



**J. D. FARMER**  
*and Associates, LLC*

12850 Middlebrook Road, Suite 206  
Germantown, MD 20874

*telephone* 301 540 1710  
*facsimile* 301 540 5271

Dear Client,

As 2011 ends and the new year begins, it's time to start thinking about taxes again. We hope 2011 has been a happy and prosperous year for you.

Enclosed is your 2011 Tax Organizer which we will use in preparing your 2011 tax return(s). It summarizes your 2010 tax information and provides space for you to enter your 2011 data. As you receive your 2011 tax documents, please collect them and keep them with this organizer. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc. Your check register may also include pertinent information.

A personalized list of necessary tax documents has been prepared. These are based upon last year's tax return, so be sure to enclose any new tax forms you received this year. Please include these documents with your completed organizer.

Complete only those schedules that apply to you. If you have already prepared other schedules for the necessary information, refer to them in the organizer and enclose them for our use. A fully completed organizer lessens the likelihood of omissions from your tax return.

When you have gathered all your tax information, you can scan, fax or mail the tax organizer, along with your various tax forms. You may also contact our office at 301-540-1710 to set up an appointment to complete your 2011 tax return(s). **We require a \$250 initial deposit that will be applied your invoice.**

We look forward to hearing from you soon and as always, do not hesitate to contact us if you have any questions.

Sincerely,

J. D. Farmer & Associates, LLC



**J. D. FARMER**  
*and Associates, LLC*

Dear Client,

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of services we will provide. Based upon the information you furnish to us, we will prepare your Federal and applicable state income tax returns for 2011.

We will not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

We will also prepare 2012 estimated tax vouchers if required, based on your income and withholding taxes for 2011. If you anticipate a substantial change in income or withholding taxes for 2012, please advise us as soon as possible. We will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates.

The charges for our services are based on our fee schedule and the complexity of the returns. **We require \$250 initial deposit. The Balance must be made prior to pickup or mailing of your tax returns. We now accept credit cards. We will e-mail your invoice up.**

You have the final responsibility for your income tax returns. Please review them carefully before you sign and mail them.

### **Record Retention**

In accordance with our firm's current document retention policy we will retain our work papers and your tax returns for your engagement for seven years. We will provide you a copy of the depreciation schedules and tax returns and other pertinent work papers that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard fees. After seven years, our work papers and files will no longer be available. Physical deterioration or catastrophic events may shorten the time during which our records will



**J. D. FARMER**  
*and Associates, LLC*

be available. The working papers and files of our firm are not a substitute for the original records of your company. It is agreed and understood that in connection with the performance of this engagement by J. D. Farmer & Associates that the work papers prepared by us shall remain the property of J. D. Farmer & Associates.

If the above is in accordance with your understanding of the terms and conditions of our agreement, please sign and return a copy of this letter.

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J. D. Farmer & Associates

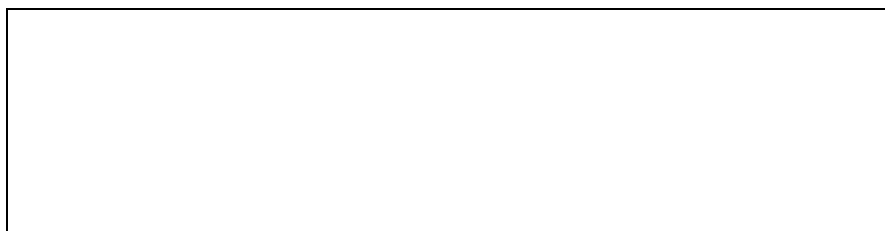
Accepted by:

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Client signature

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Date:



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2011 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2011 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2010 information is included for your reference. You do not need to make any 2010 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2010 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

J.D. Farmer & Associates LLC, CPA's  
12850 Middlebrook Road, Suite 206  
GERMANTOWN, MD 20874-5244  
Telephone: (301)540-1710 Fax: (301)540-5271  
E-mail: jfarmer@jdfcpa.com

