

|      |      |    |               |
|------|------|----|---------------|
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|------|------|----|---------------|

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|             |             |           |                      |
|-------------|-------------|-----------|----------------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Tax Organizer</b> |
|-------------|-------------|-----------|----------------------|

**Herman & Associates CPAs, PC**  
 1000 E Jewett Blvd PO Box 1158  
 White Salmon, WA 98672  
 Telephone number: (509) 493-1717  
 Fax number: (509) 493-4321  
 E-mail address: info@herman-associates.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please enter all pertinent 2011 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

|                                  |  |  |
|----------------------------------|--|--|
| First name and initial . . . . . |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Social security number . . . . . |  |  |
| Occupation . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Date of death (m/d/y) . . . . .  |  |  |
| 1=blind . . . . .                |  |  |
| Home phone . . . . .             |  |  |
| Work phone . . . . .             |  |  |
| Work extension . . . . .         |  |  |
| Cell phone . . . . .             |  |  |
| E-mail address . . . . .         |  |  |

Address

|                            |  |
|----------------------------|--|
| In care of . . . . .       |  |
| Street address . . . . .   |  |
| Apartment number . . . . . |  |
| City . . . . .             |  |
| State . . . . .            |  |
| ZIP code . . . . .         |  |

**DEPENDENTS**

Dependent No.

Dependent No.

|                                  |  |  |
|----------------------------------|--|--|
| First name . . . . .             |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Social security number . . . . . |  |  |
| Relationship . . . . .           |  |  |
| Months lived at home . . . . .   |  |  |

Dependent No.

Dependent No.

|                                  |  |  |
|----------------------------------|--|--|
| First name . . . . .             |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Social security number . . . . . |  |  |
| Relationship . . . . .           |  |  |
| Months lived at home . . . . .   |  |  |

**2011 1040 US Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

**YES**

**NO**

**PERSONAL INFORMATION**

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2011?

**DEPENDENTS**

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2011?

Did you have any children under age 19 or full-time students under age 24 at the end of 2011, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

**INCOME**

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2011?

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2012?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you purchase a home in 2011 and you were overseas on official extended duty?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES

NO

**RETIREMENT PLANS**

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2011?
- Did you convert a traditional, SEP, or SIMPLE IRA (or other qualified retirement plan) to a Roth IRA in 2010 and defer the taxable amount of the conversion to tax year 2011 and 2012?

**EDUCATION**

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

- Did you apply an overpayment of 2010 taxes to your 2011 estimated tax (instead of being refunded)?
- If you have an overpayment of 2011 taxes, do you want the excess applied to your 2012 estimated tax (instead of being refunded)?
- Do you expect your 2012 taxable income and withholdings to be different from 2011?

**MISCELLANEOUS**

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

YES

NO

**MISCELLANEOUS (continued)**

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

Was your home rented out or used for business?

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

Did you incur moving expenses due to a change of employment?

Did you engage the services of any household employees?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?

Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?

Please enter all pertinent 2011 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

|  |  |
|--|--|
| 1=direct deposit of federal tax refund into bank account ..... |  |
| 1=electronic payment of balance due .....                      |  |
| 1=electronic payment of estimated tax .....                    |  |

**BANK INFORMATION**

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |

**2011 ESTIMATED TAX / 1040-ES (6)**

**Federal**

- Overpayment applied from 2010 .....
- 1st quarter payment (due 4/18/11) .....
- 2nd quarter payment (due 6/15/11) .....
- 3rd quarter payment (due 9/15/11) .....
- 4th quarter payment (due 1/17/12) .....

Additional Estimated Tax Payments

Paid with extension (not later than 4/17/12)

| Amount Paid | Date Paid | TS | 2011 Voucher Amount |
|-------------|-----------|----|---------------------|
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |

**State**

- Overpayment applied from 2010 .....
- 1st quarter payment (due 4/18/11) .....
- 2nd quarter payment (due 6/15/11) .....
- 3rd quarter payment (due 9/15/11) .....
- 4th quarter payment (due 1/17/12) .....

Additional Estimated Tax Payments

Paid with extension (not later than 4/17/12)

| Amount Paid | Date Paid | TS | 2011 Voucher Amount |
|-------------|-----------|----|---------------------|
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |
|             |           |    |                     |

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA  
6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)  
10 = Series I treasury bonds

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2011 information.

APPLICATION OF 2011 OVERPAYMENT (7.1)

If you have an overpayment of 2011 taxes, do you want the excess refunded?  or applied to 2012 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2012 ESTIMATED TAX INFORMATION

Do you expect your 2012 taxable income to be different from 2011? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2012 withholding to be different from 2011? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

|             |             |           |   |                       |
|-------------|-------------|-----------|---|-----------------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Wages, Pensions, Gambling Winnings</b> | <b>10, 13.1, 13.2</b> |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2011 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | 2010 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

| No. | Name of Payer | Distribution code #2 |  | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/11 | 2010 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
|     |               | Distribution code #1 |  |                            |                         | Federal (Box 4) | State (Box 12) |                               |                   |
|     |               | 1=IRA/SEP/SIMPLE     |  |                            |                         |                 |                |                               |                   |
|     |               | 1=spouse             |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |
|     |               |                      |  |                            |                         |                 |                |                               |                   |

**GAMBLING WINNINGS (W-2G) (13.2)**

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld    |                | 2010 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|---------------|
|     |               |          |                        | Federal (Box 2) | State (Box 14) |               |
|     |               |          |                        |                 |                |               |
|     |               |          |                        |                 |                |               |
|     |               |          |                        |                 |                |               |

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

Total gambling losses.....  
Winnings not reported on Form W-2G.....

| 2011 Amount | rs | 2010 Amount |
|-------------|----|-------------|
|             |    |             |

**10, 13.1, 13.2**



Please enter all pertinent 2011 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

|   | 2011 Amount |        | 2010 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Social security benefits (SSA-1099, box 5) .....    |             |        |             |        |
| Medicare premiums paid (SSA-1099) .....             |             |        |             |        |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ... |             |        |             |        |
| 1-lump-sum election for SS benefits .....           |             |        |             |        |
| Alimony received .....                              |             |        |             |        |
| Taxable scholarships and fellowships .....          |             |        |             |        |
| Jury duty pay .....                                 |             |        |             |        |
| Household employee income not on W-2 .....          |             |        |             |        |
| Excess minister's allowance .....                   |             |        |             |        |
| Alaska permanent fund dividends .....               |             |        |             |        |
| Income from rental of personal property .....       |             |        |             |        |
| Income subject to S/E tax:                          |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| Other income (1099-MISC, box 3)                     |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |

**TAX WITHHELD** (not entered elsewhere)

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld ..... |  |  |  |  |
| State income tax withheld .....   |  |  |  |  |
| Local income tax withheld .....   |  |  |  |  |

Please add, change or delete 2011 information as appropriate.  
Be sure to attach all 1099-G forms.

### STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2011 1099-G Amount

|   |  |  |
|---|--|--|
| No. <input style="width: 40px;" type="text"/> | Name of payer .....<br>1=spouse .....<br>Unemployment compensation:<br>Total received (Box 1) .....<br>2011 Overpayment repaid .....<br>State and local refunds:<br>State and local income tax refund, credit or offsets (Box 2)<br>1=city or local income tax refund .....<br>Tax year for box 2 if not 2010 (Box 3) .....<br>Federal income tax withheld (Box 4) .....<br>ATAA/RTAA payments (Box 5) .....<br>Taxable grants:<br>Federal taxable amount (Box 6) .....<br>State taxable amount, if different .....<br>Farm amounts:<br>Agriculture payments (Box 7) .....<br>1=agriculture payments are from conservation reserve program .....<br>Market gain (Box 9) .....<br>Number of farm .....<br>1=box 2 is trade or business income (Box 8) .....<br>State income tax withheld (Box 11) ..... |  |
|---|--|--|

|   |  |  |
|---|--|--|
| No. <input style="width: 40px;" type="text"/> | Name of payer .....<br>1=spouse .....<br>Unemployment compensation:<br>Total received (Box 1) .....<br>2011 Overpayment repaid .....<br>State and local refunds:<br>State and local income tax refund, credit or offsets (Box 2)<br>1=city or local income tax refund .....<br>Tax year for box 2 if not 2010 (Box 3) .....<br>Federal income tax withheld (Box 4) .....<br>ATAA/RTAA payments (Box 5) .....<br>Taxable grants:<br>Federal taxable amount (Box 6) .....<br>State taxable amount, if different .....<br>Farm amounts:<br>Agriculture payments (Box 7) .....<br>1=agriculture payments are from conservation reserve program .....<br>Market gain (Box 9) .....<br>Number of farm .....<br>1=box 2 is trade or business income (Box 8) .....<br>State income tax withheld (Box 11) ..... |  |
|---|--|--|

Please enter all pertinent 2011 amounts and attach all 1099-Q forms.  
 Enter qualified education expenses below that are not entered elsewhere.  
 Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

2011 Amount

2010 Amount

|  |  |  |  |
|--|--|--|--|
| No. <input type="text"/>   | Name of payer .....  |  |  |
|  | 1=spouse .....   |  |  |
|  | Qualified expenses:  |  |  |
|  | Higher education (net of nontaxable benefits) .....                          |  |  |
|  | Elementary & secondary education (net of nontaxable benefits) .....          |  |  |
|  | Form 1099-Q:   |  |  |
|  | Gross distributions (Box 1) .....  |  |  |
|  | Earnings (Box 2) .....   |  |  |
|  | Basis (Box 3) .....  |  |  |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4) .....                              |  |  |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..... |  |  |
|  | ESA's only:  |  |  |
| 2011 contributions to this ESA .....                                 |  |  |  |
| Value of this account at 12/31/11 (plus outstanding rollovers) ..... |  |  |  |
| Basis in this ESA as of 12/31/10 .....                               |  |  |  |

|  |  |  |  |
|--|--|--|--|
| No. <input type="text"/>   | Name of payer .....  |  |  |
|  | 1=spouse .....   |  |  |
|  | Qualified expenses:  |  |  |
|  | Higher education (net of nontaxable benefits) .....                          |  |  |
|  | Elementary & secondary education (net of nontaxable benefits) .....          |  |  |
|  | Form 1099-Q:   |  |  |
|  | Gross distributions (Box 1) .....  |  |  |
|  | Earnings (Box 2) .....   |  |  |
|  | Basis (Box 3) .....  |  |  |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4) .....                              |  |  |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..... |  |  |
|  | ESA's only:  |  |  |
| 2011 contributions to this ESA .....                                 |  |  |  |
| Value of this account at 12/31/11 (plus outstanding rollovers) ..... |  |  |  |
| Basis in this ESA as of 12/31/10 .....                               |  |  |  |

|  |  |  |  |
|--|--|--|--|
| No. <input type="text"/>   | Name of payer .....  |  |  |
|  | 1=spouse .....   |  |  |
|  | Qualified expenses:  |  |  |
|  | Higher education (net of nontaxable benefits) .....                          |  |  |
|  | Elementary & secondary education (net of nontaxable benefits) .....          |  |  |
|  | Form 1099-Q:   |  |  |
|  | Gross distributions (Box 1) .....  |  |  |
|  | Earnings (Box 2) .....   |  |  |
|  | Basis (Box 3) .....  |  |  |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4) .....                              |  |  |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..... |  |  |
|  | ESA's only:  |  |  |
| 2011 contributions to this ESA .....                                 |  |  |  |
| Value of this account at 12/31/11 (plus outstanding rollovers) ..... |  |  |  |
| Basis in this ESA as of 12/31/10 .....                               |  |  |  |

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Business Income (Schedule C)

No.

16

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession
Principal business code
Business name, if different from Form 1040
Business address, if different from Form 1040
City, if different from Form 1040
State, if different from Form 1040
ZIP code, if different from Form 1040
Employer identification number
Other accounting method

Form grid for general information entries

Accounting method: 1=cash, 2=accrual
Inventory method: 1=cost, 2=lower cost/market, 3=other
1=change of inventory method
1=spouse, 2=joint
1=first Schedule C filed for this business
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no
1=not subject to self-employment tax
1=did not "materially participate"
1=personal services is not a material income producing factor
1=investment
1=minister's Schedule C
1=single member limited liability company

Form grid for accounting and inventory methods

INCOME

Merchant card and third party payments (Form 1099-K, Box 1) \*
Gross receipts or sales (Form 1099-MISC, box 7)
Returns and allowances
Other income:

Table with 2 columns: 2011 Amount, 2010 Amount. Rows for merchant card payments, gross receipts, returns, and other income.

COST OF GOODS SOLD

Inventory at beginning of the year
Purchases
Cost of items for personal use
Cost of labor
Materials and supplies
Other costs:

Table with 2 columns for 2011 and 2010 amounts. Rows for inventory at beginning, purchases, personal use, labor, and materials.

