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? ☐ Yes ☐ No
 If **yes**, give explanation

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale)

Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

☒ Attach all copies of 1099-S and 1099-B forms here.

Note: Enter asset dispositions here **or** on ORG50 (Transferred Assets), but not both.

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR (Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS (Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 Foreign Country: _____

1 Check property owner ☐ Taxpayer ☐ Spouse ☐ Joint

	Yes	No
2a Did you make any payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , did you or will you file all required Forms(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
3a Enter the ownership percentage (if not 100%)		
b If not 100%, are you reporting 100% of the income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>
4 Is this a rental property? (If yes , answer questions 5 through 11; if no , skip to question 12.)	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you have personal use of this property or rent it for part of the year at less than fair rental value?	<input type="checkbox"/>	<input type="checkbox"/>
6 For all rental properties, enter the number of days during 2011 that:		
a The property was rented (or available for rent) at fair rental value		
b The property was used personally or rented at less than fair rental value		
c You owned the property, if not the entire year		
7a Does this rental have multiple living units and you live in one of the units?	<input type="checkbox"/>	<input type="checkbox"/>
b If yes , enter percentage of rental use		
8 Did you actively participate in this property's management during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you materially participate in this property's management during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want to treat this property as non-passive?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did this property have unallowed passive losses in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you dispose of this property in a fully taxable transaction?	<input type="checkbox"/>	<input type="checkbox"/>
13 Check this box if some of this investment was not at-risk	<input type="checkbox"/>	<input type="checkbox"/>
14a Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/>		
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	<input type="checkbox"/>
d Was this activity located in a Qualified Disaster Area?	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
15 Rents received		
16 Royalties received		

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

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2011	2010
Property location		
17 Advertising		
18a Automobile (complete ORG18 for autos)		
b Travel		
19 Cleaning and maintenance		
20 Commissions		
21a Mortgage insurance premiums – qualified		
b Other insurance		
22 Legal and professional fees		
23 Management fees		
24a Mortgage interest paid to banks – qualified		
b Mortgage interest paid to banks – other		
25 Other interest		
26 Repairs		
27 Supplies		
28a Real estate taxes		
b Other taxes		
29 Utilities		
30 Other expenses:		
a		
b		
c		
d		
e		
31a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Farm Rental Income and Expenses

ORG26

GENERAL INFORMATION

Name of this activity

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Employer identification number

3 Was this farm fully disposed of in a fully taxable transaction during 2011? ☐ Yes ☐ No

4 Did you actively participate in the operation of this business during 2011? ☐ Yes ☐ No

5 Real estate professionals:
Did you materially participate in the operation of this business during 2011? ☐ Yes ☐ No

6 At-risk determination:

a Is all of the investment in this activity at risk? ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ☐ Yes ☐ No

c Did you receive a subsidy in 2011? ☐ Yes ☐ No

7 Did you have unallowed passive losses in 2010? ☐ Yes ☐ No

8a Treat all MACRS assets for this activity as qualified Indian reservation property? ☐ Yes ☐ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No ☐ Yes

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ☐ Yes ☐ No

d Was this farm rental located in a Qualified Disaster Area? ☐ Yes ☐ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2011	2010
9 Income from production of livestock, produce, grains and crops		
10 Total distributions received from cooperatives		
11 Taxable amount of distributions from cooperatives		
12 Total agricultural program payments		
13 Taxable amount of agricultural program payments		
14 Commodity Credit Corporation (CCC) loans under election		
15 CCC loans forfeited/repaid with certificates		
16 Taxable amount of CCC loans forfeited/repaid		
17 Crop insurance proceeds/federal crop disaster payments received in 2011		
18 Taxable crop insurance proceeds/federal crop disaster payments		
19 Crop insurance proceeds/federal crop disaster deferred from 2010		
20 Other income – include federal/state gas tax credit/refund		

Farm Rental Income and Expenses (continued)

ORG26

EXPENSES – FARM RENTAL PROPERTY	2011	2010
Name of this activity		
21 Car and truck expense (complete ORG18)		
22 Chemicals		
23 Conservation expenses		
24 Custom hire (machine work)		
25 Depreciation and Section 179 deduction (Preparer Use Only)		
26 Employee benefit programs other than pension and profit-sharing plans		
27 Feed		
28 Fertilizers and lime		
29 Freight and trucking		
30 Gasoline, fuel, and oil		
31 Insurance (other than health)		
32 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
33 Gross wages		
34 Pension and profit-sharing plans		
35 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
36 Repairs and maintenance		
37 Seeds and plants		
38 Storage and warehousing		
39 Supplies		
40 Taxes		
41 Utilities		
42 Veterinary fees and medicine		
43 Other expenses (specify):		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
44 Qualified pension plan start-up costs		

