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## **2011 TAX ORGANIZER**

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**This tax organizer has been prepared for your use in gathering the information needed for your 2011 tax return.**

**To save you time, selected information from your 2010 tax return has been entered in this organizer. Please line through any information that does not apply to your 2011 tax return.**

**In some cases, 2010 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.**

**If we may be of further assistance, please contact us at your convenience.**

**REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER**

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<b>Tax Organizer Legend:</b>	Partnership/S Corporation ..... 11A
Throughout the tax organizer, you will find columns with the heading "TSJ".	Wages and Salaries ..... 3A
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.	



# Personal Information

**Taxpayer:** \_\_\_\_\_  
 First Name and Initial Last Name Social Security Number

\_\_\_\_\_  
 Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

**Spouse:** \_\_\_\_\_  
 First Name and Initial Last Name Social Security Number

\_\_\_\_\_  
 Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

**Contact Information:** \_\_\_\_\_  
 Street Address Apartment Number

\_\_\_\_\_  
 City State ZIP or Postal Code

\_\_\_\_\_  
 Province or County

\_\_\_\_\_  
 Foreign Country

\_\_\_\_\_  
 Taxpayer Daytime/Work Phone Spouse Daytime/Work Phone

\_\_\_\_\_  
 Taxpayer Evening/Home Phone Spouse Evening/Home Phone

\_\_\_\_\_  
 Taxpayer Cell Phone Spouse Cell Phone

\_\_\_\_\_  
 Taxpayer Fax Number Spouse Fax Number

\_\_\_\_\_  
 Taxpayer Email Address

\_\_\_\_\_  
 Spouse Email Address

\_\_\_\_\_  
 Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer? .....  
 Is the taxpayer claimed as a dependent on someone else's tax return? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations? .....  
 Do you want to contribute to the Presidential Election Campaign Fund? .....

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Dependents and Wages

### Dependent Information:

Did dependent have income over \$3,700?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

### Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



# Electronic Filing

**Electronic Filing:** Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. The IRS has implemented an electronic filing mandate requiring certain preparers to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

**Opt-Out Statement:**

\_\_\_\_\_ has informed me (us) that my (our) 2011 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) do not want to file my (our) return electronically and will personally file the paper return. My (our) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

Taxpayer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?		<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer .....		<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....		<input type="checkbox"/>	<input type="checkbox"/>

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN .....

Spouse PIN .....



**Direct Deposit and Electronic Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

**(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)**

Owner of account .....  Taxpayer       Spouse       Joint

Select type of account .....  Checking       Trad. Savings       IRA Savings       HSA Savings  
 Archer MSA Savings       Coverdell Ed.Savings

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.  
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Is this a business account? ..... 

Yes	No

Do you want your refund deposited directly into your financial institution account? ..... 

Yes	No

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? ..... 

Yes	No

What amount do you want withdrawn if not the entire balance due? .....

What date do you want the withdrawal done? ..... (Mo/Da/Yr) \_\_\_\_\_

Owner of account .....  Taxpayer       Spouse       Joint

Select type of account .....  Checking       Trad. Savings       IRA Savings       HSA Savings  
 Archer MSA Savings       Coverdell Ed.Savings

Name of financial institution .....

Financial Institution Routing Transit Number (if known) .....

(Use the routing number from a check, NOT a deposit slip. They can be different.  
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number .....

Is this a business account? ..... 

Yes	No

Do you want your refund deposited directly into your financial institution account? ..... 

Yes	No

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal? ..... 

Yes	No

What amount do you want withdrawn if not the entire balance due? .....

What date do you want the withdrawal done? ..... (Mo/Da/Yr) \_\_\_\_\_



# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?  Yes  No

If Yes, please provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, please provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name \_\_\_\_\_  
Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of purchase

Taxpayer name \_\_\_\_\_  
Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of purchase





# Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents for dividends received

### Dividend Income:

(List all items sold during the year on Form 7.)

	TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2010 Gross Dividends Amount
			Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A							
B							
C							
D							
E							

	Box 2a Total Capital Gain Distribution	Form 1099-DIV						
		Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A								
B								
C								
D								
E								

### Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

### Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

### Foreign Bank Accounts and Trusts:

At any time during 2011, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?  Yes  No

If Yes, enter name of foreign country \_\_\_\_\_

Were you the grantor of, or transferor to, a foreign trust that existed during 2011, whether or not you had any beneficial interest in it?



# Foreign Assets

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

### General Information:

TSJ \_\_\_\_\_  
 Title of filer \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts \_\_\_\_\_

### Foreign Identification:

Passport  Yes  No  
 If not passport, enter description \_\_\_\_\_  
 Number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

### Information on Foreign Financial Accounts:

1 - Bank Account    2 - Securities Account    3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 - No financial interest    2A - Joint ownership - spouse is joint owner    2B - Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

1 - Deposit    2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							

### Foreign Bank Accounts and Trusts:

At any time during 2011, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No  
 If Yes, enter name of foreign country \_\_\_\_\_  
 Were you the grantor of, or transferor to, a foreign trust that existed during 2011, whether or not you had any beneficial interest in it?





