Form ID: INDX

# Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. <u>Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.</u>**



**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**

# Personal Information



Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

| | Taxpayer | Spouse |
|---|---|---|
| Social security number | ____[4] | ____[5] |
| First name | ____[6] | ____[7] |
| Last name | ____[8] | ____[9] |
| Occupation | ____[10] | ____[11] |
| Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) | ____[12] | ____[14] |
| Mark if dependent of another taxpayer | ____[15] | ____[16] |
| Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) | ____[17] | |
| Mark if legally blind | ____[20] | ____[21] |
| Date of birth | ____[22] | ____[23] |
| Date of death | ____[24] | ____[25] |
| Work/daytime telephone number/ext number | ____[26] ____[27] | ____[28] ____[29] |
| Home/evening telephone number | ____[30] | ____[31] |
| Do you authorize us to discuss your return with the IRS? (Y, N) | ____[32] | |

# Present Mailing Address

Address ____[36]
Apartment number ____[37]
City, state postal code, zip code ____[38] ____[39] ____[40]
Foreign country name ____[42]
In care of addressee ____[45]

# Dependent Information

**(*Please refer to Dependent Codes located at the bottom)**

| First Name [46] | Last Name | Date of Birth | Social Security No. | Relationship | Months*** in home | Dep Codes * | Dep Codes ** | Care expenses paid for dependent |
|---|---|---|---|---|---|---|---|---|
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Name of child who lived with you but is not your dependent ____[47]
Social security number of qualifying person ____[48]

**Dependent Codes**

***Basic**
- **1 = Child who lived with you**
- **2 = Child who did not live with you**
- **3 = Other dependent**
- **4 = Claimed under pre-1985 agreement**
- **5 = Qualifying child for Earned Income Credit only**
- **6 = Children who lived with you, but do not qualify for Earned Income Credit**
- **7 = Children who lived with you, but do not qualify for Child Tax Credit**
- **8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit**

****Other**
- **1 = Student (Age 19 - 23)**
- **2 = Disabled dependent**
- **3 = Dependent who is both a student and disabled**

*****Months**
- **77 = Reported on odd year return**
- **88 = Reported on even year return**
- **99 = Not reported on return**

# Client Contact Information



**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) ( Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ____________________[9]

Spouse email address ____________________[10]

| | Taxpayer | Spouse |
|---|---|---|
| Car telephone number | ____________[11] | ____________[19] |
| Fax telephone number | ____________[12] | ____________[20] |
| Mobile telephone number | ____________[13] | ____________[21] |
| Pager number | ____________[14] | ____________[22] |
| Other: | ____________[15] | ____________[23] |
| Telephone number | ____________[16] | ____________[24] |
| Extension | ______[17] | ______[25] |
| Preferred method of contact | | |
| Email, Work phone, Home phone, Fax, Mobile phone, Car phone | ____________[18] | ____________[26] |

## NOTES/QUESTIONS:

# Direct Deposit/Electronic Funds Withdrawal Information



**If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Primary account:

Financial institution routing transit number ______[1]
Name of financial institution ______[2]
Your account number ______[3]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[4]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[5]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[6]
Enter the maximum dollar amount, or percentage of total refund Dollar ______[7] **or** Percent (xxx.xx) ______[8]

Secondary account #1:

Financial institution routing transit number ______[23]
Name of financial institution ______[24]
Your account number ______[25]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[26]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[27]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[28]
Enter the maximum dollar amount, or percentage of total refund Dollar ______[9] **or** Percent (xxx.xx) ______[10]

Secondary account #2:

Financial institution routing transit number ______[29]
Name of financial institution ______[30]
Your account number ______[31]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[32]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[33]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[34]
Enter the maximum dollar amount, or percentage of total refund Dollar ______[13] **or** Percent (xxx.xx) ______[14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

# Refund - U.S. Series I Savings Bond Purchases

**A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.**

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ______[11] **or** Percent (xxx.xx) ______[12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______[15] **or** Percent (xxx.xx) ______[16]
Owner's name (First Last) ______[36] ______[37]
Co-owner or beneficiary (First Last) ______[38] ______[39]
Mark if the name listed above is a beneficiary __[40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ______[19] **or** Percent (xxx.xx) ______[20]
Owner's name (First Last) ______[41] ______[42]
Co-owner or beneficiary (First Last) ______[43] ______[44]
Mark if the name listed above is a beneficiary __[45]

# Electronic Filing



**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing ___[1]
Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N) ___[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account ___[6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.
Taxpayer self-selected Personal Identification Number (PIN) ___________[4]
Spouse self-selected Personal Identification Number (PIN) ___________[5]

**NOTES/QUESTIONS:**

# Estimated Taxes



If you have an overpayment of 2011 taxes, do you want the excess:

Refunded ___[43]

Applied to 2012 estimated tax liability ___[44]

Do you expect a considerable change in your 2012 income? (Y, N) ___[45]

If yes, please explain any differences:

___[46]
___[47]
___[48]
___[49]

Do you expect a considerable change in your deductions for 2012? (Y, N) ___[50]

If yes, please explain any differences:

___[51]
___[52]
___[53]
___[54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) ___[55]

If yes, please explain any differences:

___[56]
___[57]
___[58]
___[59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) ___[60]

If yes, please explain any differences:

___[61]
___[62]
___[63]
___[64]

## 2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + ___[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

| | Date Due | Date Paid if After Date Due | Amount Paid | Calculated Amount |
|---|---|---|---|---|
| 1st quarter payment | 4/18/11 | ___[5] | + ___[6] | ___ |
| 2nd quarter payment | 6/15/11 | ___[7] | + ___[8] | ___ |
| 3rd quarter payment | 9/15/11 | ___[9] | + ___[10] | ___ |
| 4th quarter payment | 1/17/12 | ___[11] | + ___[12] | ___ |
| Additional payment | | ___[13] | + ___[14] | |

**NOTES/QUESTIONS:**

# 2011 State Estimated Tax Payments



Taxpayer/Spouse/Joint (T, S, J) __[1]