**General Questions**

**ORG3**

**PERSONAL INFORMATION**

	Yes	No
<b>1</b> Did your marital status change during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain . . . _____		
<b>2</b> Do you want to allow your tax preparer to discuss this year's return with the IRS? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.		
Designee's Name . . . ▶ _____		
Phone Number . . . ▶ _____		Personal Identification Number (5 digit PIN) . . . ▶ _____
<b>3</b> Do you or your spouse plan to retire in 2012? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Were you or your spouse permanently and totally disabled in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Enter date of death for taxpayer or spouse (if during 2011 or 2012):		Spouse:
Taxpayer: _____		Spouse: _____
<b>6</b> Were you or your spouse a member of the U.S. Armed Forces during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**DEPENDENT INFORMATION**

	Yes	No
<b>7 a</b> Do you have dependents who must file? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>8 a</b> Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Are any of your dependents <b>not</b> U.S. citizens or residents? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you provide over half the support for any other person during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you incur adoption expenses during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**IRA, PENSION AND EDUCATION SAVINGS PLANS**

	Yes	No
<b>12</b> Did you receive payments from a pension or profit-sharing plan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>14 a</b> Did you convert all or part of a regular IRA into a Roth IRA? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did you contribute to a Coverdell Education Savings Account? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**ITEMS RELATED TO INCOME/LOSSES**

	Yes	No
<b>16</b> Did you receive any disability payments in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b> Did you receive tip income <b>not</b> reported to your employer? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>18 a</b> Did you buy, sell, refinance, or abandon a principal residence or other real property in 2011? (Attach copies of any escrow statements or Forms 1099.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Are you planning to purchase a home soon? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did you incur any casualty or theft losses during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>20</b> Did you incur any non-business bad debts? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR YEAR TAX RETURNS**

	Yes	No
<b>21</b> Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , enclose agent's report or notice of change.		
<b>22</b> Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
24 a At any time during 2011, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2011? Report all interest income on Org 11 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2011, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH AND LIFE INSURANCE**

	Yes	No
27 Did you or your spouse have self-employed health insurance? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
28 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
31 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**MISCELLANEOUS**

	Yes	No
32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2011? If <b>yes</b> , please attach details . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you start paying mortgage insurance premiums in 2011? If <b>yes</b> , please attach details . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
34 Did you purchase a motor vehicle or boat during 2011? . . . . . If <b>yes</b> , attach documentation showing sales tax paid.	<input type="checkbox"/>	<input type="checkbox"/>
35 Did you purchase a hybrid or electric vehicle in 2011? . . . . . If <b>yes</b> , enter year, make, model, and date purchased: _____	<input type="checkbox"/>	<input type="checkbox"/>
36 Did you donate a vehicle in 2011? If yes, attach Form 1098C . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
37 What was the sales tax rate in your locality in 2011? _____ % State ID . . . _____	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
39 Did you make gifts to a trust? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? . . . . . If <b>yes</b> , please attach details.	<input type="checkbox"/>	<input type="checkbox"/>
41 Did you or your spouse participate in a medical savings account in 2011? . . . . . If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you make a loan at an interest rate below market rate? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay any individual for domestic services in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
45 Did you, your spouse, or your dependents attend post-secondary school in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
46 Did a lender cancel any of your debt in 2011? (Attach any Forms 1099-A or 1099-C) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
47 Did you receive any income not included in this Tax Organizer? . . . . . If <b>yes</b> , please attach information.	<input type="checkbox"/>	<input type="checkbox"/>

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

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

**Caution:** Review transferred information for accuracy.

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

a Name of your financial institution . . . . . \_\_\_\_\_

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

c Account number . . . . . \_\_\_\_\_

d What type of account is this? . . . . . Checking  Savings

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

**Business/Investment Questions**

**ORG4**

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? . . . . . (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2011? . . . . . If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2011? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? . . . . . If <b>yes</b> , please list the type of use and the number of gallons for each fuel.	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
_____		
_____		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2010 federal income tax return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



**Basic Taxpayer Information**

**ORG6**

**PERSONAL INFORMATION**

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

**FILING STATUS**

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year . . . . .

