

2011 Demographics

Taxpayer										Spouse																								
Filing status	1																																	
SSN	2									SSN	22																							
First name	3							MI	4	First name	23							MI	24															
Last name	5							Suffix	6	Last name	25							Suffix	26															
Date of birth	7					DOD	8					Date of birth	27					DOD	28															
Occupation	9											Occupation	29																					
Phone number					Extension					Phone number					Extension																			
Daytime	10						11					Daytime	30						31															
Evening	12						13					Evening	32						33															
Cell	14											Cell	34																					
Best time to call	15					Print on return	16					Best time to call	35					Print on return	36															
E-mail/text	17											E-mail/text	37																					
18	Dependent of another	19	Full-time student							38	Dependent of another	39	Full-time student																					
20	Presidential campaign	21	Blind							40	Presidential campaign	41	Blind																					
In care of										42											Apt #													
Street address										43											44		Return Options											
City										45											Firm #		57											
U.S. Address Only:										State	46					ZIP	47					Preparer #		58										
Stateside military address										48											Data Entry #		59											
Foreign Address Only:										Province/State	49					ERO #		60																
Postal Code										50					Fed		ST																	
Country										51											Estimated tax		61					62						
Resident state										53											Overpayment code		63					64						
Resident city										54											Invoice number		65											
County										55											Fee override		66											
School dist										56											2210 Options													
Miscellaneous Codes																				2210 Code		67												
Code 1										70					Code 3	72					Code 5	74					2010 Fed tax		68					
Code 2										71					Code 4	73					2010 State tax		69											

Direct Deposit Information

Account #1										Federal deposit amount										3																			
Deposit selection: Federal selection										1	State/City selection										2	State deposit amount										4							
Name of financial institution										RTN										Account number										Type of account									
5										6										7										8	Chkng	9	Svgs						
CAUTION: The additional account information below is ONLY necessary if you are depositing the federal refund into multiple accounts or using a separate account for any state refund.																																							
Account #2										Federal deposit amount										16																			
Deposit selection: Federal selection										14	State/City selection										15	State deposit amount										17							
Name of financial institution										RTN										Account number										Type of account									
18										19										20										21	Chkng	22	Svgs						

2011 Dependent Information

Dependent First name	MI	Last name (if different)	Suffix	SSN	Relationship	Months in home	Date of birth			
1	2	3	4	5	6	7	8			
Qualifying childcare expenses incurred and paid in 2011		9								
Portion of qualifying childcare expenses provided by employer		10								
Current year qualifying educational expenses for American Opportunity Credit		11		TSJ	14					
Current year qualifying educational expenses for Lifetime Learning Credit		12		State	15					
Current year qualifying expenses to force the tuition and fee deduction		13		State codes	16	Yes	No	Don't know		
17	Not eligible for EIC		Yes	No	13a	Could another person qualify to claim this child?		22	23	
10	Is child unmarried OR married and can be claimed as the taxpayer's dependent, and is not filing a joint return?		18	19	13b	Child's relationship to the other person		24		
11	Did the child live with the taxpayer in the U.S. for over half of the year?		20	21	13c	If the tiebreaker rules apply, would the child be treated as the taxpayer's qualifying child?		25	26	27
28	Over 18 and a student	32	Child lived with you		35	Not a dependent				
29	Over 18 and disabled	33	Child did NOT live with you due to divorce or separation		36	Not a dependent - HOH qualifier				
30	Not eligible for Child Tax Credit	34	Other dependent		37	Do NOT update to next year				
31	Not U.S. citizen or resident alien									

Dependent First name	MI	Last name (if different)	Suffix	SSN	Relationship	Months in home	Date of birth			
1	2	3	4	5	6	7	8			
Qualifying childcare expenses incurred and paid in 2011		9								
Portion of qualifying childcare expenses provided by employer		10								
Current year qualifying educational expenses for American Opportunity Credit		11		TSJ	14					
Current year qualifying educational expenses for Lifetime Learning Credit		12		State	15					
Current year qualifying expenses to force the tuition and fee deduction		13		State codes	16	Yes	No	Don't know		
17	Not eligible for EIC		Yes	No	13a	Could another person qualify to claim this child?		22	23	
10	The child is unmarried OR married and can be claimed as the taxpayer's dependent, and is not filing a joint return?		18	19	13b	Child's relationship to the other person		24		
11	Did the child live with the taxpayer in the U.S. for over half of the year?		20	21	13c	If the tiebreaker rules apply, would the child be treated as the taxpayer's qualifying child?		25	26	27
28	Over 18 and a student	32	Child lived with you		35	Not a dependent				
29	Over 18 and disabled	33	Child did NOT live with you due to divorce or separation		36	Not a dependent - HOH qualifier				
30	Not eligible for Child Tax Credit	34	Other dependent		37	Do NOT update to next year				
31	Not U.S. citizen or resident alien									

