

Personal Information

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

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

Present Mailing Address

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

Dependent Information

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

[46] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [47]
 Social security number of qualifying person _____ [48]

Dependent Codes

<p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you 3 = Other dependent 4 = Claimed under pre-1985 agreement 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return 	<p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled
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Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact _____ [18] _____ [26]

 Email, Work phone, Home phone, Fax, Mobile phone, Car phone

NOTES/QUESTIONS:

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N) _____[2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[4]

Spouse self-selected Personal Identification Number (PIN) _____[5]

NOTES/QUESTIONS:

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

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

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

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

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

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

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

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

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

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

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

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

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

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

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

State postal code _____ [2]

Amount paid with 2010 return + _____ [3]

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

Treat calculated amounts as paid _____ [8]

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

2011 City Estimated Tax Payments

City #1			City #2		
City name	_____ [28]		City name	_____ [50]	
Amount paid with 2010 return	+ _____ [31]		Amount paid with 2010 return	+ _____ [53]	
2010 overpayment applied to '11 estimates	+ _____ [32]		2010 overpayment applied to '11 estimates	+ _____ [54]	
Treat calculated amounts as paid	_____ [36]		Treat calculated amounts as paid	_____ [58]	

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

Calculated Amount

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

Calculated Amount

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

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

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

Calculated Amount

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

Calculated Amount

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

Wages and Salaries #1

Please provide all copies of Form W-2.

2011 Information

Prior Year Information

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

	Control Totals+
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Wages and Salaries #2

Please provide all copies of Form W-2.

2011 Information

Prior Year Information

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

	Control Totals+
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Interest Income

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

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

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Social Security, Tier 1 Railroad Benefits

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

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

Social Security Benefits

	2011 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2011 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2011 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

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

Control Totals+

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

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

Control Totals+

NOTES/QUESTIONS:

Preparer use only

2011 Information

Prior Year Information

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

(This area is shaded gray and contains horizontal lines for prior year information.)

Business Income

2011 Information

Prior Year Information

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

(This area is shaded gray and contains horizontal lines for prior year information.)

Cost of Goods Sold

2011 Information

Prior Year Information

Beginning inventory + _____ [56]
 Purchases + _____ [58]
 Labor:
 _____ + _____ [60]
 _____ + _____
 Materials + _____ [62]
 Other costs:
 _____ + _____ [64]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory + _____ [66]

(This area is shaded gray and contains horizontal lines for prior year information.)

Control Totals+

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

Rent and Royalty Income

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

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [28]	_____ [29]	[]
Auto	+ _____ [31]	_____ [32]	
Travel	+ _____ [34]	_____ [35]	
Cleaning and maintenance	+ _____ [37]	_____ [38]	
Commissions:			
_____	+ _____ [40]	_____ [42]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [46]	_____ [47]	
Management fees:			
_____	+ _____ [49]	_____ [51]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [52]	_____ [53]	
Other mortgage interest	+ _____ [55]	_____ [57]	
Qualified mortgage insurance premiums	+ _____ [58]	_____ [59]	
Other interest:			
_____	+ _____ [61]	_____ [63]	
_____	+ _____	_____	
Repairs	+ _____ [64]	_____ [65]	
Supplies	+ _____ [67]	_____ [68]	
Taxes:			
_____	+ _____ [70]	_____ [72]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [73]	_____ [74]	
Depreciation	+ _____ [76]	_____ [77]	
Depletion	+ _____ [79]	_____ [80]	
Other expenses:			
_____	+ _____ [82]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [86]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2011	

Control Totals+

Preparer use only
Description _____

Vacation Home Information

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

Prior Year Information

Passive and Other Information

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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2011	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2011:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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

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

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of Trustee _____ [4]
 State postal code _____ [2]
 Archer MSA contributions made in 2011 and 2012 for 2011 **(Box 1)** + _____ [6]
 Total contributions made in 2011 **(Box 2)** + _____ [8]
 Total HSA or Archer MSA contributions made in 2012 for 2011 **(Box 3)** + _____ [10]
 Rollover contribution **(Box 4)** + _____ [13]
 Fair market value of HSA, Archer MSA, or MA MSA **(Box 5)** + _____ [15]

Box 6 -

HSA _____ [17]
 Archer MSA _____ [18]
 MA (Medicare Advantage) MSA _____ [19]

Additional Information

2011 Information

Prior Year Information

Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family) _____ [20]
 Number of months in qualified high deductible health plan in 2011 _____ [21]
 Mark if you want to contribute the maximum allowable health or medical savings account contribution amount _____ [22]
 Total HSA/MSA contribution to be made for 2011 + _____ [23]
 Excess contributions for 2010 taken as constructive contributions for 2011 + _____ [25]