Inventory at end of the year

Summary table for inventory at end of the year

2011

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US

Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|   | 2011 Amount | 2010 Amount |
|---|-------------|-------------|
| Accounting .....  |             |             |
| Advertising .....   |             |             |
| Answering service .....   |             |             |
| Bad debts from sales or service .....                                 |             |             |
| Bank charges .....  |             |             |
| Car and truck expenses (not entered elsewhere) .....                  |             |             |
| Commissions .....   |             |             |
| Contract labor .....  |             |             |
| Delivery and freight .....  |             |             |
| Dues and subscriptions .....  |             |             |
| Employee benefit programs .....                                       |             |             |
| Insurance (other than health) .....                                   |             |             |
| Mortgage interest (paid to banks, etc.) .....                         |             |             |
| Other interest (not entered elsewhere) .....                          |             |             |
| Janitorial .....  |             |             |
| Laundry and cleaning .....  |             |             |
| Legal and professional .....  |             |             |
| Miscellaneous .....   |             |             |
| Office expense .....  |             |             |
| Outside services .....  |             |             |
| Parking and tolls .....   |             |             |
| Pension and profit sharing plans - contributions .....                |             |             |
| Pension and profit sharing plans - admin. and education costs .....   |             |             |
| Postage .....   |             |             |
| Printing .....  |             |             |
| Rent - vehicles, machinery, & equipment (not entered elsewhere) ..... |             |             |
| Rent - other .....  |             |             |
| Repairs .....   |             |             |
| Security .....  |             |             |
| Supplies .....  |             |             |
| Taxes - real estate .....   |             |             |
| Taxes - payroll .....   |             |             |
| Taxes - sales tax included in gross receipts .....                    |             |             |
| Taxes - other (not entered elsewhere) .....                           |             |             |
| Telephone .....   |             |             |
| Tools .....   |             |             |
| Travel .....  |             |             |
| Total meals and entertainment in full (50%) .....                     |             |             |
| Department of Transportation meals in full (80%) .....                |             |             |
| Uniforms .....  |             |             |
| Utilities .....   |             |             |
| Wages .....   |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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2011

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US

Installment Sales (Form 6252)

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

2011 Amount

2010 Amount

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

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If you sold your home or moved in 2011, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

**SALE OF HOME (17)**

|  |  |
|--|--|
| Description of property (Box 3) .....  |  |
| Date acquired (m/d/y) .....  |  |
| Date sold (m/d/y) (Box 1) .....  |  |
| Sales price (Box 2) .....  |  |
| 1=sale of home .....   |  |
| 1=owned and used property as main home for at least 2 of 5 years before sale .....         |  |
| 1=first-time homebuyer credit was previously taken on this home .....                      |  |
| 1=business use in year of sale .....   |  |
| Number of days after December 31, 2008 that home was not used as principal residence ..... |  |

**Adjusted Basis**

|                      |  |
|----------------------|--|
| Original cost .....  |  |
| Improvements:        |  |
| .....                |  |
| .....                |  |
| .....                |  |
| Adjusted basis ..... |  |

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

|                              |  |
|------------------------------|--|
| .....                        |  |
| .....                        |  |
| .....                        |  |
| Total expenses of sale ..... |  |

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

|   |  |
|---|--|
| If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..... |  |
| 1=sale due to change in health, employment or unforeseen circumstances .....  |  |
| Days used as main home - taxpayer .....   |  |
| Days used as main home - spouse .....   |  |
| Days property owned - taxpayer .....  |  |
| Days property owned - spouse .....  |  |

**MOVING EXPENSES (27)** (If you moved because of a change in the location of your job)

|   |  |
|---|--|
| 1=spouse, 2=joint .....   |  |
| 1=armed forces move due to permanent change of station .....                          |  |
| Miles from old home to new work place .....   |  |
| Miles from old home to old work place .....   |  |
| Expenses for transportation and storage of household goods and personal effects ..... |  |
| Lodging and travel (excluding meals):   |  |
| Lodging and travel (excluding automobile) .....                                       |  |
| Parking fees and tolls .....  |  |
| Gas and oil .....   |  |
| Miles driven to new home (1/1/11 - 6/30/11) .....                                     |  |
| Miles driven to new home (7/1/11 - 12/31/11) .....                                    |  |

(\* owned and used property as main home for at least 2 of 5 years before sale)



Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**DIRECT EXPENSES (continued)**

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

|  | 2011 Amount | 2010 Amount |
|--|-------------|-------------|
| Pest control.....                          |             |             |
| Plumbing and electrical.....               |             |             |
| Repairs.....                               |             |             |
| Supplies.....                              |             |             |
| Taxes - real estate.....                   |             |             |
| Taxes - other (not entered elsewhere)..... |             |             |
| Telephone.....                             |             |             |
| Utilities.....                             |             |             |
| Wages and salaries.....                    |             |             |
| Other:                                     |             |             |
| _____                                      |             |             |
| _____                                      |             |             |
| _____                                      |             |             |

**OIL AND GAS**

|  |  |  |
|--|--|--|
| Production type (preparer use only).....                         |  |  |
| Cost depletion.....  |  |  |
| Percentage depletion rate or amount.....                         |  |  |
| State cost depletion, if different (-1 if none).....             |  |  |
| State % depletion rate or amount, if different (-1 if none)..... |  |  |

**VACATION HOME**

|  |  |  |
|--|--|--|
| Number of days rented at fair market value.....        |  |  |
| Number of days personal use.....                       |  |  |
| Number of days owned (if optional method elected)..... |  |  |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|  |  |  |
|--|--|--|
| Advertising.....                             |  |  |
| Association dues.....                        |  |  |
| Auto and travel (not entered elsewhere)..... |  |  |
| Cleaning and maintenance.....                |  |  |
| Commissions.....                             |  |  |
| Gardening.....                               |  |  |
| Insurance.....                               |  |  |
| Legal and professional fees.....             |  |  |
| Licenses and permits.....                    |  |  |
| Management fees.....                         |  |  |
| Miscellaneous.....                           |  |  |
| Mortgage interest (paid to banks, etc.)..... |  |  |
| Qualified mortgage insurance premiums.....   |  |  |
| Excess mortgage interest.....                |  |  |
| Other interest (not entered elsewhere).....  |  |  |
| Painting and decorating.....                 |  |  |

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US

Rental & Royalty Income (Sch. E) (cont.)

No.