2011 Form 2441 - Child & Dep Care Expenses

F												
Provider's information												
SSN/EIN	2	3	EIN			Amount			2010 Amount			
Name	4				9							
Address	5					State Information:		Phone	Misc	TSJ	ST	
City	6	7	8	10		11	12	13				
SSN/EIN	14	15	EIN			Amount			2010 Amount			
Name	16				21							
Address	17					State Information:		Phone	Misc	TSJ	ST	
City	18	19	20	22		23	24	25				
SSN/EIN	26	27	EIN			Amount			2010 Amount			
Name	28				33							
Address	29					State Information:		Phone	Misc	TSJ	ST	
City	30	31	32	34		35	36	37				
SSN/EIN	38	39	EIN			Amount			2010 Amount			
Name	40				45							
Address	41					State Information:		Phone	Misc	TSJ	ST	
City	42	43	44	46		47	48	49				
SSN/EIN	50	51	EIN			Amount			2010 Amount			
Name	52				57							
Address	53					State Information:		Phone	Misc	TSJ	ST	
City	54	55	56	58		59	60	61				
SSN/EIN	62	63	EIN			Amount			2010 Amount			
Name	64				69							
Address	65					State Information:		Phone	Misc	TSJ	ST	
City	66	67	68	70		71	72	73				
* Fill in the Name, SSN, and Amount fields ONLY if you have a carryover.												
9	*Name of qualifying person		74									
	*SSN of qualifying person		75									
	*Amount		76				Taxpayer			Spouse		
12	Employer-provided dependent care benefits received in 2011					77			78			
13	Amount carried over from 2010 and used in 2011 during the grace period					79			80			
14	Amount forfeited, if any					81			82			
16	Amount of qualifying expenses incurred in 2011					83			84			
4, 5, 18, 19	Earned income for 2441 purposes ONLY					85			86			
22	Amount of line 14 that is from your sole proprietorship or partnership					87			88			

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2011 Form 8867 - EIC Checklist

Questions Required to be Completed by the Preparer		
Part I - All Taxpayers		Yes No
5a	Were you a nonresident alien for any part of the year?	1 2
7	Could you, or your spouse if filing jointly, be a qualifying child of another person for the year?	3 4
Part II - Taxpayers With a Child		
Form 8867, Part II questions must be answered for each dependent on screen 2, Dependents.		
Part III - Taxpayers Without a Qualifying Child		Yes No
16	Was your main home, and the main home of your spouse if filing jointly, in the U.S. for more than half the year?	5 6
18	Are you, or your spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year?	7 8
Part IV - Paid Preparer Due Diligence Requirements (to be answered by the preparer)		Yes No
20	Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?	9 10
22	Did you comply with the knowledge requirements?	11 12
23	Did you keep: (1) Form 8867; (2) the EIC worksheet; and (3) a record of how, when, and from whom the information used to prepare the form and worksheet(s) were obtained?	13 14
Form 8862 - Information to Claim Earned Income Credit After Disallowance		
Was EIC claimed on a tax return after 1996 that was reduced or disallowed for any reason other than a math or clerical error and:		
1. The taxpayer meets all the requirements and wants to claim EIC on the current year return, and		
2. Form 8862 has not been filed and EIC allowed to be claimed since the reduction or disallowance for a reason other than a math or clerical error, and		
3. EIC has not been reduced or disallowed since the filing of Form 8862 for any reason other than a math or clerical error?		Yes No
If "Yes," Form 8862 should be filed with the tax return.		15 16
EIC Calculation Overrides		
Additional EIC Information		
EIC Blocker - Enter NO if they do not qualify for EIC		17
6	Investment Income	18
Important Note regarding Combat Pay and EIC		
To override the amount of combat pay from the W-2 included in the EIC calculation, go to the 8812 screen and enter the desired amount in the 'Combat Pay (Applicable to Additional Child Tax Credit and EIC)' field, and check the 'Include Combat Pay in EIC Calculation' box.		

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2011 Income

F	1	ST	2	City	3				
Description						Taxpayer		Spouse	
						2010	2011	2010	2011
7	Taxable scholarships not reported on W-2					4		5	
7	Other income reported on line 7 (NOT W-2 wages)					6		7	
	8	Household income			9	Prisoner income			
8a	Interest income (NO schedule B required)					10		11	
8b	Tax-exempt interest (NO schedule B required)					12		13	
9	Dividend income (NO schedule B required)					14		15	
10	Taxable refunds: State taxes					16		17	
	Local taxes					18		19	
11	Alimony received					20		21	
15a	IRA distributions received (no 1099 received)					22		23	
15b	Taxable portion of IRA distributions above					25		26	
	24	Early distribution, calculate penalty							
16a	Pension distributions received (no 1099 received)					27		28	
16b	Taxable portion of pensions above					30		31	
	29	Early distribution, calculate penalty							
19	Unemployment compensation (enter the full amount from Form 1099-G, Box 1)					32		33	
	Portion of above unemployment repaid in 2011					34		35	
20a	Net Social Security benefits received for 2011					36		37	
	Lump-sum benefits for earlier years - TOTAL received					38		39	
	Lump-sum benefits for earlier years - TAXABLE portion					40		41	
	Net railroad Social Security equivalent Tier 1 benefits received for 2011					42		43	
21	Other income				44	46		47	
		45	Form 8615 Investment Income						
	48						50		51
		49	Form 8615 Investment Income						
	52						54		55
		53	Form 8615 Investment Income						
	NOL					56		57	
	Real estate tax recovery					58		59	
	Personal property rental income					60		61	
	Gambling winnings					62		63	
	Alaska permanent fund					64		65	

2011 Adjustments

F	1	ST	2	City	3				
Description						Taxpayer		Spouse	
						2010	2011	2010	2011
23	Educator expenses					4			5
28	SEP and/or SIMPLE contributions					6			7
	KEOGH contribution to defined-contribution plan					8			9
	KEOGH contributions to defined-benefit plan					10			11
29	Self-employed health insurance deduction					12			13
30	Penalty on early withdrawal of savings					14			15
31	Alimony paid (name information for state use)								
First name						Last name		SSN	
16						17		18	
21						22		23	
32	Deductible IRA					26			27
33	Student loan interest deduction					28			29
36	Jury pay given to employer included in income above					30			31
	Forestation or reforestation expenses					32			33
	Repaid sub-pay previously reported					34			35
	Contributions to section 501(c)(18) pension plan					36			37
	Expenses from casual rental of personal property					38			39
	Whistleblower fees					40			41
	Contributions by certain chaplains to section 403(b) plans					42			43
	Certain fees and costs for actions involving unlawful discrimination claims					44			45
Other (not eligible for EF if used)									
Description						46		47	48