**State postal code** ___[2]

Amount paid with 2010 return + ________________[3]

2010 overpayment applied to '11 estimates + ________________[4]

Treat calculated amounts as paid __[8]

| | Date Paid | | Amount Paid | | Calculated Amount |
|---|---|---|---|---|---|
| 1st quarter payment | ____________ | [9] | + ________________ | [10] | ________________ |
| 2nd quarter payment | ____________ | [11] | + ________________ | [12] | ________________ |
| 3rd quarter payment | ____________ | [13] | + ________________ | [14] | ________________ |
| 4th quarter payment | ____________ | [15] | + ________________ | [16] | ________________ |
| Additional payment | ____________ | [17] | + ________________ | [18] | |

# 2011 City Estimated Tax Payments

**City #1**

City name ________________________________[28]

Amount paid with 2010 return + ________________[31]

2010 overpayment applied to '11 estimates + ________________[32]

Treat calculated amounts as paid __[36]

| | Date Paid | | Amount Paid | |
|---|---|---|---|---|
| 1st quarter payment | ____________ | [37] | + ________________ | [38] |
| 2nd quarter payment | ____________ | [39] | + ________________ | [40] |
| 3rd quarter payment | ____________ | [41] | + ________________ | [42] |
| 4th quarter payment | ____________ | [43] | + ________________ | [44] |

**Calculated Amount**

| | |
|---|---|
| 1st quarter payment | ________________ |
| 2nd quarter payment | ________________ |
| 3rd quarter payment | ________________ |
| 4th quarter payment | |

**City #2**

City name ________________________________[50]

Amount paid with 2010 return + ________________[53]

2010 overpayment applied to '11 estimates + ________________[54]

Treat calculated amounts as paid __[58]

| | Date Paid | | Amount Paid | |
|---|---|---|---|---|
| 1st quarter payment | ____________ | [59] | + ________________ | [60] |
| 2nd quarter payment | ____________ | [61] | + ________________ | [62] |
| 3rd quarter payment | ____________ | [63] | + ________________ | [64] |
| 4th quarter payment | ____________ | [65] | + ________________ | [66] |

**Calculated Amount**

| | |
|---|---|
| 1st quarter payment | ________________ |
| 2nd quarter payment | ________________ |
| 3rd quarter payment | ________________ |
| 4th quarter payment | |

**City #3**

City name ________________________________[72]

Amount paid with 2010 return + ________________[75]

2010 overpayment applied to '11 estimates + ________________[76]

Treat calculated amounts as paid __[80]

| | Date Paid | | Amount Paid | |
|---|---|---|---|---|
| 1st quarter payment | ____________ | [81] | + ________________ | [82] |
| 2nd quarter payment | ____________ | [83] | + ________________ | [84] |
| 3rd quarter payment | ____________ | [85] | + ________________ | [86] |
| 4th quarter payment | ____________ | [87] | + ________________ | [88] |

**Calculated Amount**

| | |
|---|---|
| 1st quarter payment | ________________ |
| 2nd quarter payment | ________________ |
| 3rd quarter payment | ________________ |
| 4th quarter payment | |

**City #4**

City name ________________________________[94]

Amount paid with 2010 return + ________________[97]

2010 overpayment applied to '11 estimates + ________________[98]

Treat calculated amounts as paid __[102]

| | Date Paid | | Amount Paid | |
|---|---|---|---|---|
| 1st quarter payment | ____________ | [103] | + ________________ | [104] |
| 2nd quarter payment | ____________ | [105] | + ________________ | [106] |
| 3rd quarter payment | ____________ | [107] | + ________________ | [108] |
| 4th quarter payment | ____________ | [109] | + ________________ | [110] |

**Calculated Amount**

| | |
|---|---|
| 1st quarter payment | ________________ |
| 2nd quarter payment | ________________ |
| 3rd quarter payment | ________________ |
| 4th quarter payment | |

# Wages and Salaries #1

**Please provide all copies of Form W-2.**

| | 2011 Information | Prior Year Information |
|---|---|---|
| Taxpayer/Spouse (T, S) | [1] | |
| Employer name | [3] | |
| Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) | [5] | |
| Mark if this is your current employer | [6] | |
| Federal wages and salaries **(Box 1)** | + [10] | |
| Federal tax withheld **(Box 2)** | + [12] | |
| Social security wages **(Box 3)** (If different than federal wages) | + [14] | |
| Social security tax withheld **(Box 4)** | + [16] | |
| Medicare wages **(Box 5)** (If different than federal wages) | + [18] | |
| Medicare tax withheld **(Box 6)** | + [20] | |
| SS tips **(Box 7)** | + [22] | |
| Allocated tips **(Box 8)** | + [24] | |
| Dependent care benefits **(Box 10)** | + [26] | |
| **Box 13 -** | | |
| Statutory employee | [28] | |
| Retirement plan | [29] | |
| Third-party sick pay | [30] | |
| State postal code **(Box 15)** | [31] | |
| State wages **(Box 16)** (If different than federal wages) | + [33] | |
| State tax withheld **(Box 17)** | + [35] | |
| Local wages **(Box 18)** | + [37] | |
| Local tax withheld **(Box 19)** | [39] | |
| Name of locality **(Box 20)** | [42] | |

| | | |
|---|---|---|
| | **Control Totals**+ | |

# Wages and Salaries #2

**Please provide all copies of Form W-2.**

| | 2011 Information | Prior Year Information |
|---|---|---|
| Taxpayer/Spouse (T, S) | [1] | |
| Employer name | [3] | |
| Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) | [5] | |
| Mark if this your current employer | [6] | |
| Federal wages and salaries **(Box 1)** | + [10] | |
| Federal tax withheld **(Box 2)** | + [12] | |
| Social security wages **(Box 3)** (If different than federal wages) | + [14] | |
| Social security tax withheld **(Box 4)** | + [16] | |
| Medicare wages **(Box 5)** (If different than federal wages) | + [18] | |
| Medicare tax withheld **(Box 6)** | + [20] | |
| SS tips **(Box 7)** | + [22] | |
| Allocated tips **(Box 8)** | + [24] | |
| Dependent care benefits **(Box 10)** | + [26] | |
| **Box 13 -** | | |
| Statutory employee | [28] | |
| Retirement plan | [29] | |
| Third-party sick pay | [30] | |
| State postal code **(Box 15)** | [31] | |
| State wages **(Box 16)** (If different than federal wages) | + [33] | |
| State tax withheld **(Box 17)** | + [35] | |
| Local wages **(Box 18)** | + [37] | |
| Local tax withheld **(Box 19)** | [39] | |
| Name of locality **(Box 20)** | [42] | |

