

2011	1040	US	Client Information	1
------	------	----	--------------------	---

**PESCATORE-COOPER PLC**  
 5705 N SCOTTSDALE RD STE D-100  
 SCOTTSDALE, AZ 85250-5917  
 Telephone number: (480) 994-4148  
 Fax number: (480) 994-3806  
 E-mail address: info@pescatorecooper.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table).....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2009 or 2010) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number.....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number.....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	Region .....		
	Postal code .....		
	Country .....		

2011

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2011.

CLIENT INFORMATION

Taxpayer Contact Information

Home phone .....  
Work phone.....  
Work extension.....  
Daytime phone (table) .....  
Mobile phone.....  
Pager number.....  
Fax number.....  
E-mail address.....

[Empty input fields for taxpayer contact information]

Daytime Phone

1 = Work  
2 = Home  
3 = Mobile

Spouse Contact Information

Home phone .....  
Work phone.....  
Work extension.....  
Daytime phone (table) .....  
Mobile phone.....  
Pager number.....  
Fax number.....  
E-mail address.....

[Empty input fields for spouse contact information]

1 p2

2011	1040	US	Dependents	2
------	------	----	------------	---

Please add, change or delete information for 2011.

**DEPENDENTS**

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

**Type of Dependent**

- 1 = Child living w/taxpayer
- 2 = Child not living w/taxpayer
- 3 = Dependent other than child
- 4 = Head of household only, not a dependent
- 5 = Earned income credit only, not a dependent

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

**Earned Income Credit**

- 1 = When applicable (default)
- 2 = Student age 19 to 23
- 3 = Disabled
- 4 = Force
- 5 = Suppress

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

	Dependent	Dependent
First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		
Type of dependent (see table).....		
Earned income credit (see table).....		
Claimed by: 1=taxpayer, 2=spouse.....		

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
-------------	-------------	-----------	--------------------------------

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

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?   |

Please enter all pertinent 2011 information.

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

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

**BANK INFORMATION**

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

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

**Federal**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010 .....				
1st quarter payment (due 4/18/11) .....				
2nd quarter payment (due 6/15/11) .....				
3rd quarter payment (due 9/15/11) .....				
4th quarter payment (due 1/17/12) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

**State**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010 .....				
1st quarter payment (due 4/18/11) .....				
2nd quarter payment (due 6/15/11) .....				
3rd quarter payment (due 9/15/11) .....				
4th quarter payment (due 1/17/12) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

<b>1</b>	<b>Type of Account</b>
	1 = Savings
	2 = Checking

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

Please enter all pertinent 2011 information.

APPLICATION OF 2011 OVERPAYMENT (7.1)

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

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

2012 ESTIMATED TAX INFORMATION

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

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

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

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

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

	2011 Amount	TS		2010 Amount
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



2011 1040 US Miscellaneous Income

14.1

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

MISCELLANEOUS INCOME

Table with columns for 2011 Amount (Taxpayer, Spouse) and 2010 Amount (Taxpayer, Spouse). Rows include Social security benefits, Medicare premiums, Tier 1 RR retirement benefits, Alimony received, Taxable scholarships, Jury duty pay, Household employee income, Excess minister's allowance, Alaska permanent fund dividends, Income from rental of personal property, and Income subject to S/E tax.

TAX WITHHELD (not entered elsewhere)

Table with columns for 2011 Amount (Taxpayer, Spouse) and 2010 Amount (Taxpayer, Spouse). Rows include Federal income tax withheld, State income tax withheld, and Local income tax withheld.

14.1

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

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

2011 1099-G Amount

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

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

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C)</b>	No. <input style="width:40px;" type="text"/>	<b>16</b>
-------------	-------------	-----------	-------------------------------------	--	-----------

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

**GENERAL INFORMATION**

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

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

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....		
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**COST OF GOODS SOLD**

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

Series: 51 \* NOTE: Based on late revisions to the 2011 Schedules C, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

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

**EXPENSES**

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

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

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



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

**GENERAL INFORMATION**

Description of property.....	
Street address.....	
City.....	
State.....	
ZIP code.....	
Type of property (see table)....	
Other type of property.....	