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**INDIRECT EXPENSES (continued)**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|   | 2011 Amount | 2010 Amount |
|---|-------------|-------------|
| Pest control .....                          |             |             |
| Plumbing and electrical .....               |             |             |
| Repairs .....                               |             |             |
| Supplies .....                              |             |             |
| Taxes - real estate .....                   |             |             |
| Taxes - other (not entered elsewhere) ..... |             |             |
| Telephone .....                             |             |             |
| Utilities .....                             |             |             |
| Wages and salaries .....                    |             |             |
| Other:                                      |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |
| _____                                       |             |             |

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product

Employer ID number

|   |  |
|---|--|
| Agricultural activity code  |  |
| Accounting method: 1=cash, 2=accrual  |  |
| 1=spouse, 2=joint   |  |
| 1=farm rental (Form 4835)   |  |
| 1=crop insurance proceeds election  |  |
| Received applicable subsidy this year: 1=yes, 2=no  |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no |  |
| 1=did not "materially participate" (Schedule F only)  |  |
| 1=did not actively participate (Form 4835 only)   |  |
| 1=real estate professional (Form 4835 only)   |  |
| 1=single member limited liability company   |  |
| % of ownership if not 100% (.xxxx) (Form 4835 only)   |  |

**FARM INCOME**

Cash method:

|   | 2011 Amount | 2010 Amount |
|---|-------------|-------------|
| Specified sales of livestock and other resale items (1099-K, Box 1) * |             |             |
| Sales of livestock and other resale items not included above          |             |             |
| Cost or basis of livestock or other resale items                      |             |             |
| Specified sales of products raised (1099-K, Box 1) *                  |             |             |
| Sales of products raised not included above                           |             |             |

Accrual method:

|   |  |  |
|---|--|--|
| Specified sales of livestock, produce, etc. (1099-K, Box 1) * |  |  |
| Sales of livestock, produce, etc. not included above          |  |  |
| Beginning inventory of livestock, etc.                        |  |  |
| Cost of livestock, etc. purchased                             |  |  |
| Ending inventory of livestock, etc.                           |  |  |

Other farm income:

|   |  |  |
|---|--|--|
| Total cooperative distributions                               |  |  |
| Taxable cooperative distributions                             |  |  |
| Total agricultural program payments (other than CRP)          |  |  |
| Taxable agricultural program payments (other than CRP)        |  |  |
| Total conservation reserve program payments                   |  |  |
| Taxable conservation reserve program payments                 |  |  |
| Commodity credit loans reported under election                |  |  |
| Total commodity credit loans forfeited or repaid              |  |  |
| Taxable commodity credit loans forfeited or repaid            |  |  |
| Total crop insurance proceeds received in 2010                |  |  |
| Taxable crop insurance proceeds received in 2010              |  |  |
| Taxable crop insurance proceeds deferred from 2009            |  |  |
| Specified custom hire (machine work) income (1099-K, Box 1) * |  |  |
| Custom hire (machine work) income not included above          |  |  |
| Adjustments to amounts from Form(s) 1099-K *                  |  |  |

\* NOTE: Based on late revisions to the 2011 Schedules F, income from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

FARM INCOME (continued)

Specified other income (1099-K, Box 1) \*

2011 Amount

2010 Amount

Table with 2 columns: 2011 Amount, 2010 Amount. 3 rows for specified other income.

Other income not included above:

Table with 2 columns: 2011 Amount, 2010 Amount. 3 rows for other income not included above.

FARM EXPENSES

- Car and truck expenses (not entered elsewhere)
Chemicals
Conservation expenses
Custom hire (machine work)
Employee benefit programs
Feed purchased
Fertilizers and lime
Freight and trucking
Gasoline, fuel, and oil
Insurance (other than health)
Mortgage interest (paid to banks, etc.)
Other interest (not entered elsewhere)
Labor hired
Pension and profit sharing - contributions
Pension and profit sharing plans - admin. and education costs
Rent - vehicles, machinery, and equipment (not entered elsewhere)
Rent - other
Repairs and maintenance
Seeds and plants purchased
Storage and warehousing
Supplies purchased
Taxes (not entered elsewhere)
Utilities
Veterinary, breeding, and medicine
Capitalized preproductive period expenses (also enter below)
Other expenses:

Table with 2 columns: 2011 Amount, 2010 Amount. 20 rows for farm expenses.

Table with 2 columns: 2011 Amount, 2010 Amount. 8 rows for other expenses.

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

\* NOTE: Based on late revisions to the 2011 Schedules F, income from Form 1099-K, Box 1 will not be reported separately (for 2011 only).











Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

|   | 2011 Amount |        | 2010 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) ..... |             |        |             |        |
| Contributions made to date: .....   |             |        |             |        |
| 1=covered by plan, 2=not covered: .....   |             |        |             |        |
| 2011 payments from 1/1/12 to 4/17/12 .....  |             |        |             |        |

**ROTH IRA CONTRIBUTIONS**

|  | 2011 Amount |        | 2010 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older) ..... |             |        |             |        |
| Contributions made to date: .....  |             |        |             |        |

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

|   | 2011 Amount |        | 2010 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |        |             |        |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....    |             |        |             |        |
| Defined benefit contributions you expect to make .....                                  |             |        |             |        |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) ..... |             |        |             |        |
| Plan contribution rate if not .25 (.xxxx) .....   |             |        |             |        |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) .....                     |             |        |             |        |
| Individual 401k: SE designated Roth contributions (1=max.) .....                        |             |        |             |        |

**SIMPLE contributions:**

|   | 2011 Amount |        | 2010 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) ..... |             |        |             |        |
| Employer matching rate if not .03 (.xxxx) .....                                 |             |        |             |        |
| 1=nonelective contributions (2%) .....  |             |        |             |        |
| Contributions made to date: .....   |             |        |             |        |

**ADJUSTMENTS TO INCOME**

|  | 2011 Amount |        | 2010 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Self-employed health insurance:                      |             |        |             |        |
| Total premiums (excluding long-term care) .....      |             |        |             |        |
| Long-term care premiums .....                        |             |        |             |        |
| Student loan interest paid (1098-E, box 1) .....     |             |        |             |        |
| Educator expenses (kindergarten thru grade 12) ..... |             |        |             |        |
| Jury duty pay given to employer .....                |             |        |             |        |
| Expenses from rental of personal property .....      |             |        |             |        |
| Other adjustments to income:                         |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |
| _____  |             |        |             |        |

Alimony paid:

|                              | Taxpayer  | Spouse    |
|------------------------------|-----------|-----------|
| Recipient's first name ..... |           |           |
| Recipient's last name .....  |           |           |
| Recipient's SSN .....        |           |           |
| Amount paid .....            | 2010 amt: | 2010 amt: |

|             |             |           |                            |           |
|-------------|-------------|-----------|----------------------------|-----------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Itemized Deductions</b> | <b>25</b> |
|-------------|-------------|-----------|----------------------------|-----------|

**Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

|  | 2011 Amount | TS | 2010 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs .....   |             |    |             |
| Doctors, dentists and nurses .....   |             |    |             |
| Hospitals and nursing homes .....  |             |    |             |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. |             |    |             |
| Long-term care premiums - taxpayer .....   |             |    |             |
| Long-term care premiums - spouse .....   |             |    |             |
| Insurance reimbursement (enter as a positive number) .....                                 |             |    |             |
| Lodging and transportation:  |             |    |             |
| Out-of-pocket expenses .....   |             |    |             |
| Medical miles driven (1/1/11 - 6/30/11) .....  |             |    |             |
| Medical miles driven (7/1/11 - 12/31/11) .....   |             |    |             |
| Other medical and dental expenses:   |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |

**TAXES PAID** (State and local withholding and 2011 estimates are automatic.)

|  |  |  |  |
|--|--|--|--|
| State income taxes - 1/11 payment on 2010 state estimate .....           |  |  |  |
| State income taxes - paid with 2010 state extension .....                |  |  |  |
| State income taxes - paid with 2010 state return .....                   |  |  |  |
| State income taxes - paid for prior years and/or to other state .....    |  |  |  |
| City/local income taxes - 1/11 payment on 2010 city/local estimate ..... |  |  |  |
| City/local income taxes - paid with 2010 city/local extension .....      |  |  |  |
| City/local income taxes - paid with 2010 city/local return .....         |  |  |  |

**SALES AND USE TAXES PAID**

|  |  |  |  |
|--|--|--|--|
| State and local sales taxes (except autos and special items) ..... |  |  |  |
| Use taxes paid on 2011 purchases .....                             |  |  |  |
| Use taxes paid with 2010 state return .....                        |  |  |  |
| Sales tax on autos not included above .....                        |  |  |  |
| Sales tax on boats, aircraft, other special items .....            |  |  |  |

**OTHER TAXES PAID**

|   |  |  |  |
|---|--|--|--|
| Real estate taxes - principal residence:  |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |
| Real estate taxes - property held for investment .....  |  |  |  |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) .. |  |  |  |
| Foreign income taxes .....  |  |  |  |
| Other taxes:  |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |
| _____   |  |  |  |

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |

Home mortgage interest not reported on Form 1098:

|                                   |       |
|-----------------------------------|-------|
| Payee's name .....                | _____ |
| Payee's SSN or FEIN. . . . .      | _____ |
| Payee's street address. . . . .   | _____ |
| Payee's city, state, ZIP. . . . . | _____ |
| Amount paid .....                 | _____ |

Points not reported on Form 1098:

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) .....

Investment interest (interest on margin accounts):

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |

Passive interest .....

Certain home mortgage interest included above (6251) .....

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |

Volunteer expenses (out-of-pocket) .....

Number of charitable miles .....

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |
| _____ |             |    |             |

Volunteer expenses (out-of-pocket) .....

Number of charitable miles .....

|       | 2011 Amount | TS | 2010 Amount |
|-------|-------------|----|-------------|
| _____ |             |    |             |
| _____ |             |    |             |

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Three horizontal lines for entering 2011 amounts under the 50% limitation category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Three rows for data entry.

30% limitation (see above):

Three horizontal lines for entering 2011 amounts under the 30% limitation category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Three rows for data entry.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2011 amounts under the 30% capital gain property category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Three rows for data entry.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2011 amounts under the 20% capital gain property category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Three rows for data entry.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2011 Amount, TS, 2010 Amount. One row for Union and professional dues.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2011 amounts under the other unreimbursed employee expenses category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Five rows for data entry.

Investment expense:

Five horizontal lines for entering 2011 amounts under the investment expense category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Five rows for data entry.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Two rows for Tax return preparation fee and Safe deposit box rental.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2011 amounts under the miscellaneous deductions category.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Five rows for data entry.





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**Noncash Contributions (Form 8283)**

26

**If your total noncash contributions are in excess of \$500 in 2011, please complete the information below for each donee using the following guidelines:**

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of such property in which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

|  |   |                             |  |
|--|---|-----------------------------|--|
| No. <input style="width: 40px;" type="text"/>            | Name of charitable organization (donee) .....     |                             |  |
|  | Street address .....                              |                             |  |
|  | City .....  |                             |  |
|  | State .....                                       |                             |  |
|  | ZIP code .....                                    |                             |  |
|  | 1=spouse, 2=joint .....                           |                             |  |
|  | Property description (other than vehicle) .....   |                             |  |
|  | Vehicle   | Year (yyyy) .....           |  |
|  |   | Make and model .....        |  |
|  |   | Condition and mileage ..... |  |
|  | Date of contribution (m/d/y) * .....              |                             |  |
|  | Date acquired by donor (m/y) * .....              |                             |  |
|  | How acquired by donor (Table 1 or describe) ..... |                             |  |
| Donor's cost or basis .....                              |   |                             |  |
| Fair market value .....                                  |   |                             |  |
| Method used to determine FMV (Table 2 or describe) ..... |   |                             |  |

|  |   |                             |  |
|--|---|-----------------------------|--|
| No. <input style="width: 40px;" type="text"/>            | Name of charitable organization (donee) .....     |                             |  |
|  | Street address .....                              |                             |  |
|  | City .....  |                             |  |
|  | State .....                                       |                             |  |
|  | ZIP code .....                                    |                             |  |
|  | 1=spouse, 2=joint .....                           |                             |  |
|  | Property description (other than vehicle) .....   |                             |  |
|  | Vehicle   | Year (yyyy) .....           |  |
|  |   | Make and model .....        |  |
|  |   | Condition and mileage ..... |  |
|  | Date of contribution (m/d/y) * .....              |                             |  |
|  | Date acquired by donor (m/y) * .....              |                             |  |
|  | How acquired by donor (Table 1 or describe) ..... |                             |  |
| Donor's cost or basis .....                              |   |                             |  |
| Fair market value .....                                  |   |                             |  |
| Method used to determine FMV (Table 2 or describe) ..... |   |                             |  |

|  |   |
|--|---|
| <p><b>1 How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance<br/>                 2 = Gift                              4 = Exchange</p> | <p><b>2 Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog<br/>                 2 = Thrift shop value              4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p> |
|--|---|

|             |             |           |   |  |           |
|-------------|-------------|-----------|---|--|-----------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Business Use of Home (Form 8829)</b> | No. <input style="width:40px;" type="text"/> | <b>29</b> |
|-------------|-------------|-----------|---|--|-----------|

**Please enter 2011 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

|   | 2011 Amount | 2010 Amount |
|---|-------------|-------------|
| Form.....   |             |             |
| Number of form (e.g., enter 2 for Schedule C number 2).....               |             |             |
| Business use area (square footage).....                                   |             |             |
| Total area of home (square footage).....                                  |             |             |
| Total hours facility used (for daycare facilities only).....              |             |             |
| Total hours available (if not 8,760).....                                 |             |             |
| % (.xx) or amount of gross income from home if not 100% (-1 if none)..... |             |             |
| % (.xx) or amount of expenses from home if not 100% (-1 if none).....     |             |             |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

|  |  |  |
|--|--|--|
| Mortgage interest.....                     |  |  |
| Real estate taxes.....                     |  |  |
| Qualified mortgage insurance premiums..... |  |  |
| Casualty losses.....                       |  |  |
| Insurance.....                             |  |  |
| Miscellaneous.....                         |  |  |
| Rent.....                                  |  |  |
| Repairs and maintenance.....               |  |  |
| Utilities.....                             |  |  |
| Excess mortgage interest.....              |  |  |
| Other indirect expenses:                   |  |  |
| _____                                      |  |  |
| _____                                      |  |  |
| _____                                      |  |  |