| | | |
|---|---|---|
| | **Control Totals**+ | |

# Interest Income



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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

| T/S/J | Type Code (**See codes below) | | | Interest [1] Income | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* $ or % | Tax Exempt* $ or % | Foreign Taxes Paid | Prior Year Information |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 2 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 3 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 4 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 5 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 6 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 7 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 8 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 9 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |
| | | 10 | Payer | | | | | | | |
| | | | Amounts | + | | | | | | |

| **Interest Codes | | |
|---|---|---|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment |
| 3 = Nominee Distribution | 5 = OID Adjustment | 7 = Series EE & I Bond |

| | | | |
|---|---|---|---|
| | Control Totals + | | Form ID: B-1 |

# Dividend Income



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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

| T S J | Type Code (**See codes below) | | | Ordinary [1] Dividends | Qualified Dividends | Total Cap Gain Distributions | Section 1250 | Sec. 1202 | 28% Capital Gain | Tax Exempt Dividends | U.S. Obligations* $ or % | Tax Exempt* $ or % | Foreign Taxes Paid | Prior Year Information |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 2 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 3 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 4 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 5 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 6 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 7 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 8 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 9 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |
| | | 10 | Payer | | | | | | | | | | | |
| | | | Amounts | + | | | | | | | | | | |

| ****Dividend Codes** | |
|---|---|
| Blank = Other | 3 = Nominee |

| | Control Totals + | | Form ID: B-2 |
|---|---|---|---|

Form ID: D

# Sales of Stocks, Securities, and Other Investment Property

14

**Please provide copies of all Forms 1099-B and 1099-S**

Did you have any securities become worthless during 2011? (Y, N) __[10]

Did you have any debts become uncollectible during 2011? (Y, N) __[11]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[12]

Did you exchange any securities or investments for something other than cash? (Y, N) __[14]

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|---|---|---|---|---|---|
| | | | | + [1] | + [2] |
| | | | | + | + |
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| | Control Totals+ | | Form ID: D |
|---|---|---|---|

# Pension, Annuity, and IRA Distributions #1



**Please provide all Forms 1099-R.**

| | | 2011 Information | Prior Year Information |
|---|---|---|---|
| Taxpayer/Spouse (T, S) | | __[1] | |
| Name of payer | | ____[3] | |
| State postal code | | ___[5] | |
| Gross distributions received **(Box 1)** | + | ____[7] | ____ |
| Taxable amount received **(Box 2a)** | + | ____[9] | ____ |
| Federal withholding **(Box 4)** | + | ____[11] | ____ |
| Distribution code **(Box 7)** | | __[13] | |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | __[14] | |
| State withholding **(Box 12)** | + | ____[15] | ____ |
| Local withholding **(Box 15)** | + | ____[17] | ____ |
| Amount of rollover | + | ____[19] | ____ |
| Mark if distribution was due to a pre-retirement age disability | | __[21] | |
| Mark if distribution was from an inherited IRA | | __[22] | |

**Control Totals**+

# Pension, Annuity, and IRA Distributions #2

**Please provide all Forms 1099-R.**

| | | 2011 Information | Prior Year Information |
|---|---|---|---|
| Taxpayer/Spouse (T, S) | | __[1] | |
| Name of payer | | ____[3] | |
| State postal code | | ___[5] | |
| Gross distributions received **(Box 1)** | + | ____[7] | ____ |
| Taxable amount received **(Box 2a)** | + | ____[9] | ____ |
| Federal withholding **(Box 4)** | + | ____[11] | ____ |
| Distribution code **(Box 7)** | | __[13] | |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | __[14] | |
| State withholding **(Box 12)** | + | ____[15] | ____ |
| Local withholding **(Box 15)** | + | ____[17] | ____ |
| Amount of rollover | + | ____[19] | ____ |
| Mark if distribution was due to a pre-retirement age disability | | __[21] | |
| Mark if distribution was from an inherited IRA | | __[22] | |

**Control Totals**+

# Pension, Annuity, and IRA Distributions #3

**Please provide all Forms 1099-R.**

| | | 2011 Information | Prior Year Information |
|---|---|---|---|
| Taxpayer/Spouse (T, S) | | __[1] | |
| Name of payer | | ____[3] | |
| State postal code | | ___[5] | |
| Gross distributions received **(Box 1)** | + | ____[7] | ____ |
| Taxable amount received **(Box 2a)** | + | ____[9] | ____ |
| Federal withholding **(Box 4)** | + | ____[11] | ____ |
| Distribution code **(Box 7)** | | __[13] | |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan | | __[14] | |
| State withholding **(Box 12)** | + | ____[15] | ____ |
| Local withholding **(Box 15)** | + | ____[17] | ____ |
| Amount of rollover | + | ____[19] | ____ |
| Mark if distribution was due to a pre-retirement age disability | | __[21] | |
| Mark if distribution was from an inherited IRA | | __[22] | |

**Control Totals**+

# Social Security, Tier 1 Railroad Benefits



**Please provide a copy of Form(s) SSA-1099 or RRB-1099**

Taxpayer/Spouse (T, S) __[1]
State postal code ___[2]

## Social Security Benefits

| | 2011 Information | Prior Year Information |
|---|---|---|
| If you received a Form SSA - 1099, please complete the following information: | | |
| Net Benefits for 2011 (Box 3 minus Box 4) **(Box 5)** | + ________[8] | ________ |
| Voluntary Federal Income Tax Withheld **(Box 6)** | + ________[10] | ________ |
| From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: | | |
| Medicare premiums | + ________[12] | ________ |
| Prescription drug (Part D) premiums | + ________[14] | |