**Sale or Exchange of Your Home:**

**Please attach the closing statements from the purchase and sale of your former and new homes**

**Former Home Information:**

TSJ .....

Date acquired ..... (Mo/Da/Yr) \_\_\_\_\_

Date sold ..... (Mo/Da/Yr) \_\_\_\_\_

Selling price .....

**Original Cost and Cost of Improvements:**

Description	Amount

**Sale Expenses:**

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale?  Yes  No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale?  Yes  No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated \_\_\_\_\_

**Moving Expenses:**

TSJ .....

Were the moving expenses reimbursed by your employer?  Yes  No

Enter reimbursements not included in wages on your Form W-2

**Mileage:**

Number of miles from old home to new workplace .....

Number of miles from old home to old workplace .....

Number of automobile miles in move .....

Number of moving miles after June 30 .....

Miles

**Transportation Expenses:**

Costs of transportation of household goods and personal effects .....

Costs of travel and lodging (do not include meals or automobile expenses) .....

Automobile expenses (gasoline, oil, etc.) .....

Meals (Pennsylvania only) .....

Amount



Individual Retirement Account (IRA):

TS \_\_\_\_\_
Name of payer \_\_\_\_\_

IRA Questions for 2011:

Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2011 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2011?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question above.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2011
Outstanding rollovers on December 31, 2011
IRA distributions received during 2011
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2011 for the 2011 tax return
Contributions in 2012 for the 2011 tax return
Amount for 2011 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2011 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2011 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2010 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Contributions to:
Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan





Activity Name: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . \_\_\_\_\_ %

	2011 Amount	2010 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2011 Amount	2010 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

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

	2011	2010
Total miles .....		
Total business miles .....		
Total business miles after June 30 .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2011 Amount	2010 Amount



**Activity Name:** .....

**Partial Use of Your Home for Business:**

<b>2011</b>

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? ...  Yes  No

**Expenses:** **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2011				
Social security benefits received				
Social security benefits repaid in 2011				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2011				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2011 Amount	2010 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2011 Amount	2010 Amount



# Miscellaneous Adjustments

13A

**Educator Expenses:** Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2011 Amount	2010 Amount

**Health Savings Accounts (HSAs)**

TS	Description	2011 Amount	2010 Amount
	Contributions made for 2011		
	Distributions received from all HSAs in 2011		

		<b>Yes</b>	<b>No</b>
Were all distributions from your HSA for unreimbursed medical expenses? .....			
Did you or your spouse enroll in Medicare? .....			
If yes, what month did you enroll? .....	_____		
What month did your spouse enroll? .....	_____		

**Other Adjustments to Income:** Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2011 Amount	2010 Amount



# Ministerial Income

13B

TS .....

Are these deductions associated with a business? .....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the name of the business: \_\_\_\_\_

Are these deductions employee business expenses? .....

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: \_\_\_\_\_

### Parsonage:

Fair rental value of parsonage provided by church .....

Utility allowance of parsonage .....

Actual expenses for utilities of parsonage .....

2011 Amount	2010 Amount

### Rental or Parsonage Allowance:

Parsonage or rental allowance .....

Utility allowance .....

Actual expenses for parsonage .....

Actual expenses for utilities .....

Fair rental value of home, plus the cost of utilities .....

2011 Amount	2010 Amount





Mortgage Questions for 2011:

Form with questions about mortgage interest, refinancing, and home ownership for 2011, with Yes/No checkboxes.

Home Mortgage Interest Paid To Financial Institutions:

Table with columns: TSJ, Paid To, Did You Receive Form 1098? (Yes/No), 2011 Amount, 2010 Amount.

Other Home Mortgage Interest Paid:

Table with columns: TSJ, Name, Address, ID Number, 2011 Amount, 2010 Amount.

Deductible Points:

Table with columns: TSJ, Paid To, Did You Receive Form 1098? (Yes/No), 2011 Amount, 2010 Amount.

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

Table with columns: TSJ, 2011 Amount, 2010 Amount.

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Table with columns: TSJ, Paid To, 2011 Amount, 2010 Amount.



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2011 Amount, 2010 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2011 Amount, 2010 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2011 Miles, 2010 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2011 Amount, 2010 Amount. Multiple empty rows for data entry.