Farm Income and Expenses

ORG27

GENERAL INFORMATION

Name of this farm

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Principal product

3 Employer identification number

4 Agricultural activity code (Preparer Use Only)

5 Accounting method ☐ Cash ☐ Accrual

6 Was this farm fully disposed of in a fully taxable transaction during 2011? Yes No

7 Did you materially participate in the operation of this business during 2011? Yes No

8 Did you make any payments in 2011 that would require you to file Form(s) 1099 Yes No

9 If 'Yes,' did you or will you file all required Forms 1099? Yes No

10 At-risk determination:

a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

c Did you receive a subsidy in 2011? Yes No

11 Did you have unallowed passive losses in 2010? Yes No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular ☐ Extension ☐ No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this farm located in a Qualified Disaster Area? Yes No

FARM INCOME – CASH METHOD	2011	2010
13a Specified sales of livestock, etc purchased for resale		
b Sales of livestock, etc purchased for resale		
14 Cost/Basis of livestock, etc purchased for resale		
15a Specified sales of products you raised		
b Sales of livestock, produce, grains, etc raised		
16a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
17a Total agricultural program payments		
b Taxable amount of agricultural program payments		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b		
18a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
19a Crop insurance proceeds/federal crop disaster payments received in 2011		
b Taxable crop insurance proceeds/federal crop disaster payments		
c Crop insurance proceeds/federal crop disaster payments deferred from 2010		
20a Specified custom hire (machine work) income		
b Custom hire (machine work) income		
21a Specified other income – include federal/state gas tax credit		
b Other income – include federal/state gas tax credit/refund		
FARM INCOME – ACCRUAL METHOD	2011	2010
22a Specified sales – livestock, produce, grain, other products		
b Sales – livestock, produce, grain, other products		
23a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
24a Total agricultural program payments		
b Taxable amount of agricultural program payments		
25a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
26 Crop insurance proceeds and certain disaster payments		
27a Specified custom hire (machine work) income		
b Custom hire (machine work) income		
28a Specified other income include federal/state gas tax credit		
b Other income include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

ORG27

FARM INCOME – ACCRUAL METHOD (continued)	2011	2010
29 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc		
b Cost of livestock, produce, etc purchased		
c Ending inventory – livestock, produce, etc		
30 Check if you used the unit-livestock price method or farm-price method to value inventory	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2011	2010
Name of this farm		
31 Car and truck expense (complete ORG18)		
32 Chemicals		
33 Conservation expenses		
34 Custom hire (machine work)		
35 Depreciation and Section 179 deduction (Preparer Use Only)		
36 Employee benefit programs other than pension and profit-sharing plans		
37 Feed		
38 Fertilizers and lime		
39 Freight and trucking		
40 Gasoline, fuel and oil		
41 a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business		
42 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
43 Gross wages		
44 Pension and profit-sharing plans		
45 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
46 Repairs and maintenance		
47 Seeds and plants purchased		
48 Storage and warehousing		
49 Supplies purchased		
50 Taxes		
51 Utilities		
52 Veterinary, breeding and medicine		
53 Other expenses (specify):		
.....		
.....		
.....		
.....		
.....		
54 Qualified pension plan start-up costs		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2011		
2 Check if you were covered by a retirement plan at work	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2011 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2011, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2011		
7 Enter the value of all recharacterizations after 12/31/2011		
8 Enter the amount of any outstanding rollovers as of 1/1/2012		
If you received IRA distributions during 2011, please complete ORG7.		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2011		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2011		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2011	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2011		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2011	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2011		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2011		
b Check this box if you wish to contribute the maximum amount to your SEP for 2011	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2011		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2011		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2011		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2011		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2011		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2011	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2011		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2011		
ALIMONY PAID		
1 Recipient's social security number	Alimony paid	
2 Recipient's social security number	Alimony paid	

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name ----- Provider Phone	Provider Address	ID Number	Amount Paid
		Check box if provider is a business	
1 ----- ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- Business ... <input type="checkbox"/>	----- -----
2 ----- ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- Business ... <input type="checkbox"/>	----- -----
3 ----- ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- Business ... <input type="checkbox"/>	----- -----
4 ----- ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- Business ... <input type="checkbox"/>	----- -----

EXPENSES

2011

2010

1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2011 but not incurred in 2011		
3 Total expenses incurred in 2011 but not paid in 2011		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2011

Taxpayer

Spouse

5 If taxpayer or spouse was a full-time student or disabled in 2011, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here		