## Tier 1 Railroad Benefits

| | 2011 Information | Prior Year Information |
|---|---|---|
| If you received a Form RRB - 1099, please complete the following information: | | |
| Net Social Security Equivalent Benefit: | | |
| Portion of Tier 1 Paid in 2011 **(Box 5)** | + ________[22] | ________ |
| Federal Income Tax Withheld **(Box 10)** | + ________[25] | ________ |
| Medicare Premium Total **(Box 11)** | + ________[27] | |

## Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

________[38]
________[39]
________[40]
________[41]
________[42]

**NOTES/QUESTIONS:**

# Other Income



| | Taxpayer | Spouse | Prior Year Information |
|---|---|---|---|
| | **2011 Information** | | |
| State and local income tax refunds | | + ______ [1] | ______ |
| Alimony received | + ______ [3] | + ______ [4] | ______ |
| Unemployment compensation | + ______ [8] | + ______ [9] | ______ |
| Unemployment compensation federal withholding | + ______ [8] | + ______ [9] | ______ |
| Unemployment compensation state withholding | + ______ [8] | + ______ [9] | ______ |
| Unemployment compensation repaid | + ______ [11] | + ______ [12] | ______ |
| Alaska Permanent Fund dividends | + ______ [19] | + ______ [20] | ______ |

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

| T/S/J | Self-Employment Income ? (Y, N) | Description | 2011 Information | Prior Year Information |
|---|---|---|---|---|
| __ | __ | ______ | + ______ [14] | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |
| __ | __ | ______ | + ______ | ______ |

## NOTES/QUESTIONS:

| | | | |
|---|---|---|---|
| | **Control Totals** + | | **Form ID: Income** |

# Miscellaneous Income #1



**Please provide all Forms 1099-MISC**

**Preparer use only**

| | | |
|---|---|---|
| Name of payer | | [3] |
| Taxpayer/Spouse/Joint (T, S, J) | | [5] |
| State postal code | | [6] |
| Rents **(Box 1)** | + | [11] |
| Royalties **(Box 2)** | + | [13] |
| Other income **(Box 3)** | + | [15] |
| Federal income tax withheld **(Box 4)** | + | [17] |
| Fishing boat proceeds **(Box 5)** | + | [19] |
| Medical and health care payments **(Box 6)** | + | [21] |
| Nonemployee compensation **(Box 7)** | + | [23] |
| Substitute payments in lieu of dividends or interest **(Box 8)** | + | [25] |
| Payer made direct sales of $5,000 or more of consumer products **(Box 9)** | | [27] |
| Crop Insurance proceeds **(Box 10)** | + | [29] |
| Excess golden parachute payments **(Box 13)** | + | [31] |
| Gross proceeds paid to an attorney **(Box 14)** | + | [33] |
| Section 409A deferrals **(Box 15a)** | + | [35] |
| Section 409A income **(Box 15b)** | + | [37] |
| State tax withheld **(Box 16)** | + | [39] |
| State/Payer's state no. **(Box 17)** | | [41] |
| State income **(Box 18)** | + | [42] |

**Control Totals** +

# Miscellaneous Income #2

**Please provide all Forms 1099-MISC**

**Preparer use only**

| | | |
|---|---|---|
| Name of payer | | [3] |
| Taxpayer/Spouse/Joint (T, S, J) | | [5] |
| State postal code | | [6] |
| Rents **(Box 1)** | + | [11] |
| Royalties **(Box 2)** | + | [13] |
| Other income **(Box 3)** | + | [15] |
| Federal income tax withheld **(Box 4)** | + | [17] |
| Fishing boat proceeds **(Box 5)** | + | [19] |
| Medical and health care payments **(Box 6)** | + | [21] |
| Nonemployee compensation **(Box 7)** | + | [23] |
| Substitute payments in lieu of dividends or interest **(Box 8)** | + | [25] |
| Payer made direct sales of $5,000 or more of consumer products **(Box 9)** | | [27] |
| Crop Insurance proceeds **(Box 10)** | + | [29] |
| Excess golden parachute payments **(Box 13)** | + | [31] |
| Gross proceeds paid to an attorney **(Box 14)** | + | [33] |
| Section 409A deferrals **(Box 15a)** | + | [35] |
| Section 409A income **(Box 15b)** | + | [37] |
| State tax withheld **(Box 16)** | + | [39] |
| State/Payer's state no. **(Box 17)** | | [41] |
| State income **(Box 18)** | + | [42] |

**Control Totals** +

## NOTES/QUESTIONS:

# Schedule C - General Information



Preparer use only

| | 2011 Information | Prior Year Information |
|---|---|---|
| Taxpayer/Spouse/Joint (T, S, J) | [2] | |
| Employer identification number | [3] | |
| Business name | [5] | |
| Principal business/profession | [6] | |
| Business code | [11] | |
| Business address, if different from home address on Organizer Form ID:1040 | | |
| Address | [14] | |
| City/State/Zip | [15] [16] [17] | |
| Accounting method (1 = Cash, 2 = Accrual, 3 = Other) | [18] | |
| If other: | [20] | |
| Inventory method (1 = Cost, 2 = LCM, 3 = Other) | [21] | |
| If other enter explanation: | [23] | |
| Enter an explanation if there was a change in determining your inventory: | [24] | |
| Did you "materially participate" in this business? (Y, N) | [25] | |
| If not, number of hours you did significantly participate | [27] | |
| Mark if you began or acquired this business in 2011 | [29] | |
| Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N) | [30] | |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) | [31] | |
| Mark if this business is considered related to qualified services as a minister or religious worker | [32] | |
| Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) | [34] | |
| Medical insurance premiums paid by this activity | + [37] | |
| Long-term care premiums paid by this activity | + [39] | |
| Amount of wages received as a statutory employee | + [42] | |