Percentage of ownership if not 100% (.xxxx) .....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Percentage of tenant occupancy if not 100% (.xxxx) .....		
1=spouse, 2=joint .....		
1=qualified joint venture .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. ....		
1=nonpassive activity, 2=passive royalty .....		
1=did not actively participate.....		
1=real estate professional.....		
1=rental other than real estate .....		
1=investment.....		
1=single member limited liability company.....		

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....		
Payments not reported above .....		
Adjustments to amounts from Form(s) 1099-K *.....		

**DIRECT EXPENSES**

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

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

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

\* NOTE: Based on late revisions to the 2011 Schedules E, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

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

**DIRECT EXPENSES (continued)**

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

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

**OIL AND GAS**

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

**VACATION HOME**

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

**INDIRECT EXPENSES**

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

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

2011

1040

US

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

No.

18 p3

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

**INDIRECT EXPENSES (continued)**

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

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

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
-------------	-------------	-----------	--	------------------

Please add, change or delete 2011 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation



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

**TRADITIONAL IRA CONTRIBUTIONS**

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

**ROTH IRA CONTRIBUTIONS**

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

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

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make..				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) ..				
Individual 401k: SE designated Roth contributions (1=max.) ..				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

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

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

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

**MEDICAL AND DENTAL EXPENSES**

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

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

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

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

**SALES AND USE TAXES PAID**

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

**OTHER TAXES PAID**

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

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

INTEREST PAID

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Includes rows for mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table for points not reported on Form 1098 with columns for 2011 Amount, TS, and 2010 Amount.

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

Investment interest (interest on margin accounts):

Table for mortgage insurance and investment interest with columns for 2011 Amount, TS, and 2010 Amount.

Passive interest . . . . .

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

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Table for cash contributions to churches, schools, hospitals, and other charitable organizations.

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

Number of charitable miles . . . . .

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

Contributions by cash or check:

Table for cash contributions to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

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

Number of charitable miles . . . . .

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2011 Amount TS 2010 Amount

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for 30% limitation.

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for 30% capital gain property.

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for 20% capital gain property.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows for miscellaneous deductions.



If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2011 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2011 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

	2011 Amount	TS	2010 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2011			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2011			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2011			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2011			
Grandfather debt balance - beginning of year			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

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

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

**DONATED PROPERTY INFORMATION**

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

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

<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1 = Purchase</td> <td style="width:50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1 = Appraisal</td> <td style="width:50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

2011

1040

US

Business Use of Home (Form 8829)

No.

29

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

**BUSINESS USE OF HOME**

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

**INDIRECT EXPENSES**

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

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

**DIRECT EXPENSES**

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

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

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

Form .....	<input style="width:80px;" type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input style="width:80px;" type="text"/>	
1=spouse .....	<input style="width:80px;" type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official .....	<input style="width:80px;" type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2011 Amount	2010 Amount
Meal and entertainment expenses .....	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
Local transportation (bus, taxi, train, etc.) .....	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
Travel expenses while away from home overnight .....	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
Reimbursements not included on Form W-2, box 1 .....	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
Other business expenses:		
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>
<input style="width:400px;" type="text"/>	<input style="width:80px;" type="text"/>	<input style="width:80px;" type="text"/>



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

**DEPENDENT CARE EXPENSES (33.1)**

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

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

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		2010 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		2010 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

No. <input style="width:40px;" type="text"/>	First name.....		
	Last name.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2011.....		2010 amt:
	1=disabled.....		
1=spouse, 2=joint.....			

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

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2011.....		2010 amt:
	1=spouse, 2=joint.....		

No. <input style="width:40px;" type="text"/>	Name of provider.....		
	Street address.....		
	City, state, ZIP code.....		
	Identification number (SSN or EIN).....		
	Amount paid to care provider in 2011.....		2010 amt:
	1=spouse, 2=joint.....		

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

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

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

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