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Topic Index

ORG2

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General Questions

ORG3

PERSONAL INFORMATION		Yes	No
1	Did your marital status change during 2011? If yes , 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? If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. Designee's Name ▶ _____ Phone Number ▶ _____ Personal Identification Number (5 digit PIN) ▶ _____	<input checked="" 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			
7a	Do you have dependents who must file?	<input type="checkbox"/>	<input type="checkbox"/>
b	If yes , 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 yes , do you want to include your child's income on your return?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are any of your dependents not 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			
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			
16	Did you receive any disability payments in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did you receive tip income not 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? (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			
21	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? If yes , enclose agent's report or notice of change.	<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 yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you start paying mortgage insurance premiums in 2011? If yes , please attach details	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you purchase a motor vehicle or boat during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach documentation showing sales tax paid.		
35 Did you purchase a hybrid or electric vehicle in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , enter year, make, model, and date purchased:		
36 Did you donate a vehicle in 2011? If yes, attach Form 1098C	<input type="checkbox"/>	<input type="checkbox"/>
37 What was the sales tax rate in your locality in 2011? _____ % State ID		
38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan?	<input type="checkbox"/>	<input type="checkbox"/>
39 Did you make gifts to a trust?	<input type="checkbox"/>	<input type="checkbox"/>
40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach details.		
41 Did you or your spouse participate in a medical savings account in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
42 Did you make a loan at an interest rate below market rate?	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay any individual for domestic services in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay interest on a student loan for yourself, your spouse, or your dependents?	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you, your spouse, or your dependents attend post-secondary school in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
46 Did a lender cancel any of your debt in 2011? (Attach any Forms 1099-A or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you receive any income not included in this Tax Organizer?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please attach information.		

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

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

Caution: Review transferred information for accuracy.

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

a Name of your financial institution

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

c Account number

d What type of account is this?

Checking Savings

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

Business/Investment Questions

ORG4

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

PERSONAL INFORMATION

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

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year ▶
 Check this box if you are eligible to claim spouse's exemption ▶
 Check this box if your spouse itemizes deductions ▶

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name Child's social security number _____

5 Qualifying widow(er)

Check the box for the year the spouse died ▶ 2009 2010

DEPENDENT INFORMATION

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

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

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

Attach all copies of your W-2 forms here.

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

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

Attach all copies of your 1099-R forms here.

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

W-2G – GAMBLING OR LOTTERY WINNINGS

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

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

W-2 Amounts

ORG7A

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

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

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

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

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

1099-R Amounts

ORG7B

Source From: 1099-R ... CSA-1099-R ... CSF-1099-R ... RRB-1099-R ...

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT PLANS, IRAs, ETC.

Payer's name

Box	Description	2011	2010
	This section is for RRB-1099-R use only		
1	Gross distribution		
2 a	Taxable amount		
b	Taxable amount not determined	<input type="checkbox"/>	<input type="checkbox"/>
	Total distribution		
3	Capital gain (included in box 2a)		
a	If charitable gift annuity, amount at 28% rate		
b	Amount of unrecaptured section 1250 gain		
4	Federal income tax withheld		
5	Employee contributions or insurance premiums		
6	Net unrealized appreciation in employer securities		
7	Distribution code(s)		
	▶ IRA/SEP/SIMPLE	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If distribution code is 2 or 5, check if a Roth IRA distribution	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age	<input type="checkbox"/>	<input type="checkbox"/>
8	Other		
	Percentage		
9 a	Percentage of total distribution		
b	Total employee contributions		
10	State tax withheld – State 1		
	State tax withheld – State 2		
11	State/Payer's state number – State 1		
	State/Payer's state number – State 2		
12	State distribution – State 1		
	State distribution – State 2		
13	Local tax withheld – Locality 1		
	Local tax withheld – Locality 2		
14	Name of locality – Locality 1		
	Name of locality – Locality 2		
15	Local distribution – Locality 1		
	Local distribution – Locality 2		
Inherited IRA	If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
	▶ Spouse and treat as recipient's own (treat as rollover)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Recipient, but originally was inherited from spouse's (own IRA)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Spouse and not treat as recipient's own (taxable amount in box 2a)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Someone other than a spouse (taxable amount in box 2a)	<input type="checkbox"/>	<input type="checkbox"/>

1099-MISC Income

ORG8

Copy 1

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

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

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

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

OTHER INCOME

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

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

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

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

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

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

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

Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

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

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

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

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

Medical and Tax Expenses

ORG13

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

Interest Paid and Cash Contributions

ORG14

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

Interest Paid and Cash Contributions (continued)

ORG14

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

Noncash Contributions

ORG14A

Copy 1

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

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

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

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

*** Methods of determining FMV:**

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

**** Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

ORG15

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

Moving Expenses

ORG16

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

FIRST MOVE

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

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

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

Enter the new principal place of work for this move:

New workplace: _____

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

Number of miles from your old home to new workplace

Number of miles from your old home to old workplace

Are you a member of the armed forces? Yes No

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

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

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

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

SECOND MOVE

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

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

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

Enter the new principal place of work for this move:

New workplace: _____

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

Number of miles from your old home to new workplace

Number of miles from your old home to old workplace

Are you a member of the armed forces? Yes No

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

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

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

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

Employee Business Expenses

ORG17

Occupation in which expenses were incurred unknown

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

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

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

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

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

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

Was this activity located in a Qualified Disaster Area Yes No

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

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

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