2011 Credits, Other Taxes, Payments

Taxes:		2010	2011
43	Capital Construction Fund deposits		1
44	Recapture of Education Credit		2
	Section 962 Election		3
	Section 197(f)(9)(B)(ii) Election		4
Credits:			
47	Foreign Tax Credit (No 1116 required)		5
53c	Other credits Form ⁶		7
Other Taxes:			
57	RRTA tax on unreported RRTA tip income		8
60	Excess Golden Parachute payments		9
	Nonqualified CCF withdrawals		10
	Nonqualified deferred compensation plan additional tax		11
	Recapture Employer-Provided Childcare Facilities and Service Credit		12
	Recapture Indian Employment Credit		13
	Recapture New Markets Credit		14
	Recapture Qualified Electric Vehicle Credit		15
	Recapture Low-Income Housing Credit		16
	Section 72(m)(5) Excess benefits tax		17
	Section 72(p) tax		18
	Section 453(l)(3)		19
	Section 453A(c)		20
	Section 1260(b)		21
	Uncollected Social Security/Medicare/RRTA tax		22
	Recapture of a charitable deduction of a fractional interest in tangible personal property		23
	Form 8697 - Interest computation under the look-back method		24
	COBRA premium assistance received in 2011		25
	Recapture Plug-in Electric Drive Motor Vehicle Credit		26
	Recapture Alternative Motor Vehicle Credit		27
	Recapture Alternative Fuel Vehicle Refueling Property Credit		28
	Excise tax on insider stock compensation from an expatriated corporation		29
	Section 457A		30
Payments:			
62	1099 federal withholdings not reported elsewhere		31
63	Estimated tax payments for tax year 2011		32
69	Excess Social Security and Tier-1 RRTA tax withheld		33
71	Other payments Form ³⁴		35
76	Estimated tax penalty		36

2011 Form W-2 - Wage and Tax Statement

TS	F	Special Tax Treatment	Employer's Fed ID Number	2010	2011	2010	2011				
Employer's name, address, city, state, ZIP code				1 Wages, Tips, etc.	17	2 Federal tax w/h	18				
				3 Soc Sec Wages	19	4 S.S. tax w/h	20				
				5 Medicare Wages	21	6 Medicare tax w/h	22				
				7 Soc Sec Tips	23	8 Allocated tips	24				
						10 Dep. care benefit	26				
Employee's name/address (if different)				11 Non-qual plans	27	12 Code	Amount	Year			
				Statutory Employee	41	Retirement plan	42	Sick pay	28	29	30
				14 Other	43				31	32	33
					46				34	35	36
State	State ID #	2010 State wages	2011 State wages	2010 State tax	2011 State tax	2010 Local wages	2011 Local wages	2010 Local tax	2011 Local tax	Locality	
49	50		51		52		53		54	55	
56	57		58		59		60		61	62	
63	64		65		66		67		68	69	
Was this W-2 altered or handwritten? (non-standard)				78	Corrected W-2						

TS	F	Special Tax Treatment	Employer's Fed ID Number	2010	2011	2010	2011				
Employer's name, address, city, state, ZIP code				1 Wages, Tips, etc.	17	2 Federal tax w/h	18				
				3 Soc Sec Wages	19	4 Soc Sec tax w/h	20				
				5 Medicare Wages	21	6 Medicare tax w/h	22				
				7 Soc Sec Tips	23	8 Allocated tips	24				
						10 Dep. care benefit	26				
Employee's name/address (if different)				11 Non-qual plans	27	12 Code	Amount	Year			
				Statutory Employee	41	Retirement plan	42	Sick pay	28	29	30
				14 Other	43				31	32	33
					46				34	35	36
State	State ID #	2010 State wages	2011 State wages	2010 State tax	2011 State tax	2010 Local wages	2011 Local wages	2010 Local tax	2011 Local tax	Locality	
49	50		51		52		53		54	55	
56	57		58		59		60		61	62	
63	64		65		66		67		68	69	
Was this W-2 altered or handwritten? (non-standard)				78	Corrected W-2						

W2
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W2
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2011 Form 1099-M

For ¹	Multi-Form Code ²	TS ³	F ⁴	2010		2011	
Payer's Federal ID number ⁵				1 Rents		18	
Payer's name, address, city, state, ZIP code ⁶				2 Royalties		19	
				3 Other income		20	
				Description ²¹			
				Report on Form 8615 ²²			
				4 Federal tax withheld		23	
Recipient's name and address (if different) ¹⁰ ¹¹				5 Fishing boat proceeds		24	
				6 Med & health care payments		25	
				7 Non-employee compensation		26	
				8 Substitute payments		27	
				9 ²⁸ Payer made direct sales of \$5,000 or more of consumer products			
15a Section 409A deferrals				10 Crop insurance proceeds		29	
15b Section 409A income				13 Excess golden parachute		30	
				14 Gross attorney proceeds		31	
				Taxable proceeds		32	
16 State tax withheld		17 ST		18 State income		For 8919	
2010		2011		2010		2011	
35		36		37		38	
39		40		41		42	
Local tax withheld		City		Local income		Reason	
2010		2011		2010		2011	
43		44		45		46	
47		48		49		50	
						51	
						52	
						Date Received	