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

|  |  |  |
|--|--|--|
| Mortgage interest.....                     |  |  |
| Real estate taxes.....                     |  |  |
| Qualified mortgage insurance premiums..... |  |  |
| Casualty losses.....                       |  |  |
| Insurance.....                             |  |  |
| Miscellaneous.....                         |  |  |
| Rent.....                                  |  |  |
| Repairs and maintenance.....               |  |  |
| Utilities.....                             |  |  |
| Excess mortgage interest.....              |  |  |
| Excess casualty losses.....                |  |  |
| Allowable casualty losses.....             |  |  |
| Other direct expenses:                     |  |  |
| _____                                      |  |  |
| _____                                      |  |  |
| _____                                      |  |  |



|             |             |           |   |  |              |
|-------------|-------------|-----------|---|--|--------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Vehicle Expenses (Form 2106) (cont.)</b> | No. <input style="width:40px;" type="text"/> | <b>30</b> p2 |
|-------------|-------------|-----------|---|--|--------------|

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**VEHICLE INFORMATION**

- 1=vehicle used primarily by more than 5% owner .....
- 1=vehicle is available for off-duty personal use .....
- 1=no other vehicle is available for personal use .....
- 1=no evidence to support your deduction .....
- 1=no written evidence to support your deduction .....

| 2011 Amount | 2010 Amount |
|-------------|-------------|
|             |             |
|             |             |
|             |             |
|             |             |
|             |             |

**VEHICLE 1**

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage (from 1/1/11 to 6/30/11) .....
- Business mileage (from 7/1/11 to 12/31/11) .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of vehicle business use (if not 12) .....
- Parking fees and tolls (business portion only) .....

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**Actual expenses:**

- Gasoline, lube, oil .....
- Repairs .....
- Tires .....
- Insurance .....
- Miscellaneous .....
- Auto license (other than personal property taxes) .....
- Personal property taxes (based on car's value) .....
- Interest (car loan) (for Schedule C, E & F) .....
- Vehicle rent or lease payments .....
- Inclusion amount (enter as positive) .....
- Value of employer-provided vehicle on Form W-2 (2106) .....

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**VEHICLE 2**

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage (from 1/1/11 to 6/30/11) .....
- Business mileage (from 7/1/11 to 12/31/11) .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of vehicle business use (if not 12) .....
- Parking fees and tolls (business portion only) .....

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**Actual expenses:**

- Gasoline, lube, oil .....
- Repairs .....
- Tires .....
- Insurance .....
- Miscellaneous .....
- Auto license (other than personal property taxes) .....
- Personal property taxes (based on car's value) .....
- Interest (car loan) (for Schedule C, E and F) .....
- Vehicle rent or lease payments .....
- Inclusion amount (enter as positive) .....
- Value of employer-provided vehicle on Form W-2 (2106) .....

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Please enter all pertinent 2011 information.

**GENERAL INFORMATION**

1=spouse

Foreign address of taxpayer, if different from Form 1040:

Street address

City

Region

Postal code

Country

Employer:

Name

U.S. street address

U.S. city

U.S. state

U.S. ZIP code

Foreign street address

Foreign city

Foreign region

Foreign postal code

Foreign country

Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.

Employer type, if other

| Type of exclusion revoked if revoked in earlier year (if applicable): | Tax year revocation was effective                    |
|---|--|
| <input style="width:95%; height:20px;" type="text"/>                  | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/>                  | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/>                  | <input style="width:95%; height:20px;" type="text"/> |

Country of citizenship

| City and country of separate foreign residence if maintained due to adverse living conditions (if applicable): | Number of days during tax year at separate foreign address (if applicable) |
|--|--|
| <input style="width:95%; height:20px;" type="text"/>   | <input style="width:95%; height:20px;" type="text"/>                       |
| <input style="width:95%; height:20px;" type="text"/>   | <input style="width:95%; height:20px;" type="text"/>                       |
| <input style="width:95%; height:20px;" type="text"/>   | <input style="width:95%; height:20px;" type="text"/>                       |

| Tax homes(s) during tax year:                        | Dates tax home(s) were established (m/d/y)           |
|--|--|
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |

Please enter all pertinent 2011 information.

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2011 as well as travel for 2012 known to date.

| Travel Type (table) | Name of country (if not United States) | Date arrived | Date left | Days in U.S. on business |
|---------------------|--|--------------|-----------|--------------------------|
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

|  |  |                            |
|--|--|----------------------------|
| Beginning date for bona fide residence (m/d/y) .....   |  |                            |
| Ending date for bona fide residence (m/d/y) .....  |  |                            |
| Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer. .... |  |                            |
| Names of family living abroad with taxpayer (if applicable):   |  | Period family lived abroad |
|  |  |                            |
|  |  |                            |
|  |  |                            |

|  |  |  |
|--|--|--|
| 1=submitted statement to country of bona fide residence. ....                    |  |  |
| 1=required to pay income tax to country of bona fide residence. ....             |  |  |
| Contractual terms relating to length of employment abroad. ....                  |  |  |
| Type of visa you entered foreign country under. ....                             |  |  |
| Explanation why visa limited stay or employment in country (if applicable). .... |  |  |

|   |                                    |   |  |
|---|------------------------------------|---|--|
| Address of home in U.S. maintained while living abroad (if applicable): | 1=U.S. home rented (if applicable) | Names of occupants in U.S. home (if applicable) | Relationship of occupants in U.S. home (if applicable) |
|   |                                    |   |  |
|   |                                    |   |  |
|   |                                    |   |  |

Principal country of employment .....

|  |
|--|
|  |
|--|

**FOREIGN HOUSING EXPENSES**

|                                  | 2011 Amount   | 2010 Amount |
|----------------------------------|---|-------------|
| Qualified housing expenses. .... |   |             |
| Location of housing expenses:    | Qualifying days in location (multiple locations only) |             |
|                                  |   |             |
|                                  |   |             |

|                                  |
|----------------------------------|
| <b>Travel Type</b>               |
| 1 = Travel to U.S. (default)     |
| 2 = Travel to foreign country    |
| 3 = Travel to restricted country |

|             |             |           |   |  |             |
|-------------|-------------|-----------|---|--|-------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Foreign Income Exclusion (Form 2555)</b> | No. <input style="width:40px;" type="text"/> | <b>31.2</b> |
|-------------|-------------|-----------|---|--|-------------|