## Business Income

| | 2011 Information | Prior Year Information |
|---|---|---|
| Merchant card and third party network receipts and sales (from Form 1099-K) | | |
| | + [47] | |
| | + | |
| | + | |
| Gross receipts and sales not from merchant cards and third party networks | + [49] | |
| Returns and allowances | + [52] | |
| Other income: | | |
| | + [54] | |
| | + | |
| | + | |
| | + | |

## Cost of Goods Sold

| | 2011 Information | Prior Year Information |
|---|---|---|
| Beginning inventory | + [56] | |
| Purchases | + [58] | |
| Labor: | | |
| | + [60] | |
| | + | |
| Materials | + [62] | |
| Other costs: | | |
| | + [64] | |
| | + | |
| | + | |
| | + | |
| Ending inventory | + [66] | |

# Schedule C - Expenses



**Preparer use only**

Principal business or profession ______________________

| | | 2011 Information | | Prior Year Information |
|---|---|---|---|---|
| Advertising | + | | [6] | |
| Car and truck expenses | + | | [8] | |
| Commissions and fees | + | | [10] | |
| Contract labor | + | | [12] | |
| Depletion | + | | [14] | |
| Depreciation | + | | [16] | |
| Employee benefit programs (Include Small Employer Health Insurance Premiums credit): | | | | |
| | + | | [18] | |
| | + | | | |
| Insurance (Other than health): | | | | |
| | + | | [20] | |
| | + | | | |
| Interest: | | | | |
| Mortgage (Paid to banks, etc.) | + | | [22] | |
| Other: | | | | |
| | + | | [24] | |
| | + | | | |
| Legal and professional services | + | | [26] | |
| Office expense | + | | [28] | |
| Pension and profit sharing: | | | | |
| | + | | [30] | |
| | + | | | |
| Rent or lease: | | | | |
| Vehicles, machinery, and equipment | + | | [32] | |
| Other business property | + | | [34] | |
| Repairs and maintenance | + | | [36] | |
| Supplies | + | | [38] | |
| Taxes and licenses: | | | | |
| | + | | [40] | |
| | + | | | |
| | + | | | |
| | + | | | |
| | + | | | |
| Travel, meals, and entertainment: | | | | |
| Travel | + | | [42] | |
| Meals and entertainment | + | | [44] | |
| Meals (Enter 100% subject to DOT 80% limit) | + | | [46] | |
| Utilities | + | | [50] | |
| Wages (Less employment credit): | | | | |
| | + | | [52] | |
| | + | | | |
| Other expenses: | | | | |
| | + | | [54] | |
| | + | | | |
| | + | | | |
| | + | | | |
| | + | | | |

**Preparer use only**

| **Carryovers** | **Regular** | **AMT** |
|---|---|---|
| Operating | + [61] | + [62] |
| Schedule D - Short-term | + [63] | + [64] |
| Schedule D - Long-term | + [65] | + [66] |
| Schedule D - 28% rate | + [67] | + [68] |
| Form 4797 - Part I | + [69] | + [70] |
| Form 4797 - Part II | + [71] | + [72] |
| Section 179 | + [75] | |

**Control Totals**+

# Rent and Royalty Property - General Information



Preparer use only

| | 2011 Information | Prior Year Information |
|---|---|---|
| Taxpayer/Spouse/Joint (T, S, J) | ___[3] | |
| Description | ___[2] | |
| Address | ___[8] | |
| State postal code | ___[4] | |
| Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) | ___[9] | |
| Description of other type (Type code #8) | ___[10] | |
| Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) | ___[11] | |
| Percentage of ownership if not 100% | ___[13] | ___ |
| Business use percentage, if not 100% (Not vacation home percentage) | ___[15] | |

## Rent and Royalty Income

| | | 2011 Information | Prior Year Information |
|---|---|---|---|
| Merchant card and third party payments (from Form 1099-K) | + | ___[23] | ___ |
| Rents and royalties NOT from merchant cards/third party payments | + | ___[25] | |

## Rent and Royalty Expenses

| | | 2011 Information | Percent if not 100% | Prior Year Information |
|---|---|---|---|---|
| Advertising | + | ___[28] | ___[29] | ___ |
| Auto | + | ___[31] | ___[32] | ___ |
| Travel | + | ___[34] | ___[35] | ___ |
| Cleaning and maintenance | + | ___[37] | ___[38] | ___ |
| Commissions: | | | | |
| ___ | + | ___[40] | ___[42] | ___ |
| ___ | + | ___ | ___ | ___ |
| Insurance: | | | | |
| ___ | + | ___[43] | ___[45] | ___ |
| ___ | + | ___ | ___ | ___ |
| Legal and professional fees | + | ___[46] | ___[47] | ___ |
| Management fees: | | | | |
| ___ | + | ___[49] | ___[51] | ___ |
| ___ | + | ___ | ___ | ___ |
| Mortgage interest paid to banks, etc (Form 1098) | + | ___[52] | ___[53] | ___ |
| Other mortgage interest | + | ___[55] | ___[57] | ___ |
| Qualified mortgage insurance premiums | + | ___[58] | ___[59] | |
| Other interest: | | | | |
| ___ | + | ___[61] | ___[63] | ___ |
| ___ | + | ___ | ___ | ___ |
| Repairs | + | ___[64] | ___[65] | ___ |
| Supplies | + | ___[67] | ___[68] | ___ |
| Taxes: | | | | |
| ___ | + | ___[70] | ___[72] | ___ |
| ___ | + | ___ | ___ | ___ |
| ___ | + | ___ | ___ | ___ |
| Utilities | + | ___[73] | ___[74] | ___ |
| Depreciation | + | ___[76] | ___[77] | ___ |
| Depletion | + | ___[79] | ___[80] | ___ |
| Other expenses: | | | | |
| ___ | + | ___[82] | ___ | ___ |
| ___ | + | ___ | ___ | ___ |
| ___ | + | ___ | ___ | ___ |
| ___ | + | ___ | ___ | ___ |
| ___ | + | ___ | ___ | ___ |

Refinancing points paid this year:

Description ___[86]

