

PENSION AND RETIREMENT INCOME

2011
(1099R)

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2011 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2011 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2010 TOTAL AMOUNT

EMPLOYEE BUSINESS EXPENSES

2011
(2106/2106 EZ)

GENERAL INFORMATION

2011

2010

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____
Type _____ Amount _____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

EMPLOYEE BUSINESS EXPENSES

2011
(2106/2106 EZ)

GENERAL INFORMATION

2011

2010

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____

Type	Amount
_____	_____
_____	_____
_____	_____
_____	_____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

CHILD AND DEPENDENT CARE EXPENSES

2011
(2441)

Please list all care providers and the amounts paid to them in 2011. Any information from the prior year is shown below.

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____ 2010 AMOUNT \$ _____

Name of provider _____
Street address _____
City, State, Zip Code _____
Social Security Number or EIN _____
Amount paid \$ _____ 2010 AMOUNT \$ _____

List name of each child and total amount spent for care of that child.

_____	\$
_____	\$
_____	\$
_____	\$

*You may change or delete any information that does not apply to the current year.

OFFICE IN THE HOME DEDUCTION

2011
(8829)

2010

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2011

2010

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2010 Form 8829 line 42 _____

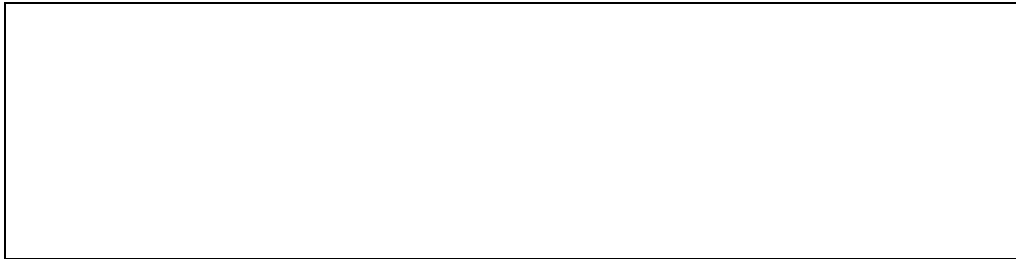
Carryover of excess casualty losses and depreciation from 2010 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

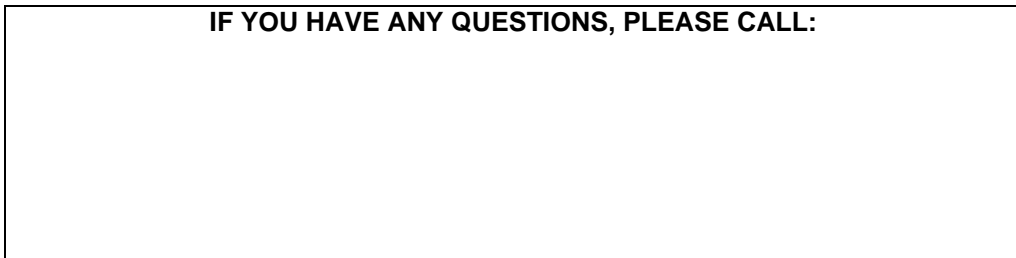
Enter the value of the land on which your home is placed _____

INCOME TAX ORGANIZER FOR TAX YEAR 2011

A large, empty rectangular box with a black border, intended for users to provide tax information from the previous year and current year details.

We're providing this organizer to assist you in compiling your tax information for 2011. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

An empty rectangular box with a black border, intended for users to provide contact information if they have any questions.

OTHER INCOME AND ADJUSTMENTS

2011

OTHER INCOME

2011

2010

Seller Financed Mortgages

Payer	Principal	Interest	Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State and Local Income Tax Refunds Received in 2011

State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____

Unemployment (Please attach 1099G(s)).

2011

2010

Amount received: _____	_____
Amount repaid: _____	_____

Alimony amount received

Other Income

Type: _____ Amount: _____

ADJUSTMENTS

Taxpayer
2011

Taxpayer
2010

Spouse
2011

Spouse
2010

Educator expense	_____	_____	_____	_____
Self-employed retirement plans	_____	_____	_____	_____
Self-employed health insurance paid	_____	_____	_____	_____
IRA'S				
Traditional	_____	_____	_____	_____
Roth	_____	_____	_____	_____
Student loan interest	_____	_____	_____	_____
Alimony Paid				
To whom paid: _____		Amount: _____		
SSN: _____				
Tuition and Fees		Amount: _____		
Other Adjustments				
Type: _____		Amount: _____		

GENERAL INFORMATION

2011
(MAIN INFO)

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) _____ State of Part-year Residency _____ 2nd State of Part-year Residency _____

Please use the following space for any comments you wish to make to your preparer.

PARTNERSHIP AND S-CORPORATION INCOME

2011
(K-1 P/S)

Your 2010 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2011.

Part-Year, Part-Rental, or Personal Use Unit

2011
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):	
2011	2010	2011	2010
		%	%

Expenses:	Rental and personal use		Rental only	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				

Personal use unit ONLY:				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

Part-Year, Part-Rental, or Personal Use Unit

2011
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income

Percent
(of time, year, or property rented):

2011

2010

2011

2010

%

%

Rental and personal use

Rental only

Expenses:

2011

2010

2011

2010

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Real estate tax

Taxes other than real estate taxes

Utilities

Other expenses

Personal use unit ONLY:

Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.

Part-Year, Part-Rental, or Personal Use Unit

2011
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income

Percent
(of time, year, or property rented):

2011

2010

2011

2010

%

%

Rental and personal use

Rental only

Expenses:

2011

2010

2011

2010

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Real estate tax

Taxes other than real estate taxes

Utilities

Other expenses

Personal use unit ONLY:

Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.

ITEMIZED DEDUCTIONS			2011 (SCH A)
	*T,S,J	2011	2010
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Qualified Mortgage Insurance Premium	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____
MISCELLANEOUS DEDUCTIONS			
Include union and professional dues, business publications, etc.			
_____	_____	_____	_____
_____	_____	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	_____
_____	_____	_____	_____
Gambling losses			
_____	_____	_____	_____

BUSINESS INCOME AND EXPENSES

2011
(SCH C)

Your principal business or profession _____ Is this your spouse's Schedule C? _____

Business name _____ 2010 Business code _____

Business address _____ Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2011	2010
Date placed in service _____		
Miles used for: Business _____		
Commuting _____		
Other _____		

PART I INCOME		
Gross receipts or sales _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES		
Advertising _____		
Car/Truck expenses _____		
Commissions _____		
Contract labor _____		
Depletion _____		
Employee benefit programs _____		
Insurance _____		
Interest - mortgage _____		
Interest - other _____		
Legal and professional services _____		
Office expense _____		
Pension and profit sharing _____		
Rent or lease - vehicles, machinery _____		
Rent - Other business property _____		
Repairs and maintenance _____		
Supplies _____		
Taxes and licenses _____		
Travel _____		
Meals and entertainment _____		
Utilities _____		
Wages _____		
Enter prior year unallowed loss (if any) _____		

OTHER EXPENSES		(SCH C PG 2)
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

RENTAL REAL ESTATE AND ROYALTIES

2011
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2011	2010	2011	2010	2011	2010
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2011						
Did you actively participate in this venture?						
Did you use this property for personal use?						

W-2 INCOME

2011
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____
 TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2011 employers.**

W-2G INCOME

2011
(W-2G)

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2011 payers.**

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
Street address _____
City, State, Zip Code _____
Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2011 TAX YEAR

(FED/ST TAX)

* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2011.

Federal payments

State of _____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2011: _____

State/local estimate payment for 2010, due January 15, 2011, paid on or after January 1, 2011: _____