Check this box if you are eligible to claim spouse's exemption . . . . .

Check this box if your spouse itemizes deductions . . . . .

4 Head of household

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

Child's name . . . . . \_\_\_\_\_ Child's social security number . . . . . \_\_\_\_\_

5 Qualifying widow(er)

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

**DEPENDENT INFORMATION**

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2011 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

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

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

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

## Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

### INTEREST INCOME

**Attach all copies of your Form 1099-INTs here.**

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

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

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

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

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

### DIVIDEND INCOME

**Attach all copies of your Form 1099-DIVs here.**

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

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

## Medical and Tax Expenses

**ORG13**

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

**Interest Paid and Cash Contributions**

ORG14

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
		-----
		-----

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

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

**Interest Paid and Cash Contributions (continued)**

ORG14

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

# Noncash Contributions

ORG14A

Copy 1

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

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

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

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

**\* Methods of determining FMV:**

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

**\*\* Type of Donated Property**

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

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

## Miscellaneous Itemized Deductions

ORG15

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

# Moving Expenses

ORG16

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

## FIRST MOVE

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

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

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

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

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

Number of miles from your old home to new workplace . . . . . \_\_\_\_\_

Number of miles from your old home to old workplace . . . . . \_\_\_\_\_

Are you a member of the armed forces? . . . . . Yes  No

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

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

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

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

## SECOND MOVE

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

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

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

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

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

Number of miles from your old home to new workplace . . . . . \_\_\_\_\_

Number of miles from your old home to old workplace . . . . . \_\_\_\_\_

Are you a member of the armed forces? . . . . . Yes  No

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

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

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

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

# Employee Business Expenses

**ORG17**

Occupation in which expenses were incurred. . . . . \_\_\_\_\_

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

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

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

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

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

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

Was this activity located in a Qualified Disaster Area  Yes  No

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

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

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

IMPAIRMENT-RELATED WORK EXPENSES	2011	2010
<b>14</b> If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2011, please complete ORG51— Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2011, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

**Employee Business Expenses (continued)**

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle . . . . .		
16 Date placed in service . . . . .		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading . . . . .		
b Beginning mileage reading . . . . .		
c <b>Total miles</b> for the year (line 17a less line 17b) . . . . .		
18a Business miles from 01/01/2011 thru 06/30/2011 . . . . .		
b Business miles from 07/01/2011 thru 12/31/2011 . . . . .		
19 Total commuting miles . . . . .		
20 Average daily commuting miles . . . . .		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? <b>(Preparer Use Only)</b> . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc . . . . .		
24 Vehicle registration fee (excluding property tax) . . . . .		
25 Vehicle lease or rental fee . . . . .		
26 Inclusion amount <b>(Preparer Use Only)</b> . . . . .		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2) . . . . .		
28 Depreciation <b>(Preparer Use Only)</b> . . . . .		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis . . . . .		
30 Is this an electric vehicle? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle <b>(Preparer Use Only)</b> . . . . .		
33 Section 179 expense <b>(Preparer Use Only)</b> . . . . .		
34 Qualified Property for Economic Stimulus? <b>(Preparer Use)</b> . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? <b>(Preparer Use)</b> . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone <b>(Preparer Use)</b> . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? <b>(Preparer Use Only)</b> . . . . .	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? <b>(Preparer Use)</b> . . . . .	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? <b>(Preparer Use)</b> . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? <b>(Preparer Use)</b> . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold . . . . .		
42 Date acquired, if different from line 16 . . . . .		
43 Sales price . . . . .		
44 Expense of sale . . . . .		
45 Gain/loss basis, if different <b>(Preparer Use Only)</b> . . . . .		
46 AMT gain/loss basis, if different <b>(Preparer Use Only)</b> . . . . .		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48 Is another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49 Do you have evidence to support the business use claimed? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50 If <b>yes</b> , is the evidence written? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Employee Home Office Expense

ORG17A

for:  
copy:

GENERAL INFORMATION	2011	2010
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) . . . . .		
2 Area used only partly for day care (square footage) . . . . .		
3 Total area of home (square footage) . . . . .		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year . . . . .		
b Number of days used for day care each week . . . . .		
c Number of days closed for holidays, vacations, etc . . . . .		
d Number of hours used for daycare each day . . . . .		
5 Total wages from this business . . . . .		
6 Enter the percent of wages above that are from the business use of this home . . . . .		
7 Gain from business use of home shown on Schedule D or Form 4797 ( <b>Preparer Use Only</b> ) . . . . .		
8 Any losses from this business shown on Schedule D or Form 4797 ( <b>Preparer Use Only</b> ) . . . . .		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2011		2010	
	Direct	Indirect	Direct	Indirect
9 Casualty losses ( <b>Preparer Use Only</b> ) . . . . .				
10 Mortgage interest/points on Form 1098 . . . . .				
11 Interest not on Form 1098 . . . . .				
12 Points not of Form 1098 . . . . .				
13 Real estate taxes . . . . .				
14 Qualified mortgage insurance . . . . .				
15 Other insurance . . . . .				
16 Rent . . . . .				
17 Repairs and maintenance . . . . .				
18 Utilities . . . . .				
19 Other expenses (e.g., rent) . . . . .				
20 Carryover of operating expenses . . . . .				
21 Excess casualty losses ( <b>Preparer Use Only</b> ) . . . . .				
22 Depreciation of your home ( <b>Preparer Use Only</b> ) . . . . .				
23 Carryover of excess casualty losses and depreciation . . . . .				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence . . . . . _____			
	Addition/Improvement . . . . . _____			
	Addition/Improvement . . . . . _____			
	Addition/Improvement . . . . . _____			
	Addition/Improvement . . . . . _____			
25	Enter the land value included in cost for residence . . . . .			

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle . . . . .			
2 Date placed in service . . . . .			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading . . . . .			
b Beginning mileage reading . . . . .			
c <b>Total miles</b> for the year (line 3a less line 3b) . . . . .			
4 a Business miles 01/01/2011 thru 06/30/2011 . . . . .			
b Business miles 07/01/2011 thru 12/31/2011 . . . . .			
5 Total commuting miles . . . . .			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc . . . . .			
9 Vehicle registration fee (excluding property tax) . . . . .			
10 Vehicle lease or rental fee . . . . .			
11 Inclusion amount ( <b>Preparer Use Only</b> ) . . . . .			
12 Depreciation ( <b>Preparer Use Only</b> ) . . . . .			
13 Parking fees, tolls, and local transportation . . . . .			
14 Portion of vehicle registration fee based on value . . . . .			
15 Interest on vehicle . . . . .			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis . . . . .			
17 Is this an electric vehicle? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use</b> ) . . . . .			
20 Section 179 expense ( <b>Preparer Use</b> ) . . . . .			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold . . . . .			
29 Date acquired, if different from line 2 . . . . .			
30 Sales price . . . . .			
31 Expense of sale . . . . .			
32 Gain/loss basis, if different ( <b>Preparer Use</b> ) . . . . .			
33 AMT gain/loss basis, if different ( <b>Preparer Use</b> ) . . . . .			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle . . . . .			
2 Date placed in service . . . . .			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
a Ending mileage reading . . . . .			
b Beginning mileage reading . . . . .			
c <b>Total miles</b> for the year (line 3a less line 3b) . . . . .			
4a Business miles 01/01/2011 thru 06/30/2011 . . . . .			
b Business miles 07/01/2011 thru 12/31/2011 . . . . .			
5 Total commuting miles . . . . .			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc . . . . .			
9 Vehicle registration fee (excluding property tax) . . . . .			
10 Vehicle lease or rental fee . . . . .			
11 Inclusion amount ( <b>Preparer Use Only</b> ) . . . . .			
12 Depreciation ( <b>Preparer Use Only</b> ) . . . . .			
13 Parking fees, tolls, and local transportation . . . . .			
14 Portion of vehicle registration fee based on value . . . . .			
15 Interest on vehicle . . . . .			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis . . . . .			
17 Is this an electric vehicle? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle ( <b>Preparer Use</b> ) . . . . .			
20 Section 179 expense ( <b>Preparer Use</b> ) . . . . .			
21 Qualified Property for Economic Stimulus? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Percentage for SDA? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA ( <b>Preparer Use</b> ) . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold . . . . .			
29 Date acquired, if different from line 2 . . . . .			
30 Sales price . . . . .			
31 Expense of sale . . . . .			
32 Gain/loss basis, if different ( <b>Preparer Use</b> ) . . . . .			
33 AMT gain/loss basis, if different ( <b>Preparer Use</b> ) . . . . .			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

1 Check ownership . . . . .  Taxpayer     Spouse     Joint

2 Business name . . . . . \_\_\_\_\_

3 a Business street address . . . . . \_\_\_\_\_  
 b 1 City, State and Zip Code, or . . . . . \_\_\_\_\_  
 2 Foreign country. . . . . \_\_\_\_\_

4 Principal business/profession . . . . . \_\_\_\_\_

5 Employer ID number . . . . . \_\_\_\_\_

6 Business code (Preparer Use Only) . . . . . \_\_\_\_\_

7 Was this business fully disposed of in a fully taxable transaction during 2011? . . . . .  Yes     No

8 Accounting method:  
 Cash     Accrual     Other (specify)  \_\_\_\_\_

9 Method used to value closing inventory:  
 Cost     Lower of     Other (explain)  \_\_\_\_\_  
cost or market

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
 (If yes, attach explanation) . . . . .  Yes     No

11 Did you materially participate in the operation of this business during 2011? . . . . .  Yes     No

12 Did you start or acquire this business during 2011? . . . . .  Yes     No

13 a Did you make any payments in 2011 that require you to file Forms 1099? . . . . .  Yes     No  
 b If yes, did you or will you file all the required Forms 1099? . . . . .  Yes     No

14 At-risk determination:  
 a Is all of the investment in this activity at risk? . . . . .  Yes     No  
 b Is some of the investment in this activity not at risk? . . . . .  Yes     No

15 Did you have unallowed passive losses in 2010? . . . . .  Yes     No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . .  Yes     No  
 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? . . . . .  Regular     Extension     No  
 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . .  Yes     No  
 d Was this business located in a Qualified Disaster Area? . . . . .  Yes     No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
17 Gross receipts or sales . . . . .		
18 Returns and allowances plus other adjustments . . . . .		
19 Other income (include federal/state gas tax credit/refund) . . . . .		

COST OF GOODS SOLD – IF APPLICABLE	2011	2010
20 Inventory at beginning of year . . . . .		
21 Purchases . . . . .		
22 Items withdrawn for personal use . . . . .		
23 Cost of labor (do not include your salary) . . . . .		
24 Materials and supplies . . . . .		
25 Other costs . . . . .		
26 Inventory at end of year . . . . .		

**Business Income and Expenses (continued)**

**ORG19**

<b>EXPENSES</b>		<b>2011</b>	<b>2010</b>
Business name _____			
<b>27</b>	Advertising . . . . .		
<b>28</b>	Car and truck expenses (complete ORG18) . . . . .		
<b>29</b>	Commissions and fees . . . . .		
<b>30</b>	Contract labor . . . . .		
<b>31</b>	Depletion . . . . .		
<b>32</b>	Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) . . . . .		
<b>33</b>	Employee benefit programs:		
<b>a</b>	Employee health insurance premiums . . . . .		
<b>b</b>	Other employee benefit programs . . . . .		
<b>34</b>	Insurance (other than health) . . . . .		
<b>35</b>	Self-employed health insurance attributable to this business . . . . .		
<b>36</b>	Interest:		
<b>a</b>	Mortgage paid to banks not reported to you on Form 1098 . . . . .		
<b>b</b>	Other . . . . .		
<b>37</b>	Legal and professional services . . . . .		
<b>38</b>	Office expenses . . . . .		
<b>39</b>	Pension and profit-sharing plans . . . . .		
<b>40</b>	Rent or lease:		
<b>a</b>	Machinery and equipment (enter vehicle lease on ORG18) . . . . .		
<b>b</b>	Other business property . . . . .		
<b>41</b>	Repairs and maintenance . . . . .		
<b>42</b>	Supplies (not included in cost of goods sold) . . . . .		
<b>43</b>	Taxes and licenses not reported to you on Form 1098 . . . . .		
<b>44</b>	Travel, meals, and entertainment:		
<b>a</b>	Travel . . . . .		
<b>b</b>	Meals and entertainment subject to 50% limit . . . . .		
<b>c</b>	Meals subject to 80% limit . . . . .		
<b>d</b>	Meals and entertainment not subject to limit . . . . .		
<b>45</b>	Utilities . . . . .		
<b>46</b>	Gross wages . . . . .		
<b>47</b>	Other expenses:		
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
<b>48</b>	Expenses for business use of your home ( <b>Preparer Use Only</b> ) . . . . .		
	Complete ORG20 for Business Use of Home.		
<b>49</b>	Qualified pension plan start-up costs . . . . .		

