

Miscellaneous Information

Name:

SSN:

Yes No

General Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were there any changes to your filing status or number of dependents during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur any childcare expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you have a change in residence or job location during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you move during 2011? From where? _____ Date of move _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you reside in more than one state during 2011? If yes, which states? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Would you like a copy of your tax return sent to you via email? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits? |

Yes No

Income Information

- | Yes | No | Question |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you received all W-2s from all employers? How many W-2s are attached? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you use your vehicle on the job other than for commuting to work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you work out of town at any time during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did you receive any disability income during the year? \$ _____. Attach 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you have any income from, or pay taxes to, a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you engage in any bartering transactions during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did you surrender any U.S. Savings Bonds during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you or your spouse have any IRA accounts? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Did you recharacterize any IRAs this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Did you receive any type of prize, award, or gambling winnings during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Did you receive any income not shown in this organizer? If so, please list. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Does anyone owe you money that has become uncollectible? |

Comments: _____

Miscellaneous Information

Name:

SSN:

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6 was the First-Time Homebuyer Credit taken?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2011
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2010 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>

Date and time of this year's appointment

Income Taxes Paid

Federal		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Resident State		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Local		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Dependents

Name:					SSN:					
First name/MI			Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you					
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses for American Opportunity Credit										
Education Credits - current year qualifying expenses for Lifetime Learning Credit										
First name/MI			Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you					
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses for American Opportunity Credit										
Education Credits - current year qualifying expenses for Lifetime Learning Credit										
First name/MI			Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you					
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses for American Opportunity Credit										
Education Credits - current year qualifying expenses for Lifetime Learning Credit										
First name/MI			Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you					
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses for American Opportunity Credit										
Education Credits - current year qualifying expenses for Lifetime Learning Credit										
First name/MI			Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you					
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses for American Opportunity Credit										
Education Credits - current year qualifying expenses for Lifetime Learning Credit										

Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

TS		Federal I.D. No.		Company Name	
		State I.D. No.			
		Federal wages	2011		2010
		Federal tax	2011		2010
		State wages	2011		2010
		State tax	2011		2010
		Locality	2011		2010
		Local tax	2011		2010

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS Employer's name and address: _____ Federal EIN _____

	2011	2010		2011	2010
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS Employer's name and address: _____ Federal EIN _____

	2011	2010		2011	2010
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. <input type="checkbox"/>		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Activity type _____ You disposed of this property during 2011 <input type="checkbox"/>				
You started or acquired this business during 2011 <input type="checkbox"/>				
Did you make any payments in 2011 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If, Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Income	2011	2010	2011	2010
Payments from Form 1099-K			Returns and allowances	
Gross receipts or sales			Other income	
Statutory Employee Earnings				

Expenses	2011	2010	2011	2010
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2011	2010	2011	2010
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Employer I.D. number				
Business name				
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity type				You disposed of this property during 2011 <input type="checkbox"/>
You started or acquired this business during 2011 <input type="checkbox"/>				
Did you make any payments in 2011 that would require you to file Form(s) 1099?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information

2011 **2010**

Family Health Coverage		
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Income

2011 **2010**

Merchant Card and third party payments from Form 1099-K		
Gross receipts or sales		
Statutory Employee Earnings that were not reported on Form W-2		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold

2011 **2010**

Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

Settlement fees or closing costs for old home.

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

Other increases to basis:

Describe:

If home was used for business, enter any depreciation claimed

Other decreases to basis:

Describe:

Information on time lived in the home sold

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

Yes

No

Yes

No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.

I sold the home to a related person

I converted the home to a rental or business or I still own the home but it is no longer my main home

I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____

My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

The taxpayer who claimed the credit died in 2011.

Amount of First-Time Homebuyer Credit taken

Please bring the contract for the sale of the home to your appointment.

Casualties and Thefts

Name: _____ **SSN:** _____

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area			
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area			
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Installment Sale Income

Name:

SSN:

TSJ		Description of property:		
Date acquired		Date sold		
				2011
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2011
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

TSJ		Description of property:		
Date acquired		Date sold		
				2011
				Prior Years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions & expense of sale				
Gross profit percentage				
Interest received				
Principal payments received				

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ **SSN:** _____

TSJ		Property description	Activity Type
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Did you make any payments in 2011 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Property Address

City _____ State _____ ZIP _____

Single Family Residence Multi-Family Residence Vacation / Short Term Rental

Commercial Land Royalties

Self-Rental Other _____

Fair Rental Days _____ Personal use days _____

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home

Some investment is NOT at risk Property was 100% disposed of in 2011 Property is a Single Member LLC