SSA-1099 - Social Security Benefit Statement

TS ¹	F ²	ST ³					
5 Net benefits			4		Medicare premiums deducted		5
6 Federal income tax withheld			6		Designate Social Security Benefits as:		7

SSA-1099 - Social Security Benefit Statement

TS ¹	F ²	ST ³					
5 Net benefits			4		Medicare premiums deducted		5
6 Federal income tax withheld			6		Designate Social Security Benefits as:		7

W-2G - Gambling Income

	TS	F	Federal I.D. #	Payer Name	Street Address	City	ST	Zip
#1	¹	²	³	⁴	⁵	⁷	⁸	⁹
#2	¹	²	³	⁴	⁵	⁷	⁸	⁹
#3	¹	²	³	⁴	⁵	⁷	⁸	⁹
	Gross winnings		Federal tax w/h	Type of wager	Date won	State	State I.D. #	State tax w/h
#1	¹⁶		¹⁷	¹⁸	¹⁹	²⁷	²⁸	²⁹
#2	¹⁶		¹⁷	¹⁸	¹⁹	²⁷	²⁸	²⁹
#3	¹⁶		¹⁷	¹⁸	¹⁹	²⁷	²⁸	²⁹

2011 Form 1099-R

TS	F	Pension type	Corrected				
Payer's Federal ID number				1	Gross distribution		18
				2a	Taxable amount		19
Payer's name, address, city, state, ZIP code				2b	Taxable amount not determined	20	Total distribution
				3	Capital gain included in box 2a		21
				4	Federal tax withheld		22
				5	Employee contribution or Insurance Premium		23
				6	Unrealized appreciation		24
Recipient's name and address (if different)				7	Distribution code	26	IRA/SEP/Simple
				8	Other	28	Percentage
				9a	Your percent of total distribution		29
				9b	Total employee contributions		30
10	Amount allocable to IRR within 5 years		12	State tax withheld 2010 2011		13	State Payer ST number
		32			34	35	36
					38	39	40
11	First year of Roth Contribution		15	Local tax withheld 2010 2011		16	City Locality name
		33			43	44	45
					47	48	49
Account number		42					
Additional Information for this Distribution				Rollover Information			
51	1099-R for disability?		57	Exclude from income - rolled over into another qualified plan			
52	If so, reported as wages on the 1040?		58	Partial rollover amount			
53	Carry this entry to Form 5329 and compute 10% penalty		59				Many states require date of retirement
54	Exclude from income - reported on Form 4972		60				
55	Exclude from income - reported on Form 8606		61				Percent Amount
56	Was this 1099-R altered or handwritten?		62		63		
		Portion of 1099-R to exclude on state					
		Portion of 1099-R NOT qualifying for state exclusion					

2011 Form 1099-R - Special Tax Treatment

Simplified General Rule Worksheet (Worksheet will override box 2a)							
2	Cost in plan at starting date plus any death benefit excl:		1	5		Number of monthly payments during 2011 (12 is assumed)	
3		Age (or combined ages) at annuity starting date		2	6		
3		Payments are for taxpayer's life and that of beneficiary (Mark only if payments began after Nov 18, 1996)		6			
4		Special rule computation:		4	7	8	After Nov. 18, 1996
9		Qualified Charitable Distributions		11		Public Safety Officers Insurance Premiums	
		Box 2 100% QCD up to \$100,000		11		Box 2 100% HFD	
		Box 2 partial QCD up to \$100,000		12		13	
				10			

2011 Sch B - Interest Income

TSJ	¹	F	²	ST	³	City	⁴	Name of payer	⁵	
1	Interest income							6	Foreign tax paid	
2	Early withdrawal penalty							7	Foreign country	
3	U.S. government interest							8	Tax-exempt interest	
4	Federal tax withheld							9	Private activity bond interest	
5	Investment expenses									
Amount that is:										
					Amount			Amount		
Nominee interest							15	Amortizable bond premium		20
Accrued interest							16	State tax-exempt interest (taxable for federal)		21
Non-taxable OID interest							17	U.S. savings bond interest previously reported		22
Foreign interest							18	Interest from a frozen account		23

¹⁹ 1116 NOT required

Amount of Box 8 above that is:

Resident state municipal interest	²⁴	Other state municipal interest	²⁶	Other tax-exempt interest	²⁸
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Form 1116 / FTC Information

Type of income	³⁰	Date paid or accrued	³¹	³²	Accrued	FTC	³³
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Seller-financed mortgage interest

³⁴	Interest from seller financed mortgage	Payer SSN	³⁵	Payer address	³⁶
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Schedule B Part III Foreign Account Questions (Enter on the first 1099-INT only)

³⁷	Foreign bank account	³⁸	Required to file Form TD F 90-22.1	³⁹	Foreign trust	Foreign country	⁴⁰
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TSJ	¹	F	²	ST	³	City	⁴	Name of payer	⁵	
1	Interest income							6	Foreign tax paid	
2	Early withdrawal penalty							7	Foreign country	
3	U.S. government interest							8	Tax-exempt interest	
4	Federal tax withheld							9	Private activity bond interest	
5	Investment expenses									
Amount that is:										
					Amount			Amount		
Nominee interest							15	Amortizable bond premium		20
Accrued interest							16	State tax-exempt interest (taxable for federal)		21
Non-taxable OID interest							17	U.S. savings bond interest previously reported		22
Foreign interest							18	Interest from a frozen account		23

¹⁹ 1116 NOT required

Amount of Box 8 above that is:

Resident state municipal interest	²⁴	Other state municipal interest	²⁶	Other tax-exempt interest	²⁸
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Form 1116 / FTC Information