## Business Use of Home

ORG20

for:  
copy:

GENERAL INFORMATION	2011	2010
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) . . . . .		
2 Area used only partly for day care (square footage) . . . . .		
3 Total area of home (square footage) . . . . .		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year . . . . .		
b Number of days used for day care each week. . . . .		
c Number of days closed for holidays, vacations, etc . . . . .		
d Number of hours used for daycare each day . . . . .		
5 Enter the date you began using this home office for this business . . . . .		
6 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home. . . . .		
7 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) . . . . .		
8 Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) . . . . .		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2011		2010	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) . . . . .				
10 Total mortgage interest/points . . . . .				
11 Mortgage interest/points on Form 1098 . . . . .				
12 Interest <b>not</b> on Form 1098 . . . . .				
13 Points <b>not</b> of Form 1098 . . . . .				
14 Real estate taxes . . . . .				
15 Excess mortgage interest (Preparer Use) . . . . .				
16 Qualified mortgage insurance. . . . .				
17 Other insurance . . . . .				
18 Rent . . . . .				
19 Repairs and maintenance . . . . .				
20 Utilities . . . . .				
21 Other expenses (e.g., rent) . . . . .				
22 Carryover of operating expenses . . . . .				
23 Excess casualty losses (Preparer Use Only) . . . . .				
24 Depreciation of your home (Preparer Use Only) . . . . .				
25 Carryover of excess casualty losses and depreciation. . . . .				

### DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence . . . . . _____			
	Addition/Improvement . . . . . _____			
	Addition/Improvement . . . . . _____			
	Addition/Improvement . . . . . _____			
	Addition/Improvement . . . . . _____			
27	Enter the land value included in cost for residence . . . . .			

# Sale of Your Home

ORG22

**GENERAL INFORMATION**

**Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2011).

	Yes	No
<b>1 a</b> Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did you claim the First-Time Homebuyer Credit when you purchased this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 a</b> Did <b>you</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you receive a Form 1099-S? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>4 a</b> Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
<b>a You</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b Your spouse</b> . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 a</b> Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the home used as investment or rental property after December 31, 2008? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>7 a</b> Will you be receiving periodic payments of principal or interest from this sale? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>Yes</b> , what is the amount of the financial instrument? . . . . .		

**8** Address of former home sold . . . . . \_\_\_\_\_

**9 a** Date former home was sold . . . . . \_\_\_\_\_

**b** Date former home was bought . . . . . \_\_\_\_\_

**10** Sales price of the home sold . . . . . \_\_\_\_\_

**COST BASIS OF HOME SOLD**

Description	Amount
<b>Original cost of home sold:</b>	
<b>11 a</b> Purchase price of home sold . . . . .	
<b>b</b> Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought) . . . . .	
<b>Additions and increases to basis:</b>	
<b>12 a</b> Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses . . . . .	
<b>b</b> Cost of capital improvements . . . . .	
<b>c</b> Additions, including costs of materials and labor . . . . .	
<b>d</b> Other additions and increases to basis . . . . .	
<b>Decreases to basis:</b>	
<b>13 a</b> Seller-paid points (for old home bought after 1990) . . . . .	
<b>b</b> Other decreases to basis . . . . .	