Total points paid/Current amort **(Prep use only)** ___ + ___

Date of Refinance | Total # Payments | Reported on 1098 in 2011

| | **Control Totals**+ | | **Form ID: Rent** |
|---|---|---|---|

# Rent and Royalty Properties - Vacation Home, Passive and Other Information 26

Preparer use only

Description

## Vacation Home Information

| | 2011 Information | Prior Year Information |
|---|---|---|
| Number of days home was used personally | [6] | |
| Number of days home was rented | [8] | |
| Number of day home owned, if not 365 | [10] | |
| Carryover of disallowed operating expenses into 2011 | + [20] | |
| Carryover of disallowed depreciation expenses into 2011 | + [21] | |

## Passive and Other Information

Preparer use only

| Carryovers | Regular | AMT |
|---|---|---|
| Operating | + [27] | + [28] |
| Schedule D - Short-term | + [29] | + [30] |
| Schedule D - Long-term | + [31] | + [32] |
| Schedule D - 28% rate | + [33] | + [34] |
| Form 4797 - Part I | + [35] | + [36] |
| Form 4797 - Part II | + [37] | + [38] |
| Comm revitalization | + [39] | + [40] |
| Section 179 | + [41] | |

**NOTES/QUESTIONS:**

# Partnerships and S Corporations



**Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.**

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of entity ________________[4]
State postal code ___[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

| | Preparer use only<br>Carryovers | Regular | AMT |
|---|---|---|---|
| **Enter on K1-4** | Operating | [48] | [49] |
| | Schedule D - Short-term | [50] | [51] |
| | Schedule D - Long-term | [52] | [53] |
| | Schedule D - 28% rate | [54] | [55] |
| | Form 4797 - Part I | [56] | [57] |
| | Form 4797 - Part II | [58] | [59] |
| | Other losses - 1040 pg.1 | [60] | [61] |
| | Comm revitalization | [62] | [63] |
| | Section 179 | [64] | |
| | Excess farm loss | [68] | [69] |

---

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of entity ________________[4]
State postal code ___[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

| | Preparer use only<br>Carryovers | Regular | AMT |
|---|---|---|---|
| **Enter on K1-4** | Operating | [48] | [49] |
| | Schedule D - Short-term | [50] | [51] |
| | Schedule D - Long-term | [52] | [53] |
| | Schedule D - 28% rate | [54] | [55] |
| | Form 4797 - Part I | [56] | [57] |
| | Form 4797 - Part II | [58] | [59] |
| | Other losses - 1040 pg.1 | [60] | [61] |
| | Comm revitalization | [62] | [63] |
| | Section 179 | [64] | |
| | Excess farm loss | [68] | [69] |

---

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of entity ________________[4]
State postal code ___[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

| | Preparer use only<br>Carryovers | Regular | AMT |
|---|---|---|---|
| **Enter on K1-4** | Operating | [48] | [49] |
| | Schedule D - Short-term | [50] | [51] |
| | Schedule D - Long-term | [52] | [53] |
| | Schedule D - 28% rate | [54] | [55] |
| | Form 4797 - Part I | [56] | [57] |
| | Form 4797 - Part II | [58] | [59] |
| | Other losses - 1040 pg.1 | [60] | [61] |
| | Comm revitalization | [62] | [63] |
| | Section 179 | [64] | |
| | Excess farm loss | [68] | [69] |

# Traditional IRA



| | | Taxpayer | | Spouse |
|---|---|---|---|---|
| Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N) | | __[1] | | __[2] |
| Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | | __[3] | | __[4] |
| Enter the total traditional IRA contributions made for use in 2011 | + | ____[5] | + | ____[6] |

| | | Taxpayer | | Spouse |
|---|---|---|---|---|
| Enter the nondeductible contribution amount made for use in 2011 | + | ____[11] | + | ____[12] |
| Enter the nondeductible contribution amount made in 2012 for use in 2011 | + | ____[13] | + | ____[14] |
| Traditional IRA basis | + | ____[15] | + | ____[16] |
| Value of all your traditional IRA's on December 31, 2011: | | | | |
| ____ | + | ____[17] | + | ____[18] |
| ____ | + | ____ | + | ____ |
| ____ | + | ____ | + | ____ |
| ____ | + | ____ | + | ____ |
| ____ | + | ____ | + | ____ |

# Roth IRA

**Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office**

| | | Taxpayer | | Spouse |
|---|---|---|---|---|
| Mark if you want to contribute the maximum Roth IRA contribution | | __[27] | | __[28] |
| Enter the total Roth IRA contributions made for use in 2011 | + | ____[29] | + | ____[30] |
| Enter the total amount of Roth IRA conversion recharacterizations for 2011 | + | ____[37] | + | ____[38] |
| Enter the total contribution Roth IRA basis on December 31, 2010 | + | ____[45] | + | ____[46] |
| Enter the total Roth IRA contribution recharacterizations for 2011 | + | ____[47] | + | ____[48] |
| Enter the Roth conversion IRA basis on December 31, 2010 | + | ____[49] | + | ____[50] |
| Value of all your Roth IRA's on December 31, 2011: | | | | |
| ____ | + | ____[51] | + | ____[52] |
| ____ | + | ____ | + | ____ |
| ____ | + | ____ | + | ____ |
| ____ | + | ____ | + | ____ |
| ____ | + | ____ | + | ____ |

**NOTES/QUESTIONS:**

# Student Loan Interest Paid



**Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.**

| TS | Qualified loan interest you paid | | 2011 Information | | Prior Year Information |
|---|---|---|---|---|---|
| _ | | + | | [1] | |
| _ | | + | | | |
| _ | | + | | | |
| _ | | + | | | |

# Education Credits and Tuition and Fees Deduction

**Complete this form if you paid qualified education expenses for higher education costs in 2011.**

**Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.**

| TS | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | | Qualified Expenses | | Prior Year Information |
|---|---|---|---|---|---|---|---|---|
| _ | _ | | | | + | | [7] | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |
| _ | _ | | | | + | | | |

**Important: You cannot claim the following for the same student in the same year:**

**- American opportunity credit and Lifetime learning credit**

**- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit**

**To qualify for the American opportunity credit, the student must:**

**- be enrolled at least half-time**
**- be in a program leading to degree, certificate, or recognized credential**
**- not have completed first 4 years of post-secondary education**
**- have no felony drug convictions on record**

| *Education Expense Code |
|---|
| 1 = American opportunity credit<br>2 = Lifetime learning credit<br>3 = Tuition and fees deduction |

## NOTES/QUESTIONS:

# Schedule A - Medical and Dental Expenses



**T/S/J** **2011 Information** **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

[1] + [2]

Medical insurance premiums you paid*:

[4] + [5]

Long-term care premiums you paid*:

[7] + [8]

Prescription medicines and drugs:

[10] + [11]

[13] Miles driven for medical items (1/1/11 to 6/30/11)__________[14] (7/1/11 to 12/31/11)__________[17]

*Not entered elsewhere

# Schedule A - Tax Expenses

**T/S/J** **2011 Information** **Prior Year Information**

State/local income taxes paid:

[18] + [19]

2010 state and local income taxes paid in 2011:

[21] + [22]

Real estate taxes paid:

[24] + [25]

Personal property taxes:

[27] + [28]

Other taxes, such as: foreign taxes and State disability taxes

[30] + [31]

Sales tax paid on major purchases:

[36] + [37]

Sales tax paid on actual expenses:

[39] + [40]

# Interest Expenses



| T/S/J | | 2011 Information | Type* | Percentage (XXX.XX) | Mortgage Ins. Premiums Paid | Prior Year Information |
|---|---|---|---|---|---|---|
| | Home mortgage interest: From Form 1098 | | | | | |
| [1] | | + | [2] | | + | |
| | | + | | | + | |
| | | + | | | + | |
| | | + | | | + | |
| | | + | | | + | |
| | | + | | | + | |
| | | + | | | + | |
| | | + | | | + | |
| | | + | | | + | |

***Mortgage Types**

**Blank = Used to buy, build or improve main/qualified second home**
**1 = Not used to buy, build, improve home or investment**
**2 = Used to pay off previous mortgage**
**3 = Used to pay off previous mortgage, excess proceeds invested**
**4 = Taken out before 7/1/82 and secured by home used by taxpayer**

| T/S/J | Name | SSN | 2011 Information | Prior Year Information |
|---|---|---|---|---|
| | Other, such as: Home mortgage interest paid to individuals | | | |
| [4] | | | + [5] | |
| **Address** | | | | |
| | | | + | |
| **Address** | | | | |
| | | | + | |
| **Address** | | | | |
| | | | + | |
| **Address** | | | | |

**T/S/J** **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name [7]
Street Address
City/State/Zip code

**Refinancing Points paid in 2011 -**

Taxpayer/Spouse/Joint (T, S, J) [11]
Description
Total points paid
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points paid in 2011 **(Preparer use only)** + [12]
Date of refinance
Total number of payments
Reported on Form 1098 in 2011
Taxpayer/Spouse/Joint (T, S, J)
Description
Total points paid
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points paid in 2011 **(Preparer use only)** +
Date of refinance
Total number of payments
Reported on Form 1098 in 2011

| T/S/J | | 2011 Information | Prior Year Information |
|---|---|---|---|
| | Investment interest expense, other than on Schedule(s) K-1: | | |
| [14] | | + [15] | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |
| | | + | |

| | | | |
|---|---|---|---|
| | **Control Totals** + | | **Form ID: A-2** |

# Charitable Contributions



T/S/J | 2011 Information | Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

__ [2] ______ + ______ [3]

[5] Volunteer miles driven ______ [6]

Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods

__ [8] ______ + ______ [9]

# Miscellaneous Deductions

T/S/J | 2011 Information | Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

__ [11] ______ + ______ [12]

Union dues:

__ [14] ______ + ______ [15]

__ [17] Tax preparation fees + ______ [18]

Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees

__ [20] ______ + ______ [21]

__ [23] Safe deposit box rental + ______ [24]

Investment expenses, other than on Schedule(s) K-1:

__ [26] ______ + ______ [27]

Other expenses, not subject to the 2% AGI limitation:

__ [30] ______ + ______ [31]

Gambling losses: (Enter only if you have gambling income)

__ [33] ______ + ______ [34]

# Home Mortgage Interest Subject To Limitations #1



**Complete this section if you have home acquisition/improvement debt over $1,000,000 or home equity debt over $100,000.**

**Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.**
**Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.**
**Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home**

| | | 2011 Information | Prior Year Information |
|---|---|---|---|
| Description of loan/property | | ____ [2] | |
| Taxpayer/Spouse/Joint (T, S, J) | | _ [3] | |
| Loan origination date | | ____ [4] | |
| Fair market value of home | + | ____ [5] | ____ |
| Number of months loan was outstanding in 2011, if not 12 | | __ [7] | __ |
| Principal paid in 2011 | + | ____ [9] | ____ |
| Interest paid during 2011 | + | ____ [11] | ____ |
| Points reported on Form 1098 for 2011 | + | ____ [13] | ____ |
| Grandfather debt as of 12/31/10 (or first day mortgage was outstanding) | + | ____ [20] | ____ |
| Grandfather debt as of 12/31/11 (or last day mortgage was outstanding) | + | ____ [22] | ____ |
| Home acquisition/improvement debt as of 12/31/10 (or first day mortgage was outstanding) | + | ____ [24] | ____ |
| Home acquisition/improvement debt as of 12/31/11 (or last day mortgage was outstanding) | + | ____ [26] | ____ |
| Home equity debt as of 12/31/10 (or first day mortgage was outstanding) | + | ____ [28] | ____ |
| Home equity debt as of 12/31/11 (or last day mortgage was outstanding) | + | ____ [30] | ____ |
| Average balance in 2011 of grandfather debt | + | ____ [33] | ____ |
| Average balance in 2011 of home acquisition/improvement debt | + | ____ [35] | ____ |
| Average balance for 2011 all types of debt | + | ____ [37] | ____ |

| | | |
|---|---|---|
| | **Control Totals**+ | |

# Home Mortgage Interest Subject To Limitations #2

**Complete this section if you have home acquisition/improvement debt over $1,000,000 or home equity debt over $100,000.**

**Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.**
**Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.**
**Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home**

| | | 2011 Information | Prior Year Information |
|---|---|---|---|
| Description of loan/property | | ____ [2] | |
| Taxpayer/Spouse/Joint (T, S, J) | | _ [3] | |
| Loan origination date | | ____ [4] | |
| Fair market value of home | + | ____ [5] | ____ |
| Number of months loan was outstanding in 2011, if not 12 | | __ [7] | __ |
| Principal paid in 2011 | + | ____ [9] | ____ |
| Interest paid during 2011 | + | ____ [11] | ____ |
| Points reported on Form 1098 for 2011 | + | ____ [13] | ____ |
| Grandfather debt as of 12/31/10 (or first day mortgage was outstanding) | + | ____ [20] | ____ |
| Grandfather debt as of 12/31/11 (or last day mortgage was outstanding) | + | ____ [22] | ____ |
| Home acquisition/improvement debt as of 12/31/10 (or first day mortgage was outstanding) | + | ____ [24] | ____ |
| Home acquisition/improvement debt as of 12/31/11 (or last day mortgage was outstanding) | + | ____ [26] | ____ |
| Home equity debt as of 12/31/10 (or first day mortgage was outstanding) | + | ____ [28] | ____ |
| Home equity debt as of 12/31/11 (or last day mortgage was outstanding) | + | ____ [30] | ____ |
| Average balance in 2011 of grandfather debt | + | ____ [33] | ____ |
| Average balance in 2011 of home acquisition/improvement debt | + | ____ [35] | ____ |
| Average balance for 2011 all types of debt | + | ____ [37] | ____ |

## NOTES/QUESTIONS:

| | | | |
|---|---|---|---|
| | **Control Totals**+ | | **Form ID: MortgInt** |

# Noncash Contributions Exceeding $500



Taxpayer/Spouse/Joint (T, S, J) ____ [1]
Donated property description ____ [4]
Name of donee organization ____ [5]
Address of donee organization ____ [6]
City ____ [7]
State postal code ____ [8]
Zip code ____ [9]
Date contributed ____ [10]
Date acquired by donor ____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) ____ [12]
Donor's cost or basis + ____ [13]
Fair market value + ____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) ____ [15]
If other: ____ [16]

| | | |
|---|---|---|
| | **Control Totals** + | |

# Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J) ____ [1]
Donated property description ____ [4]
Name of donee organization ____ [5]
Address of donee organization ____ [6]
City ____ [7]
State postal code ____ [8]
Zip code ____ [9]
Date contributed ____ [10]
Date acquired by donor ____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) ____ [12]
Donor's cost or basis + ____ [13]
Fair market value + ____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) ____ [15]
If other: ____ [16]

| | | |
|---|---|---|
| | **Control Totals** + | |

# Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J) ____ [1]
Donated property description ____ [4]
Name of donee organization ____ [5]
Address of donee organization ____ [6]
City ____ [7]
State postal code ____ [8]
Zip code ____ [9]
Date contributed ____ [10]
Date acquired by donor ____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) ____ [12]
Donor's cost or basis + ____ [13]
Fair market value + ____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) ____ [15]
If other: ____ [16]

| | | |
|---|---|---|
| | **Control Totals** + | |

**NOTES/QUESTIONS:**

Form ID: CT

# Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year ____[1]

**Amount of contributions you wish to make to:**

| | | | |
|---|---|---|---|
| AIDS Research | ____________[2] | Breast Cancer Research | ____________[5] |
| Organ Transplant | ____________[3] | Safety Net Services | ____________[6] |
| Endangered Species/Wildlife Fund | ____________[4] | Military Family Relief | ____________[7] |

# Use Tax Information

**Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:**

| | | | | |
|---|---|---|---|---|
| Purchase 1 | Description | ____________ | Date of purchase | ____________[8] |
| | Retailer/Service Provider: | ____________ | Purchase price | ____________ |
| | Type Code: | ____ | Out of state tax paid | ____________ |
| Purchase 2 | Description | ____________ | Date of purchase | ____________ |
| | Retailer/Service Provider: | ____________ | Purchase price | ____________ |
| | Type Code: | ____ | Out of state tax paid | ____________ |

**Use Tax Type Codes**

| | |
|---|---|
| **1 = Computer processing** | **3 = General (July 1st and after)** |
| **2 = General (Pre July 1st)** | **4 = Luxury** |

# Property Tax Information

**Enter property taxes paid on primary residence and/or motor vehicle:**

Primary Residence Description (Enter street address)(Resident only) ____________[9]

Auto 1 Description (Enter year, make and model)(Resident only) ____________[10]

Auto 2 Description (Enter year, make and model)(MFJ Resident only) ____________[11]

| | Name of CT Tax Town or District | Date Paid | Date Paid | Amount Paid |
|---|---|---|---|---|
| Primary Residence (Resident only) | ____________[12] | ____________[13] | ____________[14] | |
| Auto 1 (Resident only) | ____________[15] | ____________[16] | ____________[17] | ____________[18] |
| Auto 2 (MFJ Resident only) | ____________[19] | ____________[20] | ____________[21] | ____________[22] |

# Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:**

| | Taxpayer | Spouse |
|---|---|---|
| Enter residency dates: | | |
| From | ____________[23] | ____________[25] |
| To | ____________[24] | ____________[26] |
| Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut) | ____[27] | ____[30] |
| Did you earn income from Connecticut sources during nonresident period? (Y, N) | ____[28] | ____[31] |
| State of prior or new residence | ______[29] | ______[32] |

**Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information**

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) ____[33]

Working days (or other basis) outside Connecticut ____________[34]

Working days (or other basis) inside Connecticut ____________[35]

Nonworking days (holidays, weekends, etc) ____________[36]

Total income being apportioned ____________[37]

**NOTES/QUESTIONS:**