

ZZNEWCLIENT

**2011 Organizer**



**Prepared By:**

LMGW Certified Public Accountants LLP  
20520 Prospect Road Suite 200  
Saratoga, CA 95070

**Prepared For:**

,

**2011 Client Organizer**



**From:**

**To:**

LMGW Certified Public Accountants LLP  
20520 Prospect Road Suite 200  
Saratoga, CA 95070



**2011 Client Organizer**



**LMGW Certified Public Accountants LLP**  
**20520 Prospect Road Suite 200**  
**Saratoga, CA 95070**  
**408-252-1800**

Dear :

We appreciate the opportunity to work with you. To minimize the possibility of a misunderstanding between us, this letter outlines the terms of our engagement and clarifies the nature and extent of the services we will provide to you.

We will prepare your 2011 federal, California and \_\_\_\_\_ state income tax returns from information you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked and in keeping the fee to a minimum. If you do not complete the questionnaires, we will assume that the matter does not apply to you or that a "no" answer is your response.

In the course of preparing your tax return we will sometimes find it necessary to verify certain information regarding payments made to the state of California in order to file an accurate and complete tax return. Your signature on this letter authorizes us to obtain information regarding any state tax payments, credits, or wage information directly from the Franchise Tax Board using the California FTB's MyFTB website. If for any reason you do not wish us to access this information in the course of preparing your return, please notify us immediately.

It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns, including but not limited to expenses for auto, travel, gifts and entertainment, charitable contributions and all other deductions claimed. If you have any questions as to the type of records required, please ask us. You have the final responsibility for the income tax returns and therefore you should examine them carefully before you sign them or authorize us to e-file them. We are not responsible for the disallowance of doubtful deductions or inadequately supported amounts, nor for resulting taxes, penalties and interest.

It is our policy to keep returns related to this engagement for seven years from the completion of the engagement. As a general rule, LMGW Certified Public Accountants does not keep any original client records, so we expect to return those to you at the completion of the engagement. By your signature below, you acknowledge and agree that upon the expiration of the seven year period, LMGW Certified Public Accountants shall be free to destroy the records related to this engagement.

We have instituted a disaster recovery plan that includes safeguarding of records related to your engagement. However, no disaster recovery plan, no matter how thorough, can provide absolute assurance that catastrophic or other unforeseeable events will not occur that result in the premature deterioration of records or that render records unavailable before the expiration of the above retention period.

This engagement cannot be relied upon to disclose errors, fraud, or illegal acts.

Although we are available to provide you with tax planning advice, we are not obligated

to do so unless you specifically request it. Moreover, it is our policy to put all tax planning advice in writing and you rely at your own peril on any advice that has not been fully reviewed and put in writing by our firm.

We will use our professional judgment in preparing these returns. Should we become aware that applicable tax law is unclear or if there are conflicting interpretations of the law by authorities (e.g. tax agencies and courts), we will explain the positions you may take on the returns. We will follow the position you request on the return so long as it is consistent with the codes, regulations and interpretations that have been promulgated. If any taxing authorities should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional tax, penalties or interest.

Please note that any person or entity subject to the jurisdiction of the United States having a financial interest in, or signature or other authority over, financial accounts having a value exceeding \$10,000 in a foreign country, shall report such a relationship and failure to disclose the required information to the U.S. Department of the Treasury may result in substantial civil and/or criminal penalties. In addition, the IRS requires information reporting if you are an officer, director or shareholder with respect to foreign corporations; foreign-owned U.S. corporations or foreign corporations engaged in a U.S. trade or business; and U.S. transferor of property to a foreign corporation. By your signature below, you accept responsibility for informing us if you believe that you fall into one of the above categories and you agree to provide us with the information necessary to prepare the appropriate disclosures.