Type of income	³⁰	Date paid or accrued	³¹	³²	Accrued	FTC	³³
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Seller-financed mortgage interest

³⁴	Interest from seller financed mortgage	Payer SSN	³⁵	Payer address	³⁶
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Schedule B Part III Foreign Account Questions (Enter on the first 1099-INT only)

³⁷	Foreign bank account	³⁸	Required to file Form TD F 90-22.1	³⁹	Foreign trust	Foreign country	⁴⁰
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INT
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2011 Sch B - Dividend Income

TSJ	F	ST	City	Name of payer	Total		Foreign Amount	
					2010	2011	2010	2011
1a Ordinary dividends								
b Qualified dividends								
2a Total capital gain distribution								
b 25% rate (Unrecaptured section 1250 gain)								
c 14% rate (Section 1202 Small Business Stock)								
d Collectibles (28%) gain								
3 Nontaxable distributions (No entry required. See Pub 550, page 21)								
4 Federal income tax withheld								
5 Investment expenses								
Form 1116 / FTC Information								
6 Foreign tax paid								1116 NOT required
7 Foreign country								
Type of income				Date paid or accrued			Accrued	FTC
							Amount	Percent
Percent of lines 1 and 2 that are nominee dividends and capital gains								
Dividends included in Box 1a that are NOT taxable on the state **								
Dividends included in Box 1a that are US Government dividends								
**Do NOT include the "US Government dividend" portion on the "NOT taxable on state" line.								

DIV
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TSJ	F	ST	City	Name of payer	Total		Foreign Amount	
					2010	2011	2010	2011
1a Ordinary dividends								
b Qualified dividends								
2a Total capital gain distribution								
b 25% rate (Unrecaptured section 1250 gain)								
c 14% rate (Section 1202 Small Business Stock)								
d Collectibles (28%) gain								
3 Nontaxable distributions (No entry required. See Pub 550, page 21)								
4 Federal income tax withheld								
5 Investment expenses								
Form 1116 / FTC Information								
6 Foreign tax paid								1116 NOT required
7 Foreign country								
Type of income				Date paid or accrued			Accrued	FTC
							Amount	Percent
Percent of lines 1 and 2 that are nominee dividends and capital gains								
Dividends included in Box 1a that are NOT taxable on the state **								
Dividends included in Box 1a that are US Government dividends								
**Do NOT include the "US Government dividend" portion on the "NOT taxable on state" line.								

2011 Sch A - Itemized Deductions

TSJ	F	ST	City	Force itemized	Force standard	
Medical and Dental	1 Health insurance premiums					7
	Long-term care premiums					8
	Number of medical miles before 7/1					9
	Number of medical miles after 6/30					10
	Other medical and dental expenses					11
Taxes You Paid	5 Income taxes					12
	General sales tax - See STAX screen					13
	6 Real estate					14
	Taxes that qualify for State Property Tax Credit					15
	7 Personal property					16
	8 Other			17		18
				19		20
Interest You Paid	10 Home mortgage interest and points reported on Form 1098					21
	11 Not on 1098	Name	22	SSN/EIN	23	
		Address	24			25
	Portion of lines 10 and 11 that is home equity interest					26
	12 Points not reported on Form 1098					27
	13 Qualified mortgage insurance premiums					28
	14 Investment interest					29
	Gifts to Charity	16 Total gifts by cash or check		30	18 Carryover from prior year subject to:	
30% limitation		31	50% limitation		34	
Charitable miles		32	30% limitation		35	
17 Other than by cash or check		33	30% limitation capital gain property		36	
			20% limitation		37	
Job Expenses and Most Other Misc Deductions	21 Unreimbursed employee expenses:			38		39
				40		41
				42		43
				44		45
	22 Tax preparation fees					46
	23 Other expenses:			47		48
				49		50
Other Misc Deductions	28 Other not subject to 2% limit:			53		54
				55		56

A
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2011 Form 2106 - Employee Business Expenses

TS	1	F	2	ST	3	City	4	Select Form Type:	5		
1a	Rural mail carrier				6	4a Other business expense				9	
2a	Parking, tolls, transportation				7	5b Meals and entertainment				10	
3a	Travel away from home				8	DOT meals (subject to 80% limit)				11	
Reimbursements NOT included in Box 1 of Form W-2											
7a	Other business expenses				12	7b Meals and entertainment				13	
Mileage information			Vehicle 1		Vehicle 2		Mileage information (continued)			Yes	No
	Force mileage		14		27		18	Vehicle was available for personal use during off-duty hours		40	41
11	Date placed in service		15		28		19	You or your spouse have another vehicle available for personal use		42	43
12	Total mileage for year		16		29		20	You have evidence to support your deduction		44	45
13	Business miles before 7/1		17		30		21	If yes, the evidence is written		46	47
	Business miles after 6/30		18		31						
15	Daily commuting miles		19		32		Occupation:	48			
16	Total commuting miles		20		33						
Actual expenses			Vehicle 1		Vehicle 2		Portion of total expenses that is for impairment-related work expenses of disabled employee			49	
	Force expenses		21		34		Portion of total expenses that is for Armed Forces reservist			50	
23	Taxes		22		35						
23	Gas, oil, insurance, etc		23		36		51	Qualifying performing artist			
24a	Vehicle rentals		24		37		52	Fee-based state or local government official			
24b	Inclusion amount		25		38		53	Pastor - carry 2106 amount to CLGY worksheet			
25	Employer vehicle value		26		39						