Income:	2011	2010
----------------	------	------

Enter merchant card and third party payments from Form 1099-K		
---	--	--

Enter "cashback" amounts, processing fees, other non-income items		
---	--	--

Payments not reported to you from Form 1099-K		
---	--	--

Expenses:	Direct expense		Indirect expense	
	2011	2010	2011	2010

Advertising				
-------------	--	--	--	--

Auto and travel				
-----------------	--	--	--	--

Cleaning and maintenance				
--------------------------	--	--	--	--

Commissions				
-------------	--	--	--	--

Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
--	--	--	--	--

Legal and professional fees				
-----------------------------	--	--	--	--

Management fees				
-----------------	--	--	--	--

Interest - mortgage				
---------------------	--	--	--	--

Interest - other				
------------------	--	--	--	--

Repairs				
---------	--	--	--	--

Supplies				
----------	--	--	--	--

Taxes				
-------	--	--	--	--

Utilities				
-----------	--	--	--	--

Other: (list)				
---------------	--	--	--	--

Other Information: Ownership Percentage		
--	--	--

Farm Rental Income and Expenses

Name: _____ **SSN:** _____

TSJ EIN Activity type: _____

Farm was 100% disposed of in 2011 Farm is a single member LLC

Received applicable subsidy in 2011 Some of your investment is NOT at risk

Income	2011	2010
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2011		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Other income		

Expenses	2011	2010	2011	2010
Car and truck expenses			Seeds and plants purchased	
Chemicals			Storage and warehousing	
Conservation expenses			Supplies purchased	
Custom hire (machine work)			Taxes	
Employee benefit programs			Utilities	
Feed purchased			Veterinary, breeding, & medicine	
Fertilizers and lime			Other expenses (list):	
Freight and trucking				
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				
Repairs and maintenance				

Form 1099-G Unemployment Compensation

Name: _____ **SSN:** _____

TSJ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City, State, Zip: _____

Payer's phone: _____ Account number: _____

	2011	2010		2011	2010
Unemployment compensation			State <input type="checkbox"/> State I.D. _____		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City, State, Zip: _____

Payer's phone: _____ Account number: _____

	2011	2010		2011	2010
Unemployment compensation			State <input type="checkbox"/> State I.D. _____		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

2011

2010

2011

2010

Rents

State

State I.D.

Royalties

State tax withheld

Other income

State income

Description

Name of locality

Federal tax withheld

Local tax withheld

Fishing boat proceeds

Local income

Medical & health care payments

State

State I.D.

Non-employee compensation

State tax withheld

Substitute payments

State income

Payer made direct sales of \$5,000 or more of consumer products

Name of locality

Crop insurance proceeds

Local tax withheld

Excess golden parachute

Local income

Gross attorney proceeds

TS For Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

2011

2010

2011

2010

Rents

State

State I.D.

Royalties

State tax withheld

Other income

State income

Description

Name of locality

Federal tax withheld

Local tax withheld

Fishing boat proceeds

Local income

Medical & health care payments

State

State I.D.

Non-employee compensation

State tax withheld

Substitute payments

State income

Payer made direct sales of \$5,000 or more of consumer products

Name of locality

Crop insurance proceeds

Local tax withheld

Excess golden parachute

Local income

Gross attorney proceeds

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:	SSN:
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TS	Payer's name:							Payer's Federal ID Number:
Address:								
City, State, Zip							2011	2010
	2011	2010	State		State I.D.			
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution			Name of locality					
Taxable amount			Local income tax withheld					
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain			State		State I.D.			
Federal income tax withheld			State income tax withheld					
Employee contributions or insurance premiums			State distribution					
Distribution code(s)			Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution			Local distribution					

TS	Payer's name:							Payer's Federal ID Number:
Address:								
City, State, Zip							2011	2010
	2011	2010	State		State I.D.			
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution			Name of locality					
Taxable amount			Local income tax withheld					
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain			State		State I.D.			
Federal income tax withheld			State income tax withheld					
Employee contributions or insurance premiums			State distribution					
Distribution code(s)			Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution			Local distribution					

Social Security Benefit Statement

		2011	2010			2011	2010		
TS	Net benefits			Medicare premiums				Income tax withheld	
TS	Net benefits			Medicare premiums				Income tax withheld	

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2011	2010	2011	2010
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Unemployment repaid in 2011				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2011				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Expenses for Business Use of Your Home

Name:

SSN:

TSJ For

Business Use of Home 2011 2010

Square feet of home used exclusively for business 2011 2010

Total square feet of home 2011 2010

Use of Home for Daycare 2011 2010

Area used part time for business 2011 2010

Total hours used for daycare 2011 2010

Total hours available 2011 2010

Did you live in the home all year? Yes No 2011 2010

Expenses

	Expenses directly related to business use only		Total Household expenses	
	2011	2010	2011	2010
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home 2011 2010

Enter the **smaller** of your home's adjusted basis or its fair market value 2011 2010

Does this include the value of the land? Yes No Value of land 2011 2010

Date placed in service 2011 2010

Date taken out of service 2011 2010

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

	2011	2010
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2011	2010	2011	2010
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2011				
Business miles before 7/1 included above				
Business miles after 6/30 included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2011, and before July 1, 2011, was a binding contract signed before May 1, 2011, to purchase the home before July 1, 2011?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on your 2010 return?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

Residential Energy Credits

Name:

SSN:

TSJ

Were improvements or costs made to your main home located in the US?

Yes No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2009	2010
------	------	------	------

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006	2007	2009	2010
------	------	------	------

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?

Yes No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2010 Form 5695, line 28

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

a Business miles before 7/1

b Business miles after 6/30

c Commuting

d Other

2011

2010

Expenses:

2011

2010

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %