

# 2011 TAX ORGANIZER

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

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

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

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

**Student Loan Interest Paid**  
 Enter total 2011 qualified student loan interest .....

|  |             |
|--|-------------|
| <b>Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation</b> |             |
| Employer Name  | 2010 Amount |
| _____  | _____       |
| _____  | _____       |
| _____  | _____       |

|  |             |
|--|-------------|
| <b>Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc</b> |             |
| 1099-R Payer Name  | 2010 Amount |
| _____  | _____       |
| _____  | _____       |
| _____  | _____       |

|  |       |                 |               |
|--|-------|-----------------|---------------|
| <b>Attach Form(s) SSA-1099 – Social Security/Railroad Benefits</b> |       | <b>Taxpayer</b> | <b>Spouse</b> |
| Social Security Benefits from Form SSA-1099 .....                  | _____ | _____           | _____         |
| Railroad Retirement Benefits from Form RRB-1099 .....              | _____ | _____           | _____         |
| Medicare B premiums withheld .....                                 | _____ | _____           | _____         |
| Medicare D premiums withheld .....                                 | _____ | _____           | _____         |

|  |  |
|--|--|
| <b>Attach Form(s) 1099-MISC – Miscellaneous Income</b> |  |
| 1099-MISC Payer Name                                   |  |
| _____  |  |
| _____  |  |
| _____  |  |

|  |             |
|--|-------------|
| <b>Attach Form(s) 1099-INT – Interest Income</b> |             |
| 1099-INT Payer Name                              | 2010 Amount |
| _____  | _____       |
| _____  | _____       |
| _____  | _____       |
| _____  | _____       |

|  |             |
|--|-------------|
| <b>Attach Form(s) 1099-DIV – Dividend Income</b> |             |
| 1099-DIV Payer Name                              | 2010 Amount |
| _____  | _____       |
| _____  | _____       |
| _____  | _____       |
| _____  | _____       |

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**  
 Attach all stock sale transaction information, including initial cost information.

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

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

|   |                 |               |
|---|-----------------|---------------|
|   | <b>Taxpayer</b> | <b>Spouse</b> |
| <b>Retirement Plan Contributions</b>                        |                 |               |
| Traditional IRA contributions made for 2011 .....           | _____           | _____         |
| Roth IRA contributions made for 2011 .....                  | _____           | _____         |
| SEP, Keogh, Individual 401(k) or SIMPLE Contributions ..... | _____           | _____         |

| <b>Medical and Dental Expenses</b>  | <b>2011 Amount</b> | <b>2010 Amount</b> |
|---|--------------------|--------------------|
| Prescription medications .....  | _____              | _____              |
| Health insurance premiums .....   | _____              | _____              |
| Doctors, dentists, etc .....  | _____              | _____              |
| Hospitals, clinics, etc .....   | _____              | _____              |
| Eyeglasses and contact lenses .....   | _____              | _____              |
| Miles driven for medical purposes:  |                    |                    |
| From 01/01/11 thru 06/30/11 .....   | _____              | _____              |
| From 07/01/11 thru 12/31/11 .....   | _____              | _____              |
| Other medical and dental expenses:  |                    |                    |
| _____   | _____              | _____              |
| <b>Taxes</b>  | <b>2011 Amount</b> | <b>2010 Amount</b> |
| Real estate taxes paid on principal residence .....   | _____              | _____              |
| Real estate taxes paid on additional homes or land .....  | _____              | _____              |
| Auto license registration fees based on the value of the vehicle .....  | _____              | _____              |
| Other personal property taxes .....   | _____              | _____              |
| <b>Interest Expenses</b>  |                    |                    |
| Home mortgage interest paid – Attach Form(s) 1098.  |                    |                    |
| <b>Lender's Name</b>  | <b>2011 Amount</b> | <b>2010 Amount</b> |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| Points paid on loan to buy, build or improve main home  |                    |                    |
| <b>Lender's Name</b>  | <b>2011 Amount</b> |                    |
| _____   | _____              |                    |
| <b>Cash/Check/Credit Contributions</b>  | <b>2011 Amount</b> | <b>2010 Amount</b> |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| _____   | _____              | _____              |
| <b>Noncash Charitable Contributions</b>   |                    |                    |
| Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property. |                    |                    |
| <b>Miscellaneous Deductions</b>   | <b>2011 Amount</b> | <b>2010 Amount</b> |
| Union and professional dues .....   | _____              | _____              |
| Professional subscriptions, books, supplies .....   | _____              | _____              |
| Uniforms and protective clothing (including cleaning) .....   | _____              | _____              |
| Job search costs .....  | _____              | _____              |
| Taxpayer educator expenses .....  | _____              | _____              |
| Spouse educator expenses .....  | _____              | _____              |
| Tax return preparation fees .....   | _____              | _____              |
| Safe deposit box rental .....   | _____              | _____              |
| Gambling losses (to the extent of gambling income) .....  | _____              | _____              |
| Other expenses (list):  |                    |                    |
| _____   | _____              | _____              |

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

**Electronic Filing and Direct Deposit of Refund** **Yes**  **No**

If your tax return is eligible for Electronic Filing, would you like to file electronically?

The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts.  
 If you receive a refund, would you like direct deposit?

If **yes**, please provide a voided check (not a deposit slip) if your bank account information has changed.

What type of account is this? ..... Checking  Savings

| Federal |        | State |        |    | Local |        |    |
|---------|--------|-------|--------|----|-------|--------|----|
| Date    | Amount | Date  | Amount | ID | Date  | Amount | ID |
|         |        |       |        |    |       |        |    |
|         |        |       |        |    |       |        |    |
|         |        |       |        |    |       |        |    |
|         |        |       |        |    |       |        |    |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Questions

ORG3

| PERSONAL INFORMATION                     |   | Yes                      | No                       |
|--|---|--------------------------|--------------------------|
| 1  | Did your marital status change during 2011? .....<br>If <b>yes</b> , explain .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Do you want to allow your tax preparer to discuss this year's return with the IRS? .....<br>If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS.<br><b>Caution:</b> Review any transferred information for accuracy.<br>Designee's Name .... ▶ _____<br>Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) .... ▶ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Do you or your spouse plan to retire in 2012? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Were you or your spouse permanently and totally disabled in 2011? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Enter date of death for taxpayer or spouse (if during 2011 or 2012): Taxpayer: _____ Spouse: _____  |                          |                          |
| 6  | Were you or your spouse a member of the U.S. Armed Forces during 2011? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| DEPENDENT INFORMATION                    |   | Yes                      | No                       |
| 7a                                       | Do you have dependents who must file? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b  | If <b>yes</b> , do you want us to prepare the return(s)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8a                                       | Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b  | If <b>yes</b> , do you want to include your child's income on your return? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Are any of your dependents <b>not</b> U.S. citizens or residents? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10                                       | Did you provide over half the support for any other person during 2011? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11                                       | Did you incur adoption expenses during 2011? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| IRA, PENSION AND EDUCATION SAVINGS PLANS |   | Yes                      | No                       |
| 12                                       | Did you receive payments from a pension or profit-sharing plan? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13                                       | Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14a                                      | Did you convert all or part of a regular IRA into a Roth IRA? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b  | Did you roll over all or part of a qualified plan into a Roth IRA? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15                                       | Did you contribute to a Coverdell Education Savings Account? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| ITEMS RELATED TO INCOME/LOSSES           |   | Yes                      | No                       |
| 16                                       | Did you receive any disability payments in 2011? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17                                       | Did you receive tip income <b>not</b> reported to your employer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18a                                      | Did you buy, sell, refinance, or abandon a principal residence or other real property in 2011?<br>(Attach copies of any escrow statements or Forms 1099.) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b  | If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c  | Are you planning to purchase a home soon? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19                                       | Did you incur any casualty or theft losses during 2011? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20                                       | Did you incur any non-business bad debts? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| PRIOR YEAR TAX RETURNS                   |   | Yes                      | No                       |
| 21                                       | Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....<br>If <b>yes</b> , enclose agent's report or notice of change.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22                                       | Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

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

**HEALTH AND LIFE INSURANCE**

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

**MISCELLANEOUS**

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

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

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

**Caution:** Review transferred information for accuracy.

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

a Name of your financial institution .....

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

c Account number .....

d What type of account is this? .....

Checking  Savings

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

# Business/Investment Questions

ORG4

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

# Moving Expenses

ORG16

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

## FIRST MOVE

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

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

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

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

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

Number of miles from your old home to new workplace .....

Number of miles from your old home to old workplace .....

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

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

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

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

| Description of Expense   | Amount |
|--|--------|
| Expenses of transport and storage of household goods and personal effects: |        |
| Transportation expenses .....  |        |
| Storage expenses .....   |        |
| Expenses of moving from old to new home:                                   |        |
| Travel <b>not</b> including meals .....                                    |        |
| Lodging <b>not</b> including meals .....                                   |        |

## SECOND MOVE

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

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

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

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

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

Number of miles from your old home to new workplace .....

Number of miles from your old home to old workplace .....

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

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

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

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

| Description of Expense   | Amount |
|--|--------|
| Expenses of transport and storage of household goods and personal effects: |        |
| Transportation expenses .....  |        |
| Storage expenses .....   |        |
| Expenses of moving from old to new home:                                   |        |
| Travel <b>not</b> including meals .....                                    |        |
| Lodging <b>not</b> including meals .....                                   |        |



## Employee Business Expenses

**ORG17**

Occupation in which expenses were incurred .....