Our fees are determined by our good faith judgment as to the value of services rendered after considering factors including the time required by the individuals assigned to your engagement and the risk and complexity of the work. Out of pocket expenses will be billed to your account and separate consulting services after the preparation of tax returns, including responding to inquiries by the taxing authorities, will be billed on an hourly basis. Invoices for our fees may be submitted as work progresses, and are due and payable upon presentation. We reserve the right to assess a late charge of 1 1/2 % per month or the maximum amount allowable by law on delinquent bills, and to discontinue work until your account is brought current. In the event of a dispute over fees for our engagement, which we are unable to resolve, both parties agree to submit to resolution by binding arbitration in accordance with the rules of the American Arbitration Association, and to give up the right to have the dispute decided in a court of law before a judge or jury.

If the above fairly sets forth your understanding, please sign below and return it to us with your organizer. We want to express our appreciation for this opportunity to work with you.

Very truly yours,

LMGW Certified Public Accountants LLP

Accepted By: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

**LMGW Certified Public Accountants LLP**

**20520 Prospect Road Suite 200  
Saratoga, CA 95070  
(408) 252-1800**

Dear :

We do not have you currently scheduled for a tax appointment this year. While many clients prefer not having tax appointments and would rather correspond with us via telephone, fax and email, we are always happy to see you and if you would like to schedule an appointment, please call the front desk.

We request you mail in, drop off, or upload via your online client access account your completed tax organizer and as many tax documents as you have received **by March 15th**. This allows us the opportunity to have the majority of your tax return completed before the filing deadline and finish up your return as any remaining pieces of information come in.

Thank you for the opportunity to serve you.

Sincerely,

LMGW Certified Public Accountants LLP



**LMGW Certified Public Accountants LLP**  
**20520 Prospect Road Suite 200**  
**Saratoga, CA 95070**  
**408-252-1800**

Dear :

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

If you are in need of additional organizer forms, you may download them from our website at [www.lmgw.com](http://www.lmgw.com). Look for the tab that says "News & Resources" for a link to a blank PDF of the client organizer package.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

Thank you for the opportunity to serve you.

Sincerely,

LMGW Certified Public Accountants LLP



## Questions

Please check the appropriate box and include all necessary details and documentation.

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>Personal Information</b>   |                          |                          |
| Did your marital status change during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Did your address change from last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Dependent Information</b>  |                          |                          |
| Were there any changes in dependents from the prior year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked or looked for work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Purchases, Sales and Debt Information</b>  |                          |                          |
| Did you start a new business or purchase rental property during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance any loans this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any non-business bad debts this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an outstanding home equity line at the end of the year? If so, please provide the principal balance and interest rate at the beginning and the end of the year.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Income Information</b>   |                          |                          |
| Did you have any foreign income or pay any foreign taxes during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?      | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year?   | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse convert to a Roth IRA this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?           | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any disability income during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive tip income not reported to your employer this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did any of your life insurance policies mature, or did you surrender any policies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Itemized Deduction Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you incur a casualty or theft loss during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have an expense account or allowance during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you use your car on the job, for other than commuting?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you work out of town for part of the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any expenses related to seeking a new job during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous Information**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you make gifts of more than \$13,000 to any individual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forgive any indebtedness to any individual, trust or entity during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any educational expenses during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term health care premiums for yourself or your family?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any COBRA health care coverage continuation premiums?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a business owner and have paid health insurance premiums for your employees this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an active participant in a pension or retirement plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur moving costs because of a job change?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country, or have an interest in a foreign entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the Internal Revenue Service?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____   |                          |                          |
| Do you want to designate \$3 to the Presidential Election Campaign Fund?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you check yes, it will not change your tax or reduce your refund.   | <input type="checkbox"/> | <input type="checkbox"/> |

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]

|   | <b>Taxpayer</b>       | <b>Spouse</b>         |
|---|-----------------------|-----------------------|
| 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 <sup>[46]</sup> | Last Name | Date of Birth | Social Security No. | Relationship | Months in home <sup>***</sup> | Dep Codes <sup>*</sup> <sup>**</sup> | 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]

| <b>Dependent Codes</b>  |   |
|---|---|
| <b>*Basic</b><br>1 = Child who lived with you<br>2 = Child who did not live with you<br>3 = Other dependent<br>4 = Claimed under pre-1985 agreement<br>5 = Qualifying child for Earned Income Credit only<br>6 = Children who lived with you, but do not qualify for Earned Income Credit<br>7 = Children who lived with you, but do not qualify for Child Tax Credit<br>8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit | <b>**Other</b><br>1 = Student (Age 19 - 23)<br>2 = Disabled dependent<br>3 = Dependent who is both a student and disabled |
| <b>***Months</b><br>77 = Reported on odd year return<br>88 = Reported on even year return<br>99 = Not reported on return  |   |

**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:**

**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.

|  |
|--|
| <b>Refund - U.S. Series I Savings Bond Purchases</b> |
|--|

**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]

**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]

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**NOTES/QUESTIONS:**

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:**

Form ID: St Pmt **2011 State Estimated Tax Payments** 6

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] | _____<br>_____<br>_____<br>_____ |
| 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 #2  |
|--|--|
| City name _____ [28]                                   | City name _____ [50]                                   |
| Amount paid with 2010 return + _____ [31]              | Amount paid with 2010 return + _____ [53]              |
| 2010 overpayment applied to '11 estimates + _____ [32] | 2010 overpayment applied to '11 estimates + _____ [54] |
| Treat calculated amounts as paid _____ [36]            | Treat calculated amounts as paid _____ [58]            |

| Date Paid                      | Amount Paid  | Date Paid                      | Amount Paid  |
|--------------------------------|--------------|--------------------------------|--------------|
| 1st quarter payment _____ [37] | + _____ [38] | 1st quarter payment _____ [59] | + _____ [60] |
| 2nd quarter payment _____ [39] | + _____ [40] | 2nd quarter payment _____ [61] | + _____ [62] |
| 3rd quarter payment _____ [41] | + _____ [42] | 3rd quarter payment _____ [63] | + _____ [64] |
| 4th quarter payment _____ [43] | + _____ [44] | 4th quarter payment _____ [65] | + _____ [66] |

**Calculated Amount**

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

**Calculated Amount**

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

| City #3  | City #4  |
|--|--|
| City name _____ [72]                                   | City name _____ [94]                                   |
| Amount paid with 2010 return + _____ [75]              | Amount paid with 2010 return + _____ [97]              |
| 2010 overpayment applied to '11 estimates + _____ [76] | 2010 overpayment applied to '11 estimates + _____ [98] |
| Treat calculated amounts as paid _____ [80]            | Treat calculated amounts as paid _____ [102]           |

| Date Paid                      | Amount Paid  | Date Paid                       | Amount Paid   |
|--------------------------------|--------------|---------------------------------|---------------|
| 1st quarter payment _____ [81] | + _____ [82] | 1st quarter payment _____ [103] | + _____ [104] |
| 2nd quarter payment _____ [83] | + _____ [84] | 2nd quarter payment _____ [105] | + _____ [106] |
| 3rd quarter payment _____ [85] | + _____ [86] | 3rd quarter payment _____ [107] | + _____ [108] |
| 4th quarter payment _____ [87] | + _____ [88] | 4th quarter payment _____ [109] | + _____ [110] |

**Calculated Amount**

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

**Calculated Amount**

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



# 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 Income <sup>[1]</sup> | Tax Exempt Income | Penalty on Early Withdrawal | U.S. Obligations* \$ or % | Tax Exempt* \$ or % | Foreign Taxes Paid | Prior Year Information |
|-------|-------------------------------|--------------------------------|-------------------|-----------------------------|---------------------------|---------------------|--------------------|------------------------|
|       | <b>1</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>2</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>3</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>4</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>5</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>6</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>7</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>8</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>9</b>                      | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |
|       | <b>10</b>                     | Payer                          |                   |                             |                           |                     |                    |                        |
|       |                               | Amounts                        | +                 |                             |                           |                     |                    |                        |

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

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

|                         |             |
|-------------------------|-------------|
| <b>**Dividend Codes</b> |             |
| Blank = Other           | 3 = Nominee |