**COMMISSIONS AND OTHER EXPENSES OF SALE**

Description	Amount
<b>14 a</b> _____ . . . . .	
<b>b</b> _____ . . . . .	
<b>c</b> _____ . . . . .	
<b>d</b> _____ . . . . .	

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Foreign Country: \_\_\_\_\_

1 Check property owner . . . . .  Taxpayer     Spouse     Joint

	Yes	No
2 a Did you make any payments that would require you to file Form(s) 1099? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , did you or will you file all required Forms(s) 1099? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

3 a Enter the ownership percentage (if not 100%). . . . . _____		
b If not 100%, are you reporting 100% of the income and expenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

4 Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) . . . . .  Yes  No

5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? . . . . .  Yes  No

6 For all rental properties, **enter the number of days** during 2011 that:

a The property was rented (or available for rent) at fair rental value . . . . .		
b The property was used personally or rented at less than fair rental value . . . . .	_____	_____
c You owned the property, if not the entire year . . . . .	_____	_____

7 a Does this rental have multiple living units and you live in one of the units? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b If <b>yes</b> , enter percentage of rental use . . . . .	_____	_____

8 Did you actively participate in this property's management during 2011? . . . . .  Yes  No

9 Did you materially participate in this property's management during 2011? . . . . .  Yes  No

10 Do you want to treat this property as non-passive? . . . . .  Yes  No

11 Did this property have unallowed passive losses in 2010? . . . . .  Yes  No

12 Did you dispose of this property in a fully taxable transaction? . . . . .  Yes  No

13 Check this box if some of this investment was **not** at-risk . . . . .  Yes  No

14 a Treat all MACRS assets for this activity as qualified Indian reservation property? . . . . .  Yes  No

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

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

  d Was this activity located in a Qualified Disaster Area? . . . . .  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
15 Rents received . . . . .		
16 Royalties received . . . . .		

- \* Property Types:**
- 1 Single family residence
  - 2 Multi-family residence
  - 3 Vacation/short-term rental
  - 4 Commercial
  - 5 Land
  - 6 Royalties
  - 7 Self-rental
  - 8 Other

**Rent and Royalty Income and Expenses (continued)**

**ORG25**

<b>EXPENSES</b>		<b>2011</b>	<b>2010</b>
	Property location . . . . . _____		
<b>17</b>	Advertising . . . . . _____		
<b>18 a</b>	Automobile (complete ORG18 for autos) . . . . . _____		
<b>b</b>	Travel . . . . . _____		
<b>19</b>	Cleaning and maintenance . . . . . _____		
<b>20</b>	Commissions . . . . . _____		
<b>21 a</b>	Mortgage insurance premiums — qualified . . . . . _____		
<b>b</b>	Other insurance . . . . . _____		
<b>22</b>	Legal and professional fees . . . . . _____		
<b>23</b>	Management fees . . . . . _____		
<b>24 a</b>	Mortgage interest paid to banks — qualified . . . . . _____		
<b>b</b>	Mortgage interest paid to banks — other . . . . . _____		
<b>25</b>	Other interest . . . . . _____		
<b>26</b>	Repairs . . . . . _____		
<b>27</b>	Supplies . . . . . _____		
<b>28 a</b>	Real estate taxes . . . . . _____		
<b>b</b>	Other taxes . . . . . _____		
<b>29</b>	Utilities . . . . . _____		
<b>30</b>	Other expenses:		
<b>a</b>	_____ . . . . . _____		
<b>b</b>	_____ . . . . . _____		
<b>c</b>	_____ . . . . . _____		
<b>d</b>	_____ . . . . . _____		
<b>e</b>	_____ . . . . . _____		
<b>31 a</b>	Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> . . . . . _____		
<b>b</b>	Depletion <b>(Preparer Use Only)</b> . . . . . _____		

## Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2011 . . . . .		
2 Check if you were covered by a retirement plan at work . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute . . . . .		
If you (a) received traditional IRA distributions during 2011 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2011, please provide this information:		
6 Enter the value of <b>all</b> of your IRAs on 12/31/2011 . . . . .		
7 Enter the value of <b>all</b> recharacterizations after 12/31/2011 . . . . .		
8 Enter the amount of any outstanding rollovers as of 1/1/2012 . . . . .		
<b>If you received IRA distributions during 2011, please complete ORG7.</b>		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2011 . . . . .		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute . . . . .		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2011 . . . . .		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2011 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2011 . . . . .		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2011 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2011 . . . . .		
<b>SEP:</b>		
4 a Payments made and/or expected to be made to a SEP for 2011 . . . . .		
b Check this box if you wish to contribute the maximum amount to your SEP for 2011. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2011. . . . .		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2011 . . . . .		
<b>Individual 401(k):</b>		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2011 . . . . .		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2011 . . . . .		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2011 . . . . .		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2011 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2011 . . . . .		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2011 . . . . .		
ALIMONY PAID		
1 Recipient's social security number . . . . .	Alimony paid . . . . .	
2 Recipient's social security number . . . . .	Alimony paid . . . . .	

**Education Information**

ORG36

Education expenses were paid in 2011. . . . .

**EDUCATION TUITION AND FEES**

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2011	2010
<b>1 a</b> Taxpayer educator expenses . . . . .		
<b>b</b> Spouse educator expenses . . . . .		

**STUDENT LOAN INTEREST PAID**

**Student Loan Interest Reported on a 1098-E in 2011**

**2 a** Enter detail below or total interest in Part 2b

Lender's Name	2011	2010
<b>Total Student Loan Interest</b>	<b>2011</b>	<b>2010</b>
<b>2 b</b> Enter the total interest paid on qualified student loans. . . . .		

**FORM 1099-Q**

**3** Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:  
 P = Private Qualified Tuition Program  
 S = State Qualified Tuition Program  
 E = Coverdell ESA

# Tax Payments

ORG40

**2011 ESTIMATED TAX PAYMENTS**

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/11								
2 Qtr 2 due by 06/15/11								
3 Qtr 3 due by 09/15/11								
4 Qtr 4 due by 01/17/12								
5 a Additional payments .								
b Additional payments .								
c Additional payments .								
d Additional payments .								

**OTHER TAX PAYMENTS**

	Federal	State	Local
6 2010 overpayment applied to 2011 . . . . .			
7 Balance due paid with 2010 return . . . . .			
8 a 2010 Quarter 4 payments paid in 2011 . . . . .			
b 2010 extension payments paid in 2011 . . . . .			
9 Other taxes paid in 2011 for prior years (include explanation) . . . . .			

**2012 ESTIMATED TAX WORKSHEET**

If you expect any significant change in your income or expenses in 2012, please enter the increase or decrease below.

**Income**

10 Wages . . . . .	Taxpayer . . . . .	
	Spouse . . . . .	
11 Self-Employment Income . . . . .	Taxpayer . . . . .	
	Spouse . . . . .	
12 Capital Gains (sale of stock, real estate, etc) . . . . .		
13 Other Income:		
Description . . . . .		

**Deductions**

14 Allowable Itemized Deductions . . . . .	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description . . . . .	
16 Federal Withholding . . . . .	
17 Number of personal exemptions expected for 2012 . . . . .	

**ADDITIONAL INFORMATION**

18 Check to use your 2011 tax amount for your 2012 estimate . . . . .	<input type="checkbox"/>
19 If you have an overpayment of 2011 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess . . . . .	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess . . . . .	<input type="checkbox"/>
20 Amount to apply if not entire overpayment . . . . .	
21 Number of installments for estimated tax (1 - 4) . . . . .	

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence . . . . .		
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____ School district: _____ School district number: _____		
5 Check if disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2010? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?			
a Refunded . . . . . <input type="checkbox"/>	b Apply to 2012 estimates . . . . . <input type="checkbox"/>	c Apply to 2012 taxes . . . . . <input type="checkbox"/>	
12 Additional state information: _____			
_____			
_____			