Form 1098 - Mortgage Interest

TSJ	1	For:	2	(A, C, E, F, 4835, 8829)
Multi-form:	3	(1-99; 1 is assumed if left blank)		
	4	Not issued in taxpayer's name		
Recipient's/Lender's Information				1 Mortgage interest received
Fed ID #	5			18
Name	6			2 Points paid on purchase of principal residence
Address	7			19
City, State, ZIP	8	9	10	3 Refund overpaid interest
Payer's/Borrower's Information (if different)				*Enter taxable amount on Form 1040, line 21
Name	11	12		4 Mortgage insurance premiums
Address	13			20
City, State, ZIP	14	15	16	21
Account number (optional)				5
17				22
18				23
Explanation of deduction				
24				
Real estate taxes paid				25

2011 4952 - Investment Interest Expense Deduction

TSJ	¹	F	²	ST	³	2010	2011
1							4
2							5
4a							6
4d							7
4e							8
4g							9
5							10
Alternative Minimum Tax Entries for Form 4952							
1							11
1							12
2							13
4a							14

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2011 8283 - Noncash Charitable Contr.

TSJ	¹	F	²	ST	³	
Donee ID			⁴			
Donee organization			⁵			
Donee address			⁶			
Donee city, state, ZIP			⁸	⁹		
Property description			¹⁰			
Valuation method used			¹¹			
Physical condition			¹²			
How acquired			¹³			
Date acquired			Fair market value	¹⁷		
Date contributed			Average security price	¹⁸		
Cost or adjusted basis			Bargain sale price	¹⁹		²⁰ Capital gain property
Property type (if over \$5,000)					²²	Donated property is publicly traded security

Additional information for vehicle donations reported on 1098-C

2	Vehicle Year	²³	Vehicle Mileage	²⁴	6a	³⁴	Goods and Services provided	
	Vehicle make	²⁵			6b	Value of goods and services ³⁵		
	Vehicle model	²⁶			6c	Solely intangible religious benefits ³⁶		
3	VIN or other ID Number	²⁷		Description of goods and services				
4a	²⁸ Vehicle sold in arms-length transaction		³⁷					
4b	Date of Sale							²⁹
4c	Gross Proceeds							³⁰
5a	³¹	Vehicle will not be transferred before completion of improvements			Donor address, city, state, ZIP			
5b	³²	Vehicle will be transferred in furtherance of donee's charitable purpose						
5c	Description of improvements or use			³⁹				
	³³			⁴⁰	⁴¹	⁴²		

Section A Part II Partial Interests and Restricted Use Property

2c	Prior-year donee	⁴³			RESTRICTIONS		Yes	No
	Address	⁴⁴			3a On disposition		⁵²	⁵³
	City, state, ZIP	⁴⁵	⁴⁶	⁴⁷	3b Income rights		⁵⁴	⁵⁵
2d	Place kept	⁴⁸			3c Particular use		⁵⁶	⁵⁷
2e	Person in possession	⁴⁹						
2b(1)	Prior-year deduction claimed	⁵⁰			Override section		⁵⁸	
2b(2)	Deduction claimed this year	⁵¹			Contribution category		⁵⁹	

2011 - Schedule C

TSJ		F		ST		City		Passive Activity Number		
A Profession/product						B Bus. Code				
C Business name								D Empl. ID No.		
E Street address										
City, State, ZIP										
F Accounting method if not cash:				Accrual		Other:				
G		Activity type			Special tax treatment code		You disposed of this business during 2011			
H		You started or acquired this business during 2011					Suppress Schedule C-EZ			
I Did you make any payments in 2011 that would require you to file Form(s) 1099?						Yes		No		
J If "Yes," did you or will you file all required Forms 1099?						Yes		No		
Part I - Income						32b		Some investment is NOT at risk		
1a Merchant card and third party payments from Form 1099-K						Part III - Cost of Goods Sold				
1b Gross receipts/sales not reported on line 1a						33 Inventory valuation method (if not cost)				
1c Statutory Employee Earnings if not reported on Form W-2							54	Lower of cost or market		
2 Returns and allowances plus any "Cash Back" amounts included on line 1a							55	Other		
6 Other income						34 Change in method:			56	Yes
Part II - Expenses						35 Beginning inventory			57	
8 Advertising						36 Purchases less personal			58	
9 Car and truck expenses						37 Cost of labor			59	
10 Commissions and fees						38 Materials and supplies			60	
11 Contract labor						39 Other costs			61	
12 Depletion						41 Ending inventory			62	
13 Depreciation						Part V - Other expenses				
14 Employee benefits						63			64	
15 Insurance						65			66	
16 Interest - mortgage						67			68	
Interest - other						69			70	
17 Legal & professional services						71			72	
18 Office expense						73			74	
19 Pensions/profit sharing						75			76	
20 Rent - vehicle, machinery						77			78	
Rent - other						79			80	
21 Repairs/maintenance						Family health coverage			81	
22 Supplies						Depreciation adjustment (AMT)			81	
23 Taxes and licenses										
24 Travel						Prior unallowed passive operating			82	85
Meals and entertainment						Prior unallowed passive 4797 Pt 1			83	86
25 Utilities						Prior unallowed passive 4797 Pt 2			84	87
26 Wages										