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) <b>(Box 5)</b>                      | + _____ [8]      |                        |
| Voluntary Federal Income Tax Withheld <b>(Box 6)</b>                          | + _____ [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 <b>(Box 5)</b>                                 | + _____ [22]     |                        |
| Federal Income Tax Withheld <b>(Box 10)</b>                                   | + _____ [25]     |                        |
| Medicare Premium Total <b>(Box 11)</b>  | + _____ [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:**

|   | 2011 Information |        | [1]     | Prior Year Information   |
|---|------------------|--------|---------|--|
|   | Taxpayer         | Spouse |         |  |
| State and local income tax refunds            |                  | +      | _____   | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| Alimony received                              | + _____          | [3]    | + _____ |  |
| Unemployment compensation                     | + _____          | [8]    | + _____ |  |
| Unemployment compensation federal withholding | + _____          | [8]    | + _____ |  |
| Unemployment compensation state withholding   | + _____          | [8]    | + _____ |  |
| Unemployment compensation repaid              | + _____          | [11]   | + _____ |  |
| Alaska Permanent Fund dividends               | + _____          | [19]   | + _____ |  |

| T/S/J | Self-Employment Income ?<br>(Y, N) |       | 2011 Information |       | [14]  | Prior Year Information |
|-------|------------------------------------|-------|------------------|-------|---|------------------------|
|       |                                    |       |                  |       |   |                        |
| —     | —                                  | _____ | +                | _____ | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |
| —     | —                                  | _____ | +                | _____ |   |                        |

NOTES/QUESTIONS:

**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]     |                        |

**Preparer use only**

Principal business or profession \_\_\_\_\_

|  | <b>2011 Information</b> | <b>Prior Year Information</b> |
|--|-------------------------|-------------------------------|
| 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]            | _____                         |
| _____  | + _____                 | _____                         |
| _____  | + _____                 | _____                         |
| _____  | + _____                 | _____                         |
| _____  | + _____                 | _____                         |
| _____  | + _____                 | _____                         |

| <b>Preparer use only</b> |   |                |   |            |
|--------------------------|---|----------------|---|------------|
| <b>Carryovers</b>        |   | <b>Regular</b> |   | <b>AMT</b> |
| 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]           |   |            |

| <b>Preparer use only</b>   | <b>2011 Information</b> | <b>Prior Year Information</b>   |
|--|-------------------------|---|
| Taxpayer/Spouse/Joint (T, S, J) _____  | [3]                     | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |
| 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**

|  | <b>2011 Information</b> | <b>Prior Year Information</b>   |
|--|-------------------------|---|
| Merchant card and third party payments (from Form 1099-K) + _____        | [23]                    | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |
| Rents and royalties NOT from merchant cards/third party payments + _____ | [25]                    |   |

**Rent and Royalty Expenses**

|  | <b>2011 Information</b> | <b>Percent if not 100%</b> | <b>Prior Year Information</b>   |
|--|-------------------------|----------------------------|---|
| Advertising + _____  | [28]                    | [29]                       | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |
| 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 ( <b>Prep use only</b> ) _____ + _____ |                         |                            |   |
| Date of Refinance _____  | Total # Payments        | Reported on 1098 in 2011   |   |

**Preparer use only**  
 Description \_\_\_\_\_

**Vacation Home Information**

|   |                         |                                  |
|---|-------------------------|----------------------------------|
|   | <b>2011 Information</b> | <b>Prior Year Information</b>    |
| Number of days home was used personally                 | _____ [6]               | _____<br>_____<br>_____<br>_____ |
| 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**

| <b>Preparer use only</b><br>Carryovers | <b>Regular</b> | <b>AMT</b> |
|--|----------------|------------|
| 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:**

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  |
|----------------------|---------------------------------|---------|------|
| <b>Enter on K1-4</b> | 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  |
|----------------------|---------------------------------|---------|------|
| <b>Enter on K1-4</b> | 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  |
|----------------------|---------------------------------|---------|------|
| <b>Enter on K1-4</b> | 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] |

**Please provide all copies of Schedules K-1 showing income from estates and trusts.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

|                           | <b>Preparer use only<br/>Carryovers</b> | <b>Regular</b> | <b>AMT</b> |
|---------------------------|---|----------------|------------|
| <b>Enter<br/>on K1T-2</b> | Operating                               | [66]           | [67]       |
|                           | Schedule D - Short-term                 | [68]           | [69]       |
|                           | Schedule D - Long-term                  | [70]           | [71]       |
|                           | Schedule D - 28% rate                   | [72]           | [73]       |
|                           | Form 4797 - Part I                      | [74]           | [75]       |
|                           | Form 4797 - Part II                     | [76]           | [77]       |
|                           | Comm revitalization                     | [78]           | [79]       |

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

|                           | <b>Preparer use only<br/>Carryovers</b> | <b>Regular</b> | <b>AMT</b> |
|---------------------------|---|----------------|------------|
| <b>Enter<br/>on K1T-2</b> | Operating                               | [66]           | [67]       |
|                           | Schedule D - Short-term                 | [68]           | [69]       |
|                           | Schedule D - Long-term                  | [70]           | [71]       |
|                           | Schedule D - 28% rate                   | [72]           | [73]       |
|                           | Form 4797 - Part I                      | [74]           | [75]       |
|                           | Form 4797 - Part II                     | [76]           | [77]       |
|                           | Comm revitalization                     | [78]           | [79]       |

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

|                           | <b>Preparer use only<br/>Carryovers</b> | <b>Regular</b> | <b>AMT</b> |
|---------------------------|---|----------------|------------|
| <b>Enter<br/>on K1T-2</b> | Operating                               | [66]           | [67]       |
|                           | Schedule D - Short-term                 | [68]           | [69]       |
|                           | Schedule D - Long-term                  | [70]           | [71]       |
|                           | Schedule D - 28% rate                   | [72]           | [73]       |
|                           | Form 4797 - Part I                      | [74]           | [75]       |
|                           | Form 4797 - Part II                     | [76]           | [77]       |
|                           | Comm revitalization                     | [78]           | [79]       |

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

|                           | <b>Preparer use only<br/>Carryovers</b> | <b>Regular</b> | <b>AMT</b> |
|---------------------------|---|----------------|------------|
| <b>Enter<br/>on K1T-2</b> | Operating                               | [66]           | [67]       |
|                           | Schedule D - Short-term                 | [68]           | [69]       |
|                           | Schedule D - Long-term                  | [70]           | [71]       |
|                           | Schedule D - 28% rate                   | [72]           | [73]       |
|                           | Form 4797 - Part I                      | [74]           | [75]       |
|                           | Form 4797 - Part II                     | [76]           | [77]       |
|                           | Comm revitalization                     | [78]           | [79]       |

|  |  |                          |
|--|--|--------------------------|
|  |  | <b>Preparer use only</b> |
|--|--|--------------------------|

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [9]  
 State postal code \_\_\_\_\_ [10]  
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 \_\_\_\_\_ [14]  
 Mark if disposition is due to casualty or theft \_\_\_\_\_ [18]  
 Mark if disposition was to a related party \_\_\_\_\_ [20]

|                         |
|-------------------------|
| <b>Sale Information</b> |
|-------------------------|

Date acquired \_\_\_\_\_ [22]  
 Date sold \_\_\_\_\_ [23]  
 Gross sales price or insurance proceeds received + \_\_\_\_\_ [24]  
 Cost or other basis + \_\_\_\_\_ [25]  
 Commissions and other expenses of sale + \_\_\_\_\_ [26]  
 Depreciation allowed or allowable + \_\_\_\_\_ [27]

|  |
|--|
| <b>Form 4797, Part III - Recapture</b> |
|--|

Additional depreciation after 1975 (Section 1250) + \_\_\_\_\_ [29]  
 Applicable percentage (if not 100%) (Section 1250) \_\_\_\_\_ [30]  
 Additional depreciation after 1969 (Section 1250) + \_\_\_\_\_ [31]  
 Soil, water and land clearing expenses (Section 1252) + \_\_\_\_\_ [32]  
 Applicable percentage (if not 100%) (Section 1252) \_\_\_\_\_ [33]  
 Intangible drilling and development costs (Section 1254) + \_\_\_\_\_ [34]  
 Applicable payments excluded from income under sec. 126 (Section 1255) + \_\_\_\_\_ [35]

|  |
|--|
| <b>Form 6252 - Current Year Installment Sale</b> |
|--|

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [36]  
 Total current year payments received + **0** [37]

**Form 6252 - Related Party Installment Sale Information**

Related party name \_\_\_\_\_ [38]  
 Address \_\_\_\_\_ [39]  
 State, City and Zip \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Identifying number of related party \_\_\_\_\_ [43]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [44]  
 Enter date of second sale \_\_\_\_\_ [45]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [46]  
 Selling price of property sold by a related party + \_\_\_\_\_ [48]

**NOTES/QUESTIONS:**

|              |                        |           |
|--------------|------------------------|-----------|
| Form ID: IRA | <b>Traditional IRA</b> | <b>40</b> |
|--------------|------------------------|-----------|

|  | 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]   |
|  | <b>Taxpayer</b> | <b>Spouse</b> |
| 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]  |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |
| _____  | +               | _____         |

|                 |
|-----------------|
| <b>Roth IRA</b> |
|-----------------|

**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:**



|              |   |           |
|--------------|---|-----------|
| Form ID: A-1 | <b>Schedule A - Medical and Dental Expenses</b> | <b>49</b> |
|--------------|---|-----------|

| 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]      | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Medical insurance premiums you paid*:   |                  |  |       |       |       |       |       |       |       |       |       |       |
| [4]   | _____   | + _____ [5]      | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Long-term care premiums you paid*:  |                  |  |       |       |       |       |       |       |       |       |       |       |
| [7]   | _____   | + _____ [8]      | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Prescription medicines and drugs:   |                  |  |       |       |       |       |       |       |       |       |       |       |
| [10]  | _____   | + _____ [11]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ |   |                  |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____   | +                |  |       |       |       |       |       |       |       |       |       |       |
| [13]  | Miles driven for medical items (1/1/11 to 6/30/11) _____ [14] (7/1/11 to 12/31/11) _____ [17]   |                  | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     |   |                  |  |       |       |       |       |       |       |       |       |       |       |

\*Not entered elsewhere

|                                  |
|----------------------------------|
| <b>Schedule A - Tax Expenses</b> |
|----------------------------------|

| T/S/J |  | 2011 Information | Prior Year Information   |       |       |       |       |       |       |       |       |       |       |
|-------|--|------------------|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|       | State/local income taxes paid:                                 |                  |  |       |       |       |       |       |       |       |       |       |       |
| [18]  | _____  | + _____ [19]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | 2010 state and local income taxes paid in 2011:                |                  |  |       |       |       |       |       |       |       |       |       |       |
| [21]  | _____  | + _____ [22]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Real estate taxes paid:  |                  |  |       |       |       |       |       |       |       |       |       |       |
| [24]  | _____  | + _____ [25]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Personal property taxes:                                       |                  |  |       |       |       |       |       |       |       |       |       |       |
| [27]  | _____  | + _____ [28]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Other taxes, such as: foreign taxes and State disability taxes |                  |  |       |       |       |       |       |       |       |       |       |       |
| [30]  | _____  | + _____ [31]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Sales tax paid on major purchases:                             |                  |  |       |       |       |       |       |       |       |       |       |       |
| [36]  | _____  | + _____ [37]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
|       | Sales tax paid on actual expenses:                             |                  |  |       |       |       |       |       |       |       |       |       |       |
| [39]  | _____  | + _____ [40]     | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |
| —     | _____  | +                |  |       |       |       |       |       |       |       |       |       |       |

| T/S/J                                  | 2011 Information | Percentage Type* (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]                   |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |
|   | +                |                        |

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] |  |
| —    | _____ | + _____      |  |