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible + _____ [32]
 Enter compensation from employer maintaining high deductible health plan + _____ [35]
 If self-employed, enter earned income from business under which plan was established _____ [39]

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2011? (Y, N) _____ [41]
 Enter any qualified HSA distribution from health flexible spending arrangement (FSA) + _____ [43]
 Enter any qualified HSA distribution from health reimbursement arrangement (HRA) + _____ [45]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of Trustee _____			[4]
State postal code _____			[2]
Gross distributions received (Box 1)	+	_____	[7]
Earnings on excess contributions (Box 2)	+	_____	[9]
Distribution code (Box 3) _____			[11]
Fair Market Value on date of death (Box 4)	+	_____	[12]
Box 5 -			
HSA		_____	[13]
Archer MSA		_____	[14]
MA MSA		_____	[15]
Unreimbursed qualified medical expenses for 2011	+	_____	[17]
Withdrawal of excess contributions by the due date of the return	+	_____	[19]
Amount of distribution rolled over for 2011	+	_____	[21]
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	_____	[24]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10			
	+	_____	[25]
For HSA accounts:			
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)		_____	[31]
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)		_____	[32]

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2011 Information

Prior Year Information

Name of the insured chronically ill individual _____		_____	[42]
Social security number of insured _____			[43]
Gross long-term care (LTC) benefits paid (Box 1)	+	_____	[45]
Accelerated death benefits paid (Box 2)	+	_____	[47]
Check one (Box 3)			
Per diem		_____	[49]
Reimbursed amount		_____	[50]
Qualified contract (Box 4) _____			[51]
Check, if applicable (Box 5)			
Chronically ill		_____	[52]
Terminally ill		_____	[53]
Are there other individuals who received LTC payments during 2011? (Y, N)		_____	[55]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		_____	[56]
Number of days during the long-term care period _____			[57]
Cost incurred for qualified long-term care services during the long-term care period	+	_____	[58]

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home		
1/1/11 to 6/30/11	_____	[13]
7/1/11 to 12/31/11	_____	[14]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____ [3]
 Taxpayer/Spouse (T, S) _____ [4]
 State postal code _____ [5]
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____ [6]
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____ [7]
 Enter the total amount of contributions made to a Keogh plan in 2011 + _____ [8]
 Enter the total amount of contributions made to a Solo 401(k) plan in 2011 + _____ [9]
 Enter the total amount of contributions made to a SEP plan in 2011 + _____ [10]
 Enter the total amount of contributions made to a SARSEP plan in 2011 + _____ [11]
 Enter the total amount of contributions made to a defined benefit plan in 2011 + _____ [12]
 Enter the total amount of contributions made to a profit-sharing plan in 2011 + _____ [13]
 Enter the total amount of contributions made to a money purchase plan in 2011 + _____ [14]
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2011 + _____ [15]
 Enter the total amount of contributions to a SIMPLE IRA plan in 2011 + _____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2011 + _____ [17]
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2011 + _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2011 + _____ [19]
 Enter the amount of elective deferrals designated as Roth contributions in 2011 + _____ [20]

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2011 that were issued after 1989, and you paid qualified higher education expenses in 2011 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)	_____	
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2011 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2011 for person listed above	+ _____	
Taxpayer/Spouse/Joint (T, S, J)	_____	
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2011 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2011 for person listed above	+ _____	
Taxpayer/Spouse/Joint (T, S, J)	_____	
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2011 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2011 for person listed above	+ _____	
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2011	+ _____	[3]

NOTES/QUESTIONS:

Student Loan Interest Paid

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

	Qualified loan interest you paid		2011 Information		Prior Year Information
TS	_____	+	_____ [1]		
—	_____	+	_____		
—	_____	+	_____		
—	_____	+	_____		

Education Credits and Tuition and Fees Deduction

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

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

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

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

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

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

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

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

T/S/J	2011 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
[2] _____	+ _____ [3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____ [6]		
Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Miscellaneous Deductions

T/S/J	2011 Information	Prior Year Information	
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11] _____	+ _____ [12]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Union dues:			
[14] _____	+ _____ [15]		
_____	+ _____		
[17] Tax preparation fees _____ [18]			
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees			
[20] _____	+ _____ [21]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
[23] Safe deposit box rental _____ [24]			
Investment expenses, other than on Schedule(s) K-1:			
[26] _____	+ _____ [27]		
_____	+ _____		
_____	+ _____		
Other expenses, not subject to the 2% AGI limitation:			
[30] _____	+ _____ [31]		
_____	+ _____		
_____	+ _____		
_____	+ _____		
Gambling losses: (Enter only if you have gambling income)			
[33] _____	+ _____ [34]		
_____	+ _____		