Education Information

ORG36

Education expenses were paid in 2011 ☐

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES

2011

2010

1 a Taxpayer educator expenses

b Spouse educator expenses

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2011

2 a Enter detail below or total interest in Part 2b

Lender's Name

2011

2010

Total Student Loan Interest

2011

2010

2 b Enter the total interest paid on qualified student loans

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:

P = Private Qualified Tuition Program
S = State Qualified Tuition Program
E = Coverdell ESA

Tax Payments

ORG40

2011 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/11								
2 Qtr 2 due by 06/15/11								
3 Qtr 3 due by 09/15/11								
4 Qtr 4 due by 01/17/12								
5a Additional payments ..								
b Additional payments ..								
c Additional payments ..								
d Additional payments ..								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2010 overpayment applied to 2011			
7 Balance due paid with 2010 return			
8a 2010 Quarter 4 payments paid in 2011			
b 2010 extension payments paid in 2011			
9 Other taxes paid in 2011 for prior years (include explanation)			

2012 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2012, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	
	Spouse	
11 Self-Employment Income	Taxpayer	
	Spouse	
12 Capital Gains (sale of stock, real estate, etc)		
13 Other Income:		
Description		

Deductions

14 Allowable Itemized Deductions	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	
16 Federal Withholding	
17 Number of personal exemptions expected for 2012	

ADDITIONAL INFORMATION

18 Check to use your 2011 tax amount for your 2012 estimate	<input type="checkbox"/>
19 If you have an overpayment of 2011 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment	
21 Number of installments for estimated tax (1 - 4)	

Household Employment Taxes

ORG41

GENERAL INFORMATION

☒ Attach copies of your state payroll returns and other payroll forms.

- 1 Enter your employer identification number Yes No
- 2 Did you pay **any one** household employee cash wages of \$1,700 or more in 2011? ☐ ☐
- 3 Did you withhold federal income tax during 2011 for any household employee? ☐ ☐
- 4 Did you pay total cash wages of \$1,000 or more **in any calendar quarter** of 2010 or 2011 to **all** household employees? ☐ ☐

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

	2011	2010
5 Enter total cash wages paid during 2011 that were:		
a Subject to social security taxes		
b Subject to Medicare taxes		
c Subject to FUTA taxes paid before July 1, 2011		
d Subject to FUTA taxes paid after June 30, 2011		
6 Enter federal income tax withheld during 2011		

COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions: Yes No

- 7 Did you pay unemployment contributions to only one state? ☐ ☐
- 8 Did you pay all state unemployment contributions for 2011 by April 17, 2012? ☐ ☐
- 9 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? ☐ ☐
- 10 Enter any unemployment compensation you paid for 2011:

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2011	2010	2011	2010
a _____					
b _____					

11 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%)
- b State experience rate period — starting date (e.g., 01/01/11)
- c State experience rate period — ending date (e.g., 12/31/11)

State A	State B
_____	_____

K-1 Partnership – Partner's Questions

ORG45

☒ Attach all copies of K-1s from partnerships.

1	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Name of partnership		
	Partnership identification number		Tax shelter registration number
	1	Ownership	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2	Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	

K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership	Partnership ID	Tax Shelter Reg No.
Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
Is this the final K-1 for this Partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No		
GENERAL QUESTIONS		
<div style="text-align: right; font-weight: bold;">Yes No</div> <div> 1 Was all of the investment in this activity at-risk? <input type="checkbox"/> <input type="checkbox"/> </div> <div> 2 Trade or business activities (Schedule K-1, line 1): <div style="margin-left: 20px;"> a Did you materially participate in this activity during 2011? <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> 3 Rental real estate activities (Schedule K-1, line 2): <div style="margin-left: 20px;"> a Did you materially participate in this activity during 2011? <input type="checkbox"/> <input type="checkbox"/> </div> <div style="margin-left: 20px;"> b Did you actively participate in this activity during 2011? <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div> 4 Are there suspended passive losses carried over from 2010? <input type="checkbox"/> <input type="checkbox"/> </div> <div> 5 Is this a publicly traded partnership? <input type="checkbox"/> <input type="checkbox"/> </div> <div> 6 Is this a foreign partnership? <input type="checkbox"/> <input type="checkbox"/> </div> <div> 7 Are you a general partner (or managing member, if limited liability company)? <input type="checkbox"/> <input type="checkbox"/> </div> <div> 8 Enter health insurance paid by you personally and related to this activity <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>		
K-1 LINE ITEMS		
1 Ordinary business income (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div>		
2 Net rental real estate income (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div>		
3 Other net rental income (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div>		
4 Guaranteed payments <div style="border-bottom: 1px solid black; width: 100%;"></div>		
5 Interest income <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="margin-left: 20px;"> a Income from U.S. Bonds (nontaxable to states) included in line 5 <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>		
6a Ordinary dividends <div style="border-bottom: 1px solid black; width: 100%;"></div>		
<div style="margin-left: 20px;"> b Qualified dividends <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>		
8 Net short-term capital gain (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div>		
9a Net long-term capital gain (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div>		
<div style="margin-left: 20px;"> b Collectibles (28%) gain (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>		
<div style="margin-left: 20px;"> c Unrecaptured Section 1250 gain <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>		
10 Net Section 1231 gain (loss) <div style="border-bottom: 1px solid black; width: 100%;"></div>		
12 Section 179 expense deduction <div style="border-bottom: 1px solid black; width: 100%;"></div>		