Control Totals+

ITEMIZED DEDUCTIONS

Form ID: A-3



**Preparer use only**  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Occupation in which expenses were incurred \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Vehicle Questions**

If you used your automobile for work purposes, please answer the following questions:

|  |                         |                               |
|--|-------------------------|-------------------------------|
|  | <b>2011 Information</b> | <b>Prior Year Information</b> |
| Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)                | ___[7]                  | ___                           |
| Was another vehicle available for personal use? (Y, N)   | ___[9]                  | ___                           |
| Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) | ___[11]                 |                               |

**Vehicles #1 and #2 Actual Expenses**

Vehicle 1 description \_\_\_\_\_[15]  
 Comments \_\_\_\_\_  
 Vehicle 2 description \_\_\_\_\_[44]  
 Comments \_\_\_\_\_

|   | Vehicle 1    | Prior Year Information | Vehicle 2    | Prior Year Information |
|---|--------------|------------------------|--------------|------------------------|
| Date vehicle placed in service              | _____ [18]   |                        | _____ [47]   |                        |
| Total mileage                               | _____ [20]   |                        | _____ [49]   |                        |
| Business mileage from 1/1/11 to 6/30/11     | _____ [22]   |                        | _____ [51]   |                        |
| Business mileage from 7/1/11 to 12/31/11    | _____ [24]   |                        | _____ [53]   |                        |
| Average daily round trip commuting mileage  | _____ [25]   |                        | _____ [54]   |                        |
| Total commuting mileage                     | _____ [27]   |                        | _____ [56]   |                        |
| Gasoline, oil, repairs, insurance, etc.     | + _____ [29] |                        | + _____ [58] |                        |
| Vehicle rentals                             | + _____ [31] |                        | + _____ [60] |                        |
| Inclusion amount <b>(Preparer use only)</b> | + _____ [33] |                        | + _____ [62] |                        |
| Value of employer-provided vehicle          | + _____ [39] |                        | + _____ [68] |                        |
| Depreciation                                | + _____ [41] |                        | + _____ [70] |                        |

**Vehicles #3 and #4 Actual Expenses**

Vehicle 3 description \_\_\_\_\_[75]  
 Comments \_\_\_\_\_  
 Vehicle 4 description \_\_\_\_\_[103]  
 Comments \_\_\_\_\_

|   | Vehicle 3     | Prior Year Information | Vehicle 4     | Prior Year Information |
|---|---------------|------------------------|---------------|------------------------|
| Date vehicle placed in service              | _____ [78]    |                        | _____ [106]   |                        |
| Total mileage                               | _____ [80]    |                        | _____ [108]   |                        |
| Business mileage from 1/1/11 to 6/30/11     | _____ [82]    |                        | _____ [110]   |                        |
| Business mileage from 7/1/11 to 12/31/11    | _____ [84]    |                        | _____ [112]   |                        |
| Average daily round trip commuting mileage  | _____ [85]    |                        | _____ [113]   |                        |
| Total commuting mileage                     | _____ [87]    |                        | _____ [116]   |                        |
| Gasoline, oil, repairs, insurance, etc.     | + _____ [89]  |                        | + _____ [117] |                        |
| Vehicle rentals                             | + _____ [91]  |                        | + _____ [119] |                        |
| Inclusion amount <b>(Preparer use only)</b> | + _____ [93]  |                        | + _____ [121] |                        |
| Value of employer-provided vehicle          | + _____ [99]  |                        | + _____ [127] |                        |
| Depreciation                                | + _____ [101] |                        | + _____ [129] |                        |

**NOTES/QUESTIONS:**

Form ID: CA **California General Information**

Mark if different from prior year return:

Prior year last name \_\_\_\_\_ Social security number(s) \_\_\_\_\_ [3]  
 Taxpayer \_\_\_\_\_ [1] Address \_\_\_\_\_ [4]  
 Spouse \_\_\_\_\_ [2] Filing status \_\_\_\_\_ [5]