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

	2011 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	___[7]	
Was another vehicle available for personal use? (Y, N)	___[9]	
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	___[11]	

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [15]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

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

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [75]
 Comments _____
 Vehicle 4 description _____ [103]
 Comments _____

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

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2011 Information	Prior Year Information										
Total area of home	_____ [11]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
Area used exclusively for business	_____ [13]											
Information for day-care facilities only:												
Total hours used for day-care during this year	_____ [15]											
Total hours used this year, if less than 8,760	_____ [17]											
Special computation for certain day-care facilities:												
Area used regularly and exclusively for day-care business	_____ [19]											
Area used partly for day-care business	_____ [21]											

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2011 Information		Prior Year Information																				
	Direct Expenses	Indirect Expenses																					
Mortgage interest	+ _____ [26]	+ _____ [27]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>																				
Mortgage insurance premiums	+ _____ [29]	+ _____ [30]																					
Real estate taxes	+ _____ [32]	+ _____ [33]																					
Excess mortgage interest and insurance premiums	+ _____ [35]	+ _____ [36]																					
Insurance	+ _____ [38]	+ _____ [39]																					
Rent	+ _____ [41]	+ _____ [42]																					
Repairs & maintenance	+ _____ [44]	+ _____ [45]																					
Utilities	+ _____ [47]	+ _____ [48]																					
Other expenses, such as: Supplies & Security system	+ _____ [50]	+ _____ [51]																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
_____	+ _____	+ _____																					
Excess casualty losses		+ _____ [53]																					
Carryovers:																							
Operating expenses		+ _____ [54]																					
Casualty losses		+ _____ [55]																					
Depreciation		+ _____ [57]																					
Business expenses not from business use of home, such as:																							
Travel, Supplies, Business telephone expenses		+ _____ [58]																					
Depreciation		+ _____ [62]																					

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [4]
 Description _____ [5]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [9]		_____ [46]	
Commuting miles	_____ [11]		_____ [48]	
Business miles from 1/1/11 to 6/30/11	_____ [13]		_____ [50]	
Business miles from 7/1/11 to 12/31/11	_____ [15]		_____ [52]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [16]	---	_____ [53]	---
Was another vehicle available for personal use? (Y, N)	_____ [18]	---	_____ [55]	---
Do you have evidence to support your deduction? (Y, N)	_____ [20]	---	_____ [57]	---
Is this evidence written? (Y, N)	_____ [22]	---	_____ [59]	---
Parking, fees and tolls	+ _____ [24]		+ _____ [61]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [26]		+ _____ [63]	
Interest	+ _____ [28]		+ _____ [65]	
Registration	+ _____ [30]		+ _____ [67]	
Property taxes	+ _____ [32]		+ _____ [69]	
Vehicle rentals	+ _____ [34]		+ _____ [71]	
Inclusion amount (Preparer use only)	+ _____ [36]		+ _____ [73]	
Depreciation	+ _____ [38]		+ _____ [75]	

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [78]
 Description _____ [79]
 Comments _____

Vehicle 4 - Date placed in service _____ [115]
 Description _____ [116]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [83]		_____ [120]	
Commuting miles	_____ [85]		_____ [122]	
Business miles from 1/1/11 to 6/30/11	_____ [87]		_____ [124]	
Business miles from 7/1/11 to 12/31/11	_____ [89]		_____ [126]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [90]	---	_____ [127]	---
Was another vehicle available for personal use? (Y, N)	_____ [92]	---	_____ [129]	---
Do you have evidence to support your deduction? (Y, N)	_____ [94]	---	_____ [131]	---
Is this evidence written? (Y, N)	_____ [96]	---	_____ [133]	---
Parking, fees and tolls	+ _____ [98]		+ _____ [135]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [100]		+ _____ [137]	
Interest	+ _____ [102]		+ _____ [139]	
Registration	+ _____ [104]		+ _____ [141]	
Property taxes	+ _____ [106]		+ _____ [143]	
Vehicle rentals	+ _____ [108]		+ _____ [145]	
Inclusion amount (Preparer use only)	+ _____ [110]		+ _____ [147]	
Depreciation	+ _____ [112]		+ _____ [149]	

Control Totals+

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2011 Model T - (EXAMPLE ASSET)	03/09/11	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			