K-1 S Corporation – Shareholder's Questions

ORG46

☒ Attach all copies of K-1s from S Corporations.

1	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of S Corporation
	S Corporation identification number _____ Tax shelter registration number
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Shareholder's Share of Income, Credits, Deductions, Etc

ORG46A

Name of S Corporation	S Corporation ID	Tax Shelter Reg No.
-----------------------	------------------	---------------------

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint Yes No
 Is this the final K-1 for this S Corporation? ☐ ☐

GENERAL QUESTIONS

	Yes	No
1 Was all of the investment in this activity at-risk ?	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2010?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter health insurance paid by you personally and related to this activity		

K-1 LINE ITEMS

1 Ordinary business income (loss)	_____
2 Net rental real estate income (loss)	_____
3 Other net income (loss)	_____
4 Interest income	_____
a Income from U.S. Bonds (nontaxable to states) included in line 4	_____
5a Ordinary dividends	_____
b Qualified dividends	_____
7 Net short-term capital gain (loss)	_____
8a Net long-term capital gain (loss)	_____
b Collectibles (28%) gain (loss)	_____
c Unrecaptured section 1250 gain	_____
9 Net section 1231 gain (loss)	_____
10 Section 179 expense deduction	_____

K-1 Estate & Trust – Beneficiary's Questions

ORG47

<input checked="" type="checkbox"/> Attach all copies of K-1's from estates and trusts.	
1	Name of estate or trust
	Estate or trust identification no. Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of estate or trust
	Estate or trust identification no. Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of estate or trust
	Estate or trust identification no. Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of estate or trust
	Estate or trust identification no. Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of estate or trust
	Estate or trust identification no. Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of estate or trust
	Estate or trust identification no. Tax shelter registration number
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Beneficiary's Share of Income, Deductions, Credits, Etc

ORG47A

Name of Estate or Trust	Estate or Trust ID	Tax Shelter Reg No.
-------------------------	--------------------	---------------------

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Check one: ☐ Domestic Beneficiary ☐ Foreign Beneficiary Yes No

Is this the final K-1 for this Estate or Trust? ☐ ☐

GENERAL QUESTIONS

	Yes	No
1 Rental real estate activities:		
a Is this a qualifying estate for material participation?	<input type="checkbox"/>	<input type="checkbox"/>
b Is this a qualifying estate for active participation?	<input type="checkbox"/>	<input type="checkbox"/>
2 Are there suspended passive losses carried over from 2010?	<input type="checkbox"/>	<input type="checkbox"/>

K-1 LINE ITEMS

1 a Interest	
b U.S. Bonds (nontaxable to states) included in line 1a	
2 a Total ordinary dividends	
b Qualified dividends	
3 Net short-term capital gain	
4 a Net long-term capital gain	
b 28% rate gain included in net long-term capital gain	
c Unrecaptured Section 1250 included in net long-term capital gain	

ORG48

Partnership

ORG48

Transferred Assets

ORG50

(Transferred assets only. To enter assets, use ORG51 – Additional Assets)

for:

[illegible]

Total

Additional Assets

(Enter vehicles on ORG 18 – Car and Truck Expenses or ORG 17 – Employee Business Expenses)

for: _____

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ORG51

Depreciation Entry Worksheet

ORG51A

for:

ASSET INFORMATION Enter vehicles on ORG17 for employees, ORG18 for all others			
Description of asset	Percentage of business use	%	
Date placed in service	Section 179 deduction		
Cost or basis	Land included in cost		
Type of asset			
Note: Assets placed in service after 1998 use the same recovery period for both regular tax and AMT.			
Economic Stimulus — Qualified Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cellulosic Biomass Ethanol Plant Property (CBEPP) — Qualified Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Qualified Disaster Area — Qualified Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Kansas Disaster Zone — Qualified Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gulf Opportunity Zone — Qualified Property	<input type="checkbox"/> Regular <input type="checkbox"/> Yes <input type="checkbox"/> 100% & 50%	<input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/> 30% <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> No
In service in GO Zone Extension building within 90 days of building			
Percentage for Special Depreciation Allowance			
Elect OUT of Special Depreciation Allowance			
Elect 30% in place of 50% Special Depreciation Allowance			
Special Depreciation Allowance ...	AMT Special Depreciation Allowance		
Enter the IRC section under which you amortize the cost of intangibles			
Type F: Check if a prior year return amended or Form 3115 filed to change recovery period to 5 years			
Check if General Asset Account			
Prior depreciation		AMT prior depreciation	
Info on state depreciation and like-kind exchange property may be entered after transfer to ProSeries 1040.			
DISPOSITIONS Enter business portion only for sales price and expense of sale			
Date of disposition		Date acquired (if different from Date in service)	
Report land separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asset	Land
Sales price			
Expense of sale			
Property type			
Section 179 deduction allowed			
If Section 1250:	Additional depreciation after 1975		
	Applicable percentage		%
	Additional depreciation after 1969 and before 1976		
Sale may be linked to Form 6252 or the Home Sale Worksheet after transfer to ProSeries 1040.			
Gain/loss basis, if different		AMT gain/loss basis, if different	
Check to compute personal residence depreciation after May 6, 1997			
DETAIL ASSET INFORMATION This section is calculated for most assets from the data entered above.			
Listed property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Subject to auto limitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Truck or van?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electric passenger vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If General Asset Account, number of autos for current year limitation			
Heavy SUV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eligible Section 179 property (current year assets only)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Use IRS tables for MACRS property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Qualified Indian reservation property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Depreciation type	AMT basis, if different		
Asset class	Type for pre-'87 assets		
Depreciation method	AMT depreciation method		
MACRS convention			
Year of depreciation			
Recovery period	AMT recovery period		
Depreciable basis	AMT depreciable basis		

Foreign Earned Income

ORG52

1 Foreign address (including country) and POD . _____

2 Occupation _____

3 Employer's name ▶ _____

4a Employer's U.S. Address ▶ _____

b Employer's Foreign Address ▶ _____

5 Employer is (Check any that apply):

a ☐ A foreign entity

b ☐ A U.S. entity

c ☐ Self

d ☐ A foreign affiliate of a U.S. company

e ☐ Other (specify) ▶ _____

6a Last year 2555 or 2555-EZ filed ▶ _____

b Check if Form 2555 or 2555-EZ not filed after 1981 to claim either of the exclusions ▶ ☐ Yes ☐ No

c Either exclusion ever revoked? ▶ ☐ Yes ☐ No

d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ▶ _____ Year ▶ _____

7 Citizen/national of which country? ▶ _____

8a Maintained a separate foreign residence for family due to adverse conditions? ☐ Yes ☐ No

b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.
 ▶ _____

9 Tax home(s) during tax year and date(s) established.
 ▶ _____

Taxpayers Qualifying Under Bona Fide Residence Test

10 Date bona fide residence began ▶ _____, and ended ▶ _____

11 Kind of living quarters in foreign country.

a ☐ Purchased house

b ☐ Rented house or apartment

c ☐ Rented room

d ☐ Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No

b If 'Yes,' who and for what period?
 ▶ _____

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? ☐ Yes ☐ No

b Are you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No

If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.

14a List any contractual terms or other conditions relating to the length of your employment abroad.
 ▶ _____

b Enter the type of visa under which you entered the foreign country.
 ▶ _____

c Did your visa limit the length of your stay or employment in a foreign country? ☐ Yes ☐ No

d Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No

e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.
 ▶ _____

15 Qualified housing expenses for the tax year _____

For use with Form 8801 Information

Prior year Form 2555, line 45 and line 50

16 TP – Foreign Earned Income	a Taxpayer (Form 2555, line 45)	16a _____
TP – Housing	b Taxpayer (Form 2555, line 50)	b _____
SP – FEI	c Spouse (Form 2555, line 45)	c _____
SP – Housing	d Spouse (Form 2555, line 50)	d _____