**Contributions**

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

|  |   |
|--|---|
| Seniors Special Fund _____ [6]                                     | Sea Otter Fund _____ [15]                           |
| Alzheimer's Disease/Related Disorders Fund _____ [7]               | Municipal Shelter Spay-Neuter Fund _____ [16]       |
| Fund for Senior Citizens _____ [8]                                 | Cancer Research Fund _____ [17]                     |
| Rare and Endangered Species Preservation Program _____ [9]         | ALS/Lou Gehrig's Disease Research Fund _____ [18]   |
| Children's Trust Fund for the Prevention of Child Abuse _____ [10] | Arts Council Fund _____ [19]                        |
| Breast Cancer Research Fund _____ [11]                             | California Police Activities League Fund _____ [20] |
| Firefighters' Memorial Fund _____ [12]                             | California Veterans Homes Fund _____ [21]           |
| Emergency Food for Families Fund _____ [13]                        | Safely Surrendered Baby Fund _____ [22]             |
| Peace Officer Memorial Foundation Fund _____ [14]                  | Child Victims of Human Trafficking Fund _____ [23]  |

**Renter Information**

Number of months rented principal residence in California in 2011 0 [24]  
 Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) \_\_\_\_\_ [25]  
 Property rented was exempt from property tax in 2011 \_\_\_\_\_ [26]  
 Taxpayer claimed homeowner's property tax exemption in 2011 \_\_\_\_\_ [27]  
 Spouse claimed homeowner's property tax exemption during 2011 \_\_\_\_\_ [28]  
 Maintained separate residencies for the entire year \_\_\_\_\_ [29]  
 Addresses if more than one or different from mailing address

Address \_\_\_\_\_ [30] \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Date Rented From \_\_\_\_\_  
 Date Rented To \_\_\_\_\_

Landlord information

Name \_\_\_\_\_ [31] \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

**NOTES/QUESTIONS:**

Form ID: CA2

## California Residency Information

### Part-year, Nonresident only

|  | Taxpayer   | Spouse     |
|--|------------|------------|
| Enter the total number of days in California       | _____ [1]  | _____ [2]  |
| Mark if owned CA home/property                     | _____ [3]  | _____ [4]  |
| If you became a resident:                          |            |            |
| Enter the date of your move                        | _____ [5]  | _____ [6]  |
| Enter your state of prior residency                | _____ [7]  | _____ [8]  |
| If you became a nonresident:                       |            |            |
| Enter the date of your move                        | _____ [9]  | _____ [10] |
| Enter your new state of residency                  | _____ [11] | _____ [12] |
| If you were a nonresident for the entire tax year: |            |            |
| Enter your state of residency                      | _____ [13] | _____ [14] |
| Country of residence (If outside the USA)          | _____ [15] | _____ [16] |

### Prior Year Residency Information

|   | Taxpayer   | Spouse     |
|---|------------|------------|
| If you were previously a resident, enter dates: |            |            |
| From  | _____ [17] | _____ [18] |
| To  | _____ [19] | _____ [20] |
| Enter the date you entered California           | _____ [21] | _____ [22] |
| Enter the date you left California              | _____ [23] | _____ [24] |

## Military Personnel

### Part-year, Nonresident only

|  | Taxpayer   | Spouse     |
|--|------------|------------|
| Enter your state of domicile                           | _____ [25] | _____ [26] |
| Enter the state where you were stationed               | _____ [27] | _____ [29] |
| Enter the country where stationed (If outside the USA) | _____ [28] | _____ [30] |

## Electronic Filing Information for Military

|   | Taxpayer   | Spouse     |
|---|------------|------------|
| Date deployed overseas or entered combat zone/QHDA                | _____ [31] | _____ [32] |
| Date returned from overseas or combat zone/QHDA                   | _____ [33] | _____ [34] |
| Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard) | _____ [35] | _____ [36] |
| Combat Zone/QHDA Operation/Area served                            |            |            |
| Taxpayer  | _____ [37] | _____ [37] |
| Spouse  | _____ [38] | _____ [38] |

**NOTES/QUESTIONS:**