2011 Auto Expense Worksheet

For	¹	MFC	²					
Description	³							
Date placed in service	⁴						Yes	No
You/your spouse have another vehicle available for personal use							⁵	⁶
Your vehicle was available for use during off-duty hours							⁷	⁸
You have evidence to support your deduction							⁹	¹⁰
If yes, the evidence is written							¹¹	¹²
Current-Year Mileage		2010	2011					
Business before 7/1			¹³					
Business after 6/30			¹⁴					
Commuting			¹⁵					
Other			¹⁶					
¹⁷	Force mileage							
Expenses		2010	2011		2010	2011		
Garage rent			¹⁸	Repairs		²⁷		
Gas			¹⁹	Tires		²⁸		
Insurance			²⁰	Tolls		²⁹	Apply business use %	
Licenses			²¹	Other expenses				
Oil			²²	³⁰		³¹	³²	
Parking fees			²³	³³		³⁴	³⁵	
Rental fees			²⁴	³⁶		³⁷	³⁸	
Interest			²⁵	Force expenses	³⁹			
Property Tax			²⁶					
Prior Year(s) Mileage			For splitting					
Business	⁴⁰		TSJ	⁴²				
Total	⁴¹							

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Form 8829 - Office in Home

For ¹	MFC ²					
Part I					2010	2011
1	Square feet of home used exclusively for business				³	
2	Total square feet of home				⁴	
Day Care Facilities Only						
1	Area used part-time for business				⁵	
4	Total hours used (daycare facilities not used exclusively)				⁶	
5	Total hours available (default = 365 days x 24 hours = 8760)				⁷	
7	Special computation for certain daycare facilities where some of the home was used exclusively for the day care and some of the home was used partially for the day care				⁸	
Part II						
8	Gross income from business				⁹	
	2010	Direct	2011	2010	Indirect	2011
9	Casualty losses			¹⁰	¹¹	<input type="checkbox"/> ²⁸ Do not carry personal portion of interest & taxes to Schedule A.
10	Deductible mortgage interest			¹²	¹³	
11	Real estate taxes			¹⁴	¹⁵	
16	Excess mortgage interest			¹⁶	¹⁷	
17	Insurance			¹⁸	¹⁹	
18	Rent			²⁰	²¹	
19	Repairs and maintenance			²²	²³	
20	Utilities			²⁴	²⁵	
21	Other expenses			²⁶	²⁷	
24	Carryover of operating expenses from 2010				²⁹	
28	Excess casualty losses (see IRS instructions)				³⁰	
30	Carryover of casualty and depreciation from 2010				³¹	
Part III						
36	Smaller of basis or FMV	³²	Value of land		³³	
40	Depreciation percentage				³⁴	
	or date placed in service (percentage will be automatic)				³⁵	
	Date taken out of service				³⁶	
41	Depreciation allowable				³⁷	
³⁸	TSJ for splitting only					

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2011 Sch E - Rent & Royalty Income

TSJ	F	ST	City	Passive Activity Number
Property description for reporting			Activity type	
A Did you make any payments in 2011 that would require you to file Form(s) 1099?			Yes	No
B If "Yes," did you or will you file all required Forms 1099?			Yes	No
Street Address				
City, state, ZIP				
1 Single Family Residence	2 Multi-Family Residence	3 Vacation/Short-Term Rental		
4 Commercial	5 Land	6 Royalties		
7 Self-Rental	8 Other			
2 Fair rental days	Personal use days	Qualified Joint Venture		
If multi-dwelling unit and taxpayer occupies part, enter % occupied by taxpayer				
To use Tax Court method to allocate interest and taxes, check box and enter number of days owned if not 365				
This is your main home or second home		Property was 100% disposed of in 2011		
Some investment is NOT at risk		Propert is a Single Member LLC		
3a Merchant card and third party payments from Form 1099-K				
"Cash back" amounts, processing fees, other non-income items included in line 3a				
3b Payments not reported to you on line 3a				
Direct Expenses 2010		Indirect Expenses 2010		
Direct Expenses 2011		Indirect Expenses 2011		
5 Advertising			18 Depreciation/depletion	
6 Auto & travel			Operating expenses carryover	
7 Cleaning & maintenance			Ownership percent	
8 Commissions				
9 Insurance				Regular Tax
Line 9 includes Private Mortgage Insurance			Prior unallowed passive operating	
10 Legal & professional			Prior unallowed passive 4797 Pt 1	
11 Management fees			Prior unallowed passive 4797 Pt 2	
12 Interest - mortgage				Alternative Minimum Tax
13 Interest - other			Prior unallowed passive operating	
14 Repairs			Prior unallowed passive 4797 Pt 1	
15 Supplies			Prior unallowed passive 4797 Pt 2	
16 Taxes			Depreciation adjustment (AMT)	
17 Utilities				
19 Other expenses: (list)		Direct Expenses 2010	Indirect Expenses 2010	
		2011	2011	

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2011 Schedule D

Form 1099-B - Proceeds from Broker and Barter Exchange Transactions

Form 8949 - Sales and Other Dispositions of Capital Assets

TSJ	¹	F	²	ST	³	City	⁴			
1a	Date of Sale or Exchange							⁵		
1b	Date of Acquisition							⁶		
2	Proceeds from sale of stocks, bonds, or other capital assets							⁷		
3	Cost or other basis							⁸		
4	Federal tax withheld							⁹		
5	Wash sale loss disallowed							¹⁰		
8	Type of gain or loss							¹¹		
9	Description						¹²			
¹³	Check if loss not allowed based on amount in box 2									
Other 8949 Information										
¹⁴	Basis not reported on line 3 or Form 1099-B NOT received									
					Adjustment #1		Adjustment #2		Adjustment #3	
Form 8949 Adjustment Code					¹⁵		¹⁸		²¹	
Adjustment to gain or loss					¹⁶		¹⁹		²²	
AMT Adjustment to gain or loss					¹⁷		²⁰		²³	
AMT Cost Basis					²⁴		²⁵	U.S. Real Property sold by a non-resident		