**Please enter all pertinent 2011 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

**FOREIGN WAGES, SALARIES, TIPS**

|   | 2011 Amount | 2010 Amount |
|---|-------------|-------------|
| Name or number .....                          |             |             |
| 1=spouse .....                                |             |             |
| 1=retirement plan (Box 13) .....              |             |             |
| Name of employer (Box c) .....                |             |             |
| Wages, tips, other compensation (Box 1) ..... |             |             |
| Federal income tax withheld (Box 2) .....     |             |             |
| Social security tax withheld (Box 4) .....    |             |             |
| Medicare tax withheld (Box 6) .....           |             |             |
| State income tax withheld (Box 17) .....      |             |             |
| Local income tax withheld (Box 19) .....      |             |             |

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

|                                 |  |  |
|---------------------------------|--|--|
| Home (lodging) .....            |  |  |
| Meals .....                     |  |  |
| Car .....                       |  |  |
| Other properties or facilities: |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

**Allowances and Reimbursements**

|  |  |  |
|--|--|--|
| Cost of living and overseas differential ..... |  |  |
| Family .....                                   |  |  |
| Education .....                                |  |  |
| Home leave .....                               |  |  |
| Quarters .....                                 |  |  |
| Other purposes:                                |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|   |  |  |
|---|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119) ..... |  |  |
|---|--|--|

**Other Foreign Earned Income**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

**2011 Days Worked Allocation Information**

|   |  |  |
|---|--|--|
| Total number of days worked (if not 240) .....                |  |  |
| Total days worked before and after foreign assignment .....   |  |  |
| Foreign days worked before and after foreign assignment ..... |  |  |

|             |             |           |                                       |             |
|-------------|-------------|-----------|---------------------------------------|-------------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Health Savings Accounts (8889)</b> | <b>32.1</b> |
|-------------|-------------|-----------|---------------------------------------|-------------|

**Please enter all pertinent 2011 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

**NOTE:** Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2011, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

|   | 2011 Amount |        | 2010 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| 1=self-only coverage, 2=family coverage. ....   |             |        |             |        |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)..... |             |        |             |        |
| Contributions included above that were made after you became eligible for Medicare .....  |             |        |             |        |
| Contributions made to date.....   |             |        |             |        |

**HSA DISTRIBUTIONS**

|   |  |  |  |  |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1) ..                     |  |  |  |  |
| Distributions included above that were rolled over to another HSA ..... |  |  |  |  |
| Total unreimbursed qualified medical expenses. ....                     |  |  |  |  |

|  |             |
|--|-------------|
|  | <b>32.1</b> |
|--|-------------|

**2011 1040 US Child and Dependent Care Expenses (Form 2441) 33.1,33.2**

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

|  | 2011 Amount |        | 2010 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Dependent care expenses incurred but not paid in 2011..... |             |        |             |        |
| Employer-provided benefits forfeited in 2011.....          |             |        |             |        |

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

|                          |  |           |
|--------------------------|--|-----------|
| No. <input type="text"/> | First name .....   |           |
|                          | Last name .....  |           |
|                          | Date of birth (m/d/y) .....                                      |           |
|                          | Social security number .....                                     |           |
|                          | Qualified dependent care expenses incurred and paid in 2011..... | 2010 amt: |
|                          | 1=disabled .....   |           |
| 1=spouse, 2=joint .....  |  |           |

|                          |  |           |
|--------------------------|--|-----------|
| No. <input type="text"/> | First name .....   |           |
|                          | Last name .....  |           |
|                          | Date of birth (m/d/y) .....                                      |           |
|                          | Social security number .....                                     |           |
|                          | Qualified dependent care expenses incurred and paid in 2011..... | 2010 amt: |
|                          | 1=disabled .....   |           |
| 1=spouse, 2=joint .....  |  |           |

|                          |  |           |
|--------------------------|--|-----------|
| No. <input type="text"/> | First name .....   |           |
|                          | Last name .....  |           |
|                          | Date of birth (m/d/y) .....                                      |           |
|                          | Social security number .....                                     |           |
|                          | Qualified dependent care expenses incurred and paid in 2011..... | 2010 amt: |
|                          | 1=disabled .....   |           |
| 1=spouse, 2=joint .....  |  |           |

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

|                          |   |           |
|--------------------------|---|-----------|
| No. <input type="text"/> | Name of provider .....                    |           |
|                          | Street address .....                      |           |
|                          | City, state, ZIP code .....               |           |
|                          | Identification number (SSN or EIN) .....  |           |
|                          | Amount paid to care provider in 2011..... | 2010 amt: |
|                          | 1=spouse, 2=joint .....                   |           |

|                          |   |           |
|--------------------------|---|-----------|
| No. <input type="text"/> | Name of provider .....                    |           |
|                          | Street address .....                      |           |
|                          | City, state, ZIP code .....               |           |
|                          | Identification number (SSN or EIN) .....  |           |
|                          | Amount paid to care provider in 2011..... | 2010 amt: |
|                          | 1=spouse, 2=joint .....                   |           |

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Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

|  |   | 2011 Amount   | 2010 Amount |  |
|--|---|---|-------------|--|
| No. <input type="text"/>                           | First name .....                          |   |             |  |
|  | Last name .....                           |   |             |  |
|  | Identification number .....               |   |             |  |
|  | Date of birth (m/d/y) .....               |   |             |  |
|  | 1=born before 1994 and was disabled ..... |   |             |  |
|  | 1=special needs child .....               |   |             |  |
|  | 1=foreign child .....                     |   |             |  |
|  | 1=adoption was not final in 2011 .....    |   |             |  |
|  | Qualified Adoption Expenses Paid in       | 2010 for adoption not finalized by end of 2011 .....              |             |  |
|  |   | Prior years for adoption of foreign child finalized in 2011 ..... |             |  |
| 2010 and 2011 for adoption finalized in 2011 ..... |   |   |             |  |
| 1=spouse, 2=joint .....                            |   |   |             |  |
| No. <input type="text"/>                           | First name .....                          |   |             |  |
|  | Last name .....                           |   |             |  |
|  | Identification number .....               |   |             |  |
|  | Date of birth (m/d/y) .....               |   |             |  |
|  | 1=born before 1994 and was disabled ..... |   |             |  |
|  | 1=special needs child .....               |   |             |  |
|  | 1=foreign child .....                     |   |             |  |
|  | 1=adoption was not final in 2011 .....    |   |             |  |
|  | Qualified Adoption Expenses Paid in       | 2010 for adoption not finalized by end of 2011 .....              |             |  |
|  |   | Prior years for adoption of foreign child finalized in 2011 ..... |             |  |
| 2010 and 2011 for adoption finalized in 2011 ..... |   |   |             |  |
| 1=spouse, 2=joint .....                            |   |   |             |  |
| No. <input type="text"/>                           | First name .....                          |   |             |  |
|  | Last name .....                           |   |             |  |
|  | Identification number .....               |   |             |  |
|  | Date of birth (m/d/y) .....               |   |             |  |
|  | 1=born before 1994 and was disabled ..... |   |             |  |
|  | 1=special needs child .....               |   |             |  |
|  | 1=foreign child .....                     |   |             |  |
|  | 1=adoption was not final in 2011 .....    |   |             |  |
|  | Qualified Adoption Expenses Paid in       | 2010 for adoption not finalized by end of 2011 .....              |             |  |
|  |   | Prior years for adoption of foreign child finalized in 2011 ..... |             |  |
| 2010 and 2011 for adoption finalized in 2011 ..... |   |   |             |  |
| 1=spouse, 2=joint .....                            |   |   |             |  |

Please complete the information below if you paid qualified education expenses in 2011 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

|  |  | 2011 Amount   | 2010 Amount |  |
|--|--|---|-------------|--|
| No. <input style="width:40px;" type="text"/> | Student Info.<br>1=taxpayer, 2=spouse .....<br>First name .....<br>Last name .....<br>Social security number ..... |   |             |  |
|  |  | 1=American opportunity credit, 2=lifetime learning credit ..... |             |  |
|  |  | Number of years hope credit claimed .....                       |             |  |
|  |  | Number of years American opportunity credit claimed .....       |             |  |
|  | Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no .....                                |   |             |  |
|  | Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) .....              |   |             |  |
|  | Books and supplies required to be purchased from institution .....   |   |             |  |
|  | Books and supplies not entered above .....   |   |             |  |
|  | Amount of prior year refund or assistance * .....  |   |             |  |

|  |  |   |  |  |
|--|--|---|--|--|
| No. <input style="width:40px;" type="text"/> | Student Info.<br>1=taxpayer, 2=spouse .....<br>First name .....<br>Last name .....<br>Social security number ..... |   |  |  |
|  |  | 1=American opportunity credit, 2=lifetime learning credit ..... |  |  |
|  |  | Number of years hope credit claimed .....                       |  |  |
|  |  | Number of years American opportunity credit claimed .....       |  |  |
|  | Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no .....                                |   |  |  |
|  | Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) .....              |   |  |  |
|  | Books and supplies required to be purchased from institution .....   |   |  |  |
|  | Books and supplies not entered above .....   |   |  |  |
|  | Amount of prior year refund or assistance * .....  |   |  |  |

|  |  |   |  |  |
|--|--|---|--|--|
| No. <input style="width:40px;" type="text"/> | Student Info.<br>1=taxpayer, 2=spouse .....<br>First name .....<br>Last name .....<br>Social security number ..... |   |  |  |
|  |  | 1=American opportunity credit, 2=lifetime learning credit ..... |  |  |
|  |  | Number of years hope credit claimed .....                       |  |  |
|  |  | Number of years American opportunity credit claimed .....       |  |  |
|  | Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no .....                                |   |  |  |
|  | Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) .....              |   |  |  |
|  | Books and supplies required to be purchased from institution .....   |   |  |  |
|  | Books and supplies not entered above .....   |   |  |  |
|  | Amount of prior year refund or assistance * .....  |   |  |  |

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

|             |             |           |  |           |
|-------------|-------------|-----------|--|-----------|
| <b>2011</b> | <b>1040</b> | <b>US</b> | <b>Household Employment Taxes (Schedule H)</b> | <b>42</b> |
|-------------|-------------|-----------|--|-----------|

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,700 or more in 2011; withheld federal income tax during 2011 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2011 to household employees, please complete the following:

Employer identification number .....

1=spouse, 2=joint .....

Social security, Medicare and income taxes:

|  | 2011 Amount  | 2010 Amount  |
|--|--|--|
| 1=paid any one employee cash wages of \$1,700 or more..... | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |
| 1=withheld federal income tax for household employee.....  | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |
| Total cash wages subject to social security taxes.....     | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |
| Total cash wages subject to Medicare taxes.....            | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |
| Federal income tax withheld.....                           | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |
| Advance earned income credit payments.....                 | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |
| Taxes withheld from state disability payments.....         | <input style="width:90%; height:20px;" type="text"/> | <input style="width:90%; height:20px;" type="text"/> |

Federal unemployment tax:

- 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011.....
- Total cash wages subject to FUTA tax.....
- 1=paid unemployment contributions to only one state.....
- 1=paid all state unemployment contributions by 4/15/12.....
- 1=all wages taxable for FUTA were also taxable for state unemployment.
- Name of state.....
- Contributions paid to state unemployment fund.....

|  |  |
|--|--|
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |
| <input style="width:95%; height:20px;" type="text"/> | <input style="width:95%; height:20px;" type="text"/> |

2011

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2011 amounts & attach all 1099-INT and 1099-DIV forms. Last year's amounts are provided for your reference.

CHILD'S INFORMATION

|                               |  |
|-------------------------------|--|
| First name .....              |  |
| Last name .....               |  |
| Social security number .....  |  |
| Date of birth (m/d/y) .....   |  |
| 1=nontaxable to federal ..... |  |
| 1=nontaxable to state .....   |  |

INTEREST INCOME (Form 1099-INT)

|  | 2011 Amount | 2010 Amount |
|--|-------------|-------------|
| Banks, credit unions, etc. (Box 1):                                      |             |             |
| U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):                 |             |             |
| Tax-exempt interest:   |             |             |
| Total municipal bonds .....  |             |             |
| In-state municipal bonds .....   |             |             |
| Adjustments:   |             |             |
| Nominee distribution .....   |             |             |
| Accrued interest .....   |             |             |
| Tax-exempt interest (1099-INT in error) .....                            |             |             |
| OID adjustment .....   |             |             |
| ABP adjustment .....   |             |             |
| Foreign:   |             |             |
| 1=interest in or authority over foreign account .....                    |             |             |
| Name of foreign country .....  |             |             |
| 1=grantor/transferor or received distribution from foreign trust .....   |             |             |
| Post 8/7/86 private activity bond interest (included above) (6251) ..... |             |             |

DIVIDEND INCOME (Form 1099-DIV)

|  |  |  |
|--|--|--|
| Total ordinary dividends (Box 1a):                   |  |  |
| Qualified dividends (Box 1b) .....                   |  |  |
| Total capital gain distributions (Box 2a):           |  |  |
| Unrecaptured section 1250 gain (Box 2b) .....        |  |  |
| Section 1202 gain (Box 2c) .....                     |  |  |
| Collectibles (28%) gain (Box 2d) .....               |  |  |
| Nontaxable distributions (Box 3) .....               |  |  |
| Tax-exempt interest:                                 |  |  |
| Total municipal bonds .....                          |  |  |
| In-state municipal bonds .....                       |  |  |
| Nominee distributions:                               |  |  |
| Ordinary dividends .....                             |  |  |
| Qualified dividends .....                            |  |  |
| Capital gain distributions .....                     |  |  |
| Alaska permanent fund dividends included above ..... |  |  |