Noncash Contributions Totaling More Than \$500:

TSJ \_\_\_\_\_
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property [ ]

Fair market value of the donated property [ ]

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2011 Amount, 2010 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2011 Amount, 2010 Amount

Casualty or Theft Loss:

TSJ \_\_\_\_\_

Property description \_\_\_\_\_

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use, Business use, Income producing, Employee Use, Personal use due to Hurricane Katrina
Personal use attributable to a federally declared disaster declared prior to 2010
Personal use attributable to Midwestern disaster area
Personal use attributable to Kansas disaster area
Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) \_\_\_\_\_
Date damaged or lost (Mo/Da/Yr) \_\_\_\_\_

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



# Itemized Deduction - Business Use of Home

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2011	2010

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2011 Amount	2010 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2011 Amount	2010 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

**Vehicle:**

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service ..... (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

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

	2011	2010
Total miles .....		
Total business miles .....		
Total business miles after June 30 .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		
Other Vehicle Expenses:		

Description	2011 Amount	2010 Amount



# Employee Business Expenses- Business Use of Home

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2011	2010

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2010 but paid in 2011 .....  
Employer-provided dependent care benefits that were forfeited in 2011 .....  
2010 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011 .....		
Expenses incurred and not paid in 2011 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011 .....		
Expenses incurred and not paid in 2011 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2011 Expenses Incurred	2010 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

**Please enclose copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	Grade	2011 Qualified Expenses



General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,700 or more in 2011? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Federal income tax withheld .....

Advance earned income credit (EIC) payments .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2011 Amount, 2010 Amount. Rows correspond to Social Security, Medicare, and Income Taxes categories.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Total cash wages subject to FUTA tax .....

Michigan cash wages subject to FUTA tax .....

Indiana cash wages subject to FUTA tax .....

South Carolina cash wages subject to FUTA tax .....

Table with 2 columns: 2011 Amount, 2010 Amount. Rows correspond to FUTA tax categories.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2012

Table with 6 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2010 Amount.



Refund Application:

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded .....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2012 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2011 1st Quarter Estimate ..... (Due 04-18-2011)  
 2011 2nd Quarter Estimate ..... (Due 06-15-2011)  
 2011 3rd Quarter Estimate ..... (Due 09-15-2011)  
 2011 4th Quarter Estimate ..... (Due 01-17-2012)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 overpayment applied to 2011 estimate .....

Tax Planning Information for Tax Year 2012:

Do you expect any of the following to occur in 2012?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.




State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2011 1st Quarter Estimate .....

2011 2nd Quarter Estimate .....

2011 3rd Quarter Estimate .....

2011 4th Quarter Estimate .....

2010 overpayment applied to 2011 estimate .....

Balance of prior year(s)' tax paid in 2011 plus  
amount paid with 2010 extensions .....

Estimated tax payments for 2010 paid in 2011 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2011 1st Quarter Estimate .....

2011 2nd Quarter Estimate .....

2011 3rd Quarter Estimate .....

2011 4th Quarter Estimate .....

2010 overpayment applied to 2011 estimate .....

Balance of prior year(s)' tax paid in 2011 plus  
amount paid with 2010 extensions .....

Estimated tax payments for 2010 paid in 2011 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2011 1st Quarter Estimate .....

2011 2nd Quarter Estimate .....

2011 3rd Quarter Estimate .....

2011 4th Quarter Estimate .....

2010 overpayment applied to 2011 estimate .....

Balance of prior year(s)' tax paid in 2011 plus  
amount paid with 2010 extensions .....

Estimated tax payments for 2010 paid in 2011 .....





# Foreign Employment Information

## (Page 1 of 3)

**General Information:**

TS ..... \_\_\_\_\_

Foreign address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of employer ..... \_\_\_\_\_

Employer's U.S. address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer's foreign address ..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer type: Foreign entity, U.S. company,  
 Foreign affiliate of a U.S. company, Self ..... \_\_\_\_\_

Enter the last year (after 1981) that Form 2555 was  
 filed to claim either of the exclusions ..... \_\_\_\_\_

Type of exclusions revoked in prior years ..... \_\_\_\_\_

If a separate foreign residence was maintained for your  
 family due to adverse living conditions, please provide  
 the city, country, and number of days maintained ..... \_\_\_\_\_

List tax home(s) during tax year and dates established ..... \_\_\_\_\_

Country of citizenry or nationality ..... \_\_\_\_\_

Qualified housing expenses for the tax year .....

Adjustment to employer provided amounts for qualified  
 housing expense .....

**Tax Home History:**

	Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home .....			
First previous tax home .....			
Second previous tax home .....			
Third previous tax home .....			











**Residency Information:**

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Minnesota for all of 2011, enter the dates you did live in Minnesota .....

Enter the state names other than Minnesota where you had income .....

**Voluntary Contributions:**

Enter the amount you wish to contribute on your 2011 tax return to the Nongame Wildlife Fund .....

Do you wish to designate \$5.00 on your 2011 tax return to the state elections campaign fund?

If Yes, please select one of the following: Democratic Farmer - Labor, General Campaign Fund, Green, Independence or Republican.

Taxpayer .....  
Spouse .....

**Qualified School Expenses for Dependents:**

	Dependent 1	Dependent 2
Dependent's name .....		
Dependent's grade .....		
Qualified expenses .....		
Type of school (public, private, home) .....		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument) .....		
Type of Instruction (Class or Individual) .....		
Instructor or organization .....		
Type of class .....		
Type of musical instrument .....		

**Long Term Care Insurance:**

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