Sch D - Loss Carryovers and Other Entries

TSJ	¹	ST	²	City	³		
Short Term		2010 Column F		2011 Column F		AMT if different	
4	Gain (loss) 6252, 4684, 6781, and 8824		⁴		⁵		
5	Gain (loss) from partnerships, S corps, estates, trusts		⁶		⁷		
6	Capital loss carryover from 2010		⁸		⁹		
Long Term		2010 Column F		2011 Column F		2010 28% Gain	2011 28% Gain
11	Gain from Form 2439 or Form 6252		¹⁰		¹¹		¹²
12	Gain (loss) from partnerships, S corps, estates, trusts		¹³		¹⁴		¹⁵
13	Capital gain distributions		¹⁶		¹⁷		
14	Capital loss carryover from 2010		¹⁸		¹⁹		
Capital Gain Tax Computation and Withholding				2010		2011	
Unrecaptured section 1250 gain from partnership and S corporation K-1s					²⁰		
19	Federal Schedule D, line 19				²¹		²²
Federal tax withheld from Capital Gains					²³		

2011 Sch R - Credit for the Elderly or Disabled

	Taxpayer		Spouse	
	2010	2011	2010	2011
Taxable disability		1		2
Nontaxable pensions		3		4
If UNDER 65 and you have disability income, complete the following questions:				
You filed a physician's statement for 1983 or an earlier year, or you filed a statement for tax years after 1983, and your physician signed line B on the statement, AND, due to disability, you were unable to engage in any substantial gainful activity in 2011			Taxpayer	Spouse
			(X) 5	6
If the above statement is NOT true, do you have a signed physician's statement that you are keeping for your records?			(X) 7	8

Form 1116 - Foreign Tax Credit

TSJ	FTC				
		Type of income taxed		Resident country	
Part I - Taxable Income/Loss from Outside US					
Country		5			
1a Gross income type		6			
		Regular Tax		Alt Min Tax	
		2010	2011	2010	2011
Gross income from sources within country entered above			7		8
1b	Line 1a compensation is for personal services as an employee, total compensation from all sources is \$250,000 or more, and an alternative basis was used to determine its source.				
2	Expenses definitely related to income		10		11
3 Pro rata share of other deductions not definitely related:					
3a	Certain itemized deductions		12		13
3b	Other deductions		14		15
3d	Total foreign source income		16		17
3e	Gross income from all sources		18		19
4a	Home mortgage interest		20		21
4b	Pro rata interest expense		22		23
5	Losses from foreign sources		24		25
	26	Meets exception for WK_1116D			
Part II - Foreign Taxes Paid or Accrued:				Part III - Figuring the Credit	
Foreign Currency		U.S. Dollars			
2010	2011	2010	2011	10	41
	31	Dividends	32	12	42
	33	Rents/royalties	34	13	43
	35	Interest	36	16	44
	37	Other	38	29	45
	39	Date paid		Carryback/carryover of AMT 1116 Credit	
	40	Date accrued			46

2011 Form 1040-ES - Estimated Tax Payments for 2011 and Overrides for 2012

TSJ ¹	If you filed 1040ES for 2010 with a former spouse, enter that SSN here ⁴⁴				
				Estimated Taxes DUE in 2012	
Estimated Taxes Paid in 2011				Federal:	
Federal:				ES Code ⁴⁵	OP Code ⁴⁶
Date Paid		Amount Paid		Estimate Amount	
2010 Overpayment		²		Overpayment to 2012 ⁴⁷	
1st Quarter	³	⁴	Voucher 1		⁴⁸
2nd Quarter	⁵	⁶	Voucher 2		⁵⁰
3rd Quarter	⁷	⁸	Voucher 3		⁵²
4th Quarter	⁹	¹⁰	Voucher 4		⁵⁴
State/City: ¹¹	Type: ¹²		State/City: ⁵⁶	Type: ⁵⁷	ES Code ⁵⁸ OP Code ⁵⁹
Date Paid		Amount Paid		Estimate Amount	
2010 Overpayment		¹³		Overpayment to 2012 ⁶⁰	
1st Quarter	¹⁴	¹⁵	Voucher 1		⁶¹
2nd Quarter	¹⁶	¹⁷	Voucher 2		⁶³
3rd Quarter	¹⁸	¹⁹	Voucher 3		⁶⁵
4th Quarter	²⁰	²¹	Voucher 4		⁶⁷
State/City: ²²	Type: ²³		State/City: ⁶⁹	Type: ⁷⁰	ES Code ⁷¹ OP Code ⁷²
Date Paid		Amount Paid		Estimate Amount	
2010 Overpayment		²⁴		Overpayment to 2012 ⁷³	
1st Quarter	²⁵	²⁶	Voucher 1		⁷⁴
2nd Quarter	²⁷	²⁸	Voucher 2		⁷⁶
3rd Quarter	²⁹	³⁰	Voucher 3		⁷⁸
4th Quarter	³¹	³²	Voucher 4		⁸⁰
State/City: ³³	Type: ³⁴		State/City: ⁸²	Type: ⁸³	ES Code ⁸⁴ OP Code ⁸⁵
Date Paid		Amount Paid		Estimate Amount	
2010 Overpayment		³⁵		Overpayment to 2012 ⁸⁶	
1st Quarter	³⁶	³⁷	Voucher 1		⁸⁷
2nd Quarter	³⁸	³⁹	Voucher 2		⁸⁹
3rd Quarter	⁴⁰	⁴¹	Voucher 3		⁹¹
4th Quarter	⁴²	⁴³	Voucher 4		⁹³

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