Foreign Earned Income

ORG52

1 Foreign address (including country) and POD . _____

2 Occupation _____

3 Employer's name ▶ _____

4a Employer's U.S. Address ▶ _____

b Employer's Foreign Address ▶ _____

5 Employer is (Check any that apply):

a ☐ A foreign entity

b ☐ A U.S. entity

c ☐ Self

d ☐ A foreign affiliate of a U.S. company

e ☐ Other (specify) ▶ _____

6a Last year 2555 or 2555-EZ filed ▶ _____

b Check if Form 2555 or 2555-EZ not filed after 1981 to claim either of the exclusions ▶ ☐ Yes ☐ No

c Either exclusion ever revoked? ▶ ☐ Yes ☐ No

d Enter type of exclusion and enter year for which the revocation was effective: Exclusion ▶ _____ Year ▶ _____

7 Citizen/national of which country? ▶ _____

8a Maintained a separate foreign residence for family due to adverse conditions? ☐ Yes ☐ No

b If 'Yes,' city and country of the separate foreign residence. Also, enter the number of days during the tax year that a second household maintained at the address.
 ▶ _____

9 Tax home(s) during tax year and date(s) established.
 ▶ _____

Taxpayers Qualifying Under Bona Fide Residence Test

10 Date bona fide residence began ▶ _____, and ended ▶ _____

11 Kind of living quarters in foreign country.

a ☐ Purchased house

b ☐ Rented house or apartment

c ☐ Rented room

d ☐ Quarters furnished by employer

12a Did any of your family live with you abroad during any part of the tax year? ☐ Yes ☐ No

b If 'Yes,' who and for what period?
 ▶ _____

13a Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? ☐ Yes ☐ No

b Are you required to pay income tax to the country where you claim bona fide residence? ☐ Yes ☐ No

If you answered 'Yes' to 13a and 'No' to 13b, you do not qualify as a bona fide resident. Do not complete the rest of this part.

14a List any contractual terms or other conditions relating to the length of your employment abroad.
 ▶ _____

b Enter the type of visa under which you entered the foreign country.
 ▶ _____

c Did your visa limit the length of your stay or employment in a foreign country? ☐ Yes ☐ No

d Did you maintain a home in the United States while living abroad? ☐ Yes ☐ No

e If 'Yes,' enter address of your home, whether it was rented, and the names of the occupants, and their relationship to you.
 ▶ _____

15 Qualified housing expenses for the tax year _____

For use with Form 8801 Information

Prior year Form 2555, line 45 and line 50

16 TP – Foreign Earned Income	a Taxpayer (Form 2555, line 45)	16a	_____
TP – Housing	b Taxpayer (Form 2555, line 50)	b	_____
SP – FEI	c Spouse (Form 2555, line 45)	c	_____
SP – Housing	d Spouse (Form 2555, line 50)	d	_____

Federal Carryover Data

ORG55

2010 STATE AND LOCAL TAX INFORMATION

1	State or Local Identification	Paid With Extension	Estimates Paid After 12/31/10	Total Withheld/ Payments	Paid With Return	Total Overpayment	Applied Amount

OTHER TAX AND INCOME INFORMATION

2	2010 filing status:			
	<input type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly	<input type="checkbox"/> Married filing separately	
	<input type="checkbox"/> Head of household	<input type="checkbox"/> Qualifying widow(er)		
3	Number of blind/elderly boxes checked for 2010 (Form 1040, line 39a)			
4a	Total itemized deductions allowed in 2010 (Schedule A, line 29)			
b	Check this box if you were required to itemize in 2010	<input type="checkbox"/>		
5	Adjusted gross income in 2010 (Form 1040, line 37)			
6	Total tax for Form 2210 or 2210-F in 2010 (Form 2210, line 4 or 2210-F, line 6)			
7	Alternative minimum tax in 2010 (Form 1040, line 45)			
8	2010 federal overpayment applied to 2011 (Form 1040, line 75)			

IRA INFORMATION

9a	Basis of taxpayer's IRA(s) as of 12/31/10 (Form 8606, line 14)	
b	Basis of spouse's IRA(s) as of 12/31/10 (Form 8606, line 14)	
c	Taxpayer's excess IRA contributions as of 12/31/10 (Form 5329, line 16)	
d	Spouse's excess IRA contributions as of 12/31/10 (Form 5329, line 16)	
e	Taxpayer's excess Archer MSA contributions as of 12/31/10 (Form 5329, line 40)	
f	Spouse's excess Archer MSA contributions as of 12/31/10 (Form 5329, line 40)	
g	Taxpayer's excess Roth IRA contributions as of 12/31/10 (Form 5329, line 24)	
h	Spouse's excess Roth IRA contributions as of 12/31/10 (Form 5329, line 24)	
i	Taxpayer's excess Coverdell ESA contributions as of 12/31/10 (Form 5329, line 32)	
j	Spouse's excess Coverdell ESA contributions as of 12/31/10 (Form 5329, line 32)	
k	Taxpayer's excess HSA contributions as of 12/31/10 (Form 5329, line 48)	
l	Spouse's excess HSA contributions as of 12/31/10 (Form 5329, line 48)	