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

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

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

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

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

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

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

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

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

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

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

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

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

**Employee Business Expenses (continued)**

ORG17

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

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

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

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

1 Check ownership  Taxpayer  Spouse  Joint

2 Business name \_\_\_\_\_

3a Business street address \_\_\_\_\_

    b 1 City, State and Zip Code, or \_\_\_\_\_

    2 Foreign country \_\_\_\_\_

4 Principal business/profession \_\_\_\_\_

5 Employer ID number \_\_\_\_\_

6 Business code (Preparer Use Only) \_\_\_\_\_

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

8 Accounting method:  
     Cash       Accrual       Other (specify)  \_\_\_\_\_

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

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

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

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

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

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

14 At-risk determination:

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

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

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

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

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME  | 2011 | 2010 |
|---|------|------|
| 17 Gross receipts or sales                                    |      |      |
| 18 Returns and allowances plus other adjustments              |      |      |
| 19 Other income (include federal/state gas tax credit/refund) |      |      |

| COST OF GOODS SOLD – IF APPLICABLE            | 2011 | 2010 |
|---|------|------|
| 20 Inventory at beginning of year             |      |      |
| 21 Purchases                                  |      |      |
| 22 Items withdrawn for personal use           |      |      |
| 23 Cost of labor (do not include your salary) |      |      |
| 24 Materials and supplies                     |      |      |
| 25 Other costs                                |      |      |
| 26 Inventory at end of year                   |      |      |

**Business Income and Expenses (continued)**

**ORG19**

| EXPENSES  | 2011 | 2010 |
|---|------|------|
| Business name _____   |      |      |
| <b>27</b> Advertising .....   |      |      |
| <b>28</b> Car and truck expenses (complete ORG18) .....                           |      |      |
| <b>29</b> Commissions and fees .....  |      |      |
| <b>30</b> Contract labor .....  |      |      |
| <b>31</b> Depletion .....   |      |      |
| <b>32</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> ..... |      |      |
| <b>33</b> Employee benefit programs:  |      |      |
| <b>a</b> Employee health insurance premiums .....                                 |      |      |
| <b>b</b> Other employee benefit programs .....                                    |      |      |
| <b>34</b> Insurance (other than health) .....                                     |      |      |
| <b>35</b> Self-employed health insurance attributable to this business .....      |      |      |
| <b>36</b> Interest:   |      |      |
| <b>a</b> Mortgage paid to banks not reported to you on Form 1098 .....            |      |      |
| <b>b</b> Other .....  |      |      |
| <b>37</b> Legal and professional services .....                                   |      |      |
| <b>38</b> Office expenses .....   |      |      |
| <b>39</b> Pension and profit-sharing plans .....                                  |      |      |
| <b>40</b> Rent or lease:  |      |      |
| <b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....             |      |      |
| <b>b</b> Other business property .....  |      |      |
| <b>41</b> Repairs and maintenance .....   |      |      |
| <b>42</b> Supplies (not included in cost of goods sold) .....                     |      |      |
| <b>43</b> Taxes and licenses not reported to you on Form 1098 .....               |      |      |
| <b>44</b> Travel, meals, and entertainment:                                       |      |      |
| <b>a</b> Travel .....   |      |      |
| <b>b</b> Meals and entertainment subject to 50% limit .....                       |      |      |
| <b>c</b> Meals subject to 80% limit .....   |      |      |
| <b>d</b> Meals and entertainment not subject to limit .....                       |      |      |
| <b>45</b> Utilities .....   |      |      |
| <b>46</b> Gross wages .....   |      |      |
| <b>47</b> Other expenses:   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| _____   |      |      |
| <b>48</b> Expenses for business use of your home <b>(Preparer Use Only)</b> ..... |      |      |
| Complete ORG20 for Business Use of Home.  |      |      |
| <b>49</b> Qualified pension plan start-up costs .....                             |      |      |

# Business Use of Home

ORG20

for:  
copy:

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

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

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

## DEPRECIATION

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

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



# Sale of Your Home

ORG22

## GENERAL INFORMATION

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

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

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

8 Address of former home sold \_\_\_\_\_

9 a Date former home was sold \_\_\_\_\_

b Date former home was bought \_\_\_\_\_

10 Sales price of the home sold \_\_\_\_\_

## COST BASIS OF HOME SOLD

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

## COMMISSIONS AND OTHER EXPENSES OF SALE

| Description | Amount |
|-------------|--------|
| 14 a _____  |        |
| b _____     |        |
| c _____     |        |
| d _____     |        |



## Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

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

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

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

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

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

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

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

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

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

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

1 Check property owner .....  Taxpayer     Spouse     Joint

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME                      | 2011 | 2010 |
|-----------------------------|------|------|
| 15 Rents received .....     |      |      |
| 16 Royalties received ..... |      |      |

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

## Rent and Royalty Income and Expenses (continued)

ORG25

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

## Adjustments to Income

ORG28

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

## Child and Dependent Care Expenses

ORG35

| CHILD AND DEPENDENT CARE EXPENSES  |  |  |                |
|--|--|--|----------------|
| Enter below the persons or organizations who provided the child and dependent care.  |  |  |                |
| First Name (if person)<br>Last Name (if person)<br>OR<br>Provider Business Name<br>Additional Business Name<br><hr style="border-top: 1px dashed black;"/> Provider Phone  | Provider Address   | ID Number<br><hr style="border-top: 1px dashed black;"/> Check box if provider is a business | Amount Paid    |
| 1<br>-----<br>-----  | -----<br>-----<br>Care at above address? ..... <input type="checkbox"/>          | -----<br>-----<br>Business ... ► <input type="checkbox"/>                                    | -----<br>----- |
| 2<br>-----<br>-----  | -----<br>-----<br>Care at above address? ..... <input type="checkbox"/>          | -----<br>-----<br>Business ... ► <input type="checkbox"/>                                    | -----<br>----- |
| 3<br>-----<br>-----  | -----<br>-----<br>Care at above address? ..... <input type="checkbox"/>          | -----<br>-----<br>Business ... ► <input type="checkbox"/>                                    | -----<br>----- |
| 4<br>-----<br>-----  | -----<br>-----<br>Care at above address? ..... <input type="checkbox"/>          | -----<br>-----<br>Business ... ► <input type="checkbox"/>                                    | -----<br>----- |
| EXPENSES   |  | 2011   | 2010           |
| 1  | Total employment taxes paid on wages for child care expenses .....               |  |                |
| 2  | Total expenses paid in 2011 but not incurred in 2011 .....                       |  |                |
| 3  | Total expenses incurred in 2011 but not paid in 2011 .....                       |  |                |
| 4  | Medical expenses paid for qualifying persons unable to care for themselves ..... |  |                |
| STUDENT/DISABLED PERSON INFORMATION FOR 2011   |  | Taxpayer   | Spouse         |
| 5 If taxpayer or spouse was a full-time student or disabled in 2011, answer the following questions:   |  |  |                |
| a Number of months that taxpayer/spouse was a full-time student or disabled .....  |  |  |                |
| b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here ..... |  |  |                |

## Education Information

ORG36

Education expenses were paid in 2011 .....

**EDUCATION TUITION AND FEES**

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

| EDUCATOR EXPENSES                           | 2011 | 2010 |
|---|------|------|
| <b>1 a</b> Taxpayer educator expenses ..... |      |      |
| <b>b</b> Spouse educator expenses .....     |      |      |

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2011**

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

| Lender's Name  | 2011        | 2010        |
|--|-------------|-------------|
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
|  |             |             |
| <b>Total Student Loan Interest</b>                                       | <b>2011</b> | <b>2010</b> |
| <b>2b</b> Enter the total interest paid on qualified student loans ..... |             |             |

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

| State Code | Name of Payer or Program | Gross Distribution<br>Box 1 | Earnings<br>Box 2 | *<br>Type<br>Box 5 |
|------------|--------------------------|-----------------------------|-------------------|--------------------|
|            |                          |                             |                   |                    |
|            |                          |                             |                   |                    |
|            |                          |                             |                   |                    |
|            |                          |                             |                   |                    |

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA

# Tax Payments

ORG40

## 2011 ESTIMATED TAX PAYMENTS

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

## OTHER TAX PAYMENTS

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

## 2012 ESTIMATED TAX WORKSHEET

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

### Income

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

### Deductions

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

## ADDITIONAL INFORMATION

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

# Household Employment Taxes

ORG41

## GENERAL INFORMATION

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

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

| COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE | 2011 | 2010 |
|---|------|------|
| 5 Enter total cash wages paid during 2011 that were:    |      |      |
| a Subject to social security taxes .....                |      |      |
| b Subject to Medicare taxes .....                       |      |      |
| c Subject to FUTA taxes paid before July 1, 2011 .....  |      |      |
| d Subject to FUTA taxes paid after June 30, 2011 .....  |      |      |
| 6 Enter federal income tax withheld during 2011 .....   |      |      |

## COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

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

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

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

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

| State A | State B |
|---------|---------|
| _____   | _____   |
|         |         |





## Federal Carryover Data (continued)

ORG55

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