LOSS AND EXPENSE CARRYOVERS

10a	Short-term capital loss carryover from 2010 (Schedule D)	
b	Long-term capital loss carryover from 2010 (Schedule D)	
c	AMT Short-term capital loss carryover from 2010 (Schedule D)	
d	AMT Long-term capital loss carryover from 2010 (Schedule D)	
11a	Net operating loss carryforward to 2011 — regular tax	
b	Net operating loss carryforward to 2011 — AMT	
12a	Disallowed investment interest expense (Form 4952, line 7)	
b	Disallowed AMT investment interest expense (Form 4952-AMT, line 7)	
13a	Nonrecaptured net Section 1231 loss from 2010	
b	Nonrecaptured net Section 1231 loss from 2009	
c	Nonrecaptured net Section 1231 loss from 2008	
d	Nonrecaptured net Section 1231 loss from 2007	
e	Nonrecaptured net Section 1231 loss from 2006	
f	AMT Nonrecaptured net Section 1231 loss from 2010	
g	AMT Nonrecaptured net Section 1231 loss from 2009	
h	AMT Nonrecaptured net Section 1231 loss from 2008	
i	AMT Nonrecaptured net Section 1231 loss from 2007	
j	AMT Nonrecaptured net Section 1231 loss from 2006	

Federal Carryover Data (continued)

ORG55

CREDIT CARRYOVERS				
14 General business credit				
15a Mortgage interest credit from 2010 (Form 8396, line 17)				
b Mortgage interest credit from 2009 (Form 8396, line 14)				
c Mortgage interest credit from 2008 (Form 8396, line 16)				
d Certificate credit rate (Form 8396, line 2)				%
e Address of home claiming mortgage interest credit on Form 8396 if different from your personal address: _____ _____				
16 District of Columbia first-time homebuyer credit from 2010 (Form 8859, line 4)				
17 Minimum tax credit carryforward to 2011 (Form 8801, line 28)				
18 Residential energy efficient property credit from 2010 (Form 5695, line 28)				
OTHER CARRYOVERS				
19 Section 179 carryover from 2010 (Form 4562, line 13)				
20 Excess 2010 foreign housing deduction carryover:				
a Amount from Form 2555, Taxpayer's copy — line 46				
b Amount from Form 2555, Taxpayer's copy — line 48				
c Amount from Form 2555, Spouse's copy — line 46				
d Amount from Form 2555, Spouse's copy — line 48				
CHARITABLE CONTRIBUTION CARRYOVERS				
21 Carryover of charitable contributions from:	Cash and Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2010				
b 2009				
c 2008				
d 2007				
e 2006				

Foreign Tax Credit Carryovers from 2010

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FIRST FORM 1116				
<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
Carryover to 2011				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
Carryover to 2011				

SECOND FORM 1116				
<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
Carryover to 2011				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2001				
2002				
2003				
2004				
2005				
2006				
2007				
2008				
2009				
2010				
Carryover to 2011				

Tax History

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	2007	2008	2009	2010
Filing status				
Total income				
Adjustments to income				
Adjusted gross income				
Tax expense				
Interest expense				
Contributions				
Miscellaneous deductions				
Other itemized deductions				
Total itemized/standard deduction				
Exemption amount				
Taxable income				
Tax				
Alternative minimum tax				
Total credits				
Other taxes				
Payments				
Form 2210 penalty				
Amount owed				
Applied to next year's estimated tax				
Refund				
Effective tax rate %				
Tax bracket %				

State Information Worksheet

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GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	Taxpayer	Spouse
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

	Yes	No
8 Did you file a state return for 2010?	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded <input type="checkbox"/>	b Apply to 2012 estimates <input type="checkbox"/>	c Apply to 2012 taxes <input type="checkbox"/>
12 Additional state information: _____		

Firm Information

Firm Name	_____	Firm #	_____
Address	_____		
City	_____	State	_____ ZIP Code _____

Employer ID# (EIN) _____ Foreign Country _____
Phone _____ Print phone number on return? Yes ☐ No ☐
Fax _____ Firm E-mail _____

For NM, OR Firms Only: State ID# _____

Electronic Filing Only: Electronic Filing Identification # (EFIN) _____ (See Help)

Efile Contact Name (First) _____ (Last) _____

Preparer / Electronic Return Originator (ERO) Information

► Preparer Code _____ Associated with Firm # _____ Print name in signature area? ☐
Preparer Name _____ Self-employed? ☐
Social Security # _____ Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____

Electronic Filing Only: (See Help for additional details) ERO Practitioner PIN _____

Electronic Filing Identification # (EFIN) _____ Enter EFIN if not using Firm EFIN.

Efile Contact Name (First) _____ (Last) _____

► Preparer Code _____ Associated with Firm # _____ Print name in signature area? ☐
Preparer Name _____ Self-employed? ☐
Social Security # _____ Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____

Electronic Filing Only: (See Help for additional details) ERO Practitioner PIN _____

Electronic Filing Identification # (EFIN) _____ Enter EFIN if not using Firm EFIN.

Efile Contact Name (First) _____ (Last) _____

Additional Firm Information

ProSeries allows you to enter additional firms in specific circumstances. You must call Customer Service at 1-800-374-7317 during business hours to enter additional firms.

Firm Name	_____	Firm #	_____
Address	_____		
City	_____	State	_____ ZIP Code _____

Employer ID# (EIN) _____ Foreign Country _____
Phone _____ Print phone number on return? Yes ☐ No ☐
Fax _____ Firm E-mail _____

For NM, OR Firms Only: State ID# _____

Electronic Filing Only: Electronic Filing Identification # (EFIN) _____ (See Help)

Efile Contact Name (First) _____ (Last) _____

Firm Name	_____	Firm #	_____
Address	_____		
City	_____	State	_____ ZIP Code _____

Employer ID# (EIN) _____ Foreign Country _____
Phone _____ Print phone number on return? Yes ☐ No ☐
Fax _____ Firm E-mail _____

For NM, OR Firms Only: State ID# _____

Electronic Filing Only: Electronic Filing Identification # (EFIN) _____ (See Help)

Efile Contact Name (First) _____ (Last) _____

Client Status**2011**

Name

Social Security Number

Client Status ▶ _____ **Status Date** ▶ _____
Client Number ▶ _____

Check the appropriate box or enter a date below to indicate the current client's status:
The last box checked will be the current status.

Date

<input type="checkbox"/>	Client information transferred to current year organizer	_____
<input type="checkbox"/>	Organizer sent to client	_____
<input type="checkbox"/>	Organizer returned by client	_____
<input type="checkbox"/>	Appointment scheduled for (time and date) ▶ _____	_____
<input type="checkbox"/>	Client data reviewed	_____
<input type="checkbox"/>	Organizer transferred to 1040	_____
<input type="checkbox"/>	Specify other status	_____

Current Year Comments (See Help):

Permanent Comments (See Help):

Use this form to select the billing option(s) you would like to have available for all of your clients. You may add or change this information for any client by accessing Client-Specific Billing Options from within the client's file. See Help for additional information.

1 Tax Preparation Fees

Federal Tax Preparation Fees:	Amount
<input type="checkbox"/> Flat fee description: _____	_____
<input type="checkbox"/> Preparer electronic filing fee	_____

State Tax Preparation Fees:	Amount
State ID _____	
<input type="checkbox"/> Flat fee description: _____	_____
<input type="checkbox"/> Preparer electronic filing fee	_____
<input type="checkbox"/> Misc. description: _____	_____
State ID _____	
<input type="checkbox"/> Flat fee description: _____	_____
<input type="checkbox"/> Preparer electronic filing fee	_____
<input type="checkbox"/> Misc. description: _____	_____

2 Hourly Charges

<input type="checkbox"/> Hourly rate	Description	Hourly Rate
Rate 1	_____	_____
Rate 2	_____	_____
Rate 3	_____	_____
Rate 4	_____	_____

3 Per Form Charges

☐ Per Form Charge
To assign form rates, first open a return. Then select Rates per Form option under Billing from the Tools menu and enter your rates. You will need to do this in every product.

- a ☐ Do **not** list forms on invoice.
- b ☐ List **all** forms in return *and* include the charges.
- c ☐ List **all** forms in return *but* do **not** include the charges.
- d ☐ List **only** forms charged for in return *and* include the charges.
- e ☐ List **only** forms charged for in return *but* do **not** include the charges.

☐ Check to include a page break on the final invoice. This break will appear between the invoice amounts and the listing of forms/charges.

4 Miscellaneous Fees and Adjustments (Enter as a positive or negative amount.)

<input type="checkbox"/>	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 Discount (Enter as a positive number.)

☐ Discount is applied to total fees. Enter either a percentage or an actual amount.
Description for invoice: _____

Discount percentage %
Or
Discount amount

6 Sales Tax

☐ Sales tax charged on total fees
Sales tax rate %

7 Standard Paragraph (Enter text to appear on the invoice.)

