General Information

	Taxpayer	Sr	ouse	
First Name				
Social Security Number Date of Birth				
Home Phone	Check ("X") which phone r	number to list on retur	n.	
Legally Blind				
Occupation				
State of Residence as of 12/31. County of Residence as of 12/31 School District as of 12/31. Sales tax rate of locality in 2011. If Part Year, Period of Residency			<u>%</u> to	
Filing Status				
Status on 2010 return :				
Status as of 12/31/2011 : Enter ("X") in the box	1 Single 2 Married filing joint 3 Married filing separate (Enter spouse's name and SSN			
	4 Head of Household		:	
	5 Qualifying widow(er)	with minor child	Year spouse of	lied
Address				
Street				Apt/Suite :
City		State	Zip Code	
If address is in a foreign country, e	enter that country			
If a bona fide resident of a U.S. ter	rritory, enter territory .			

N	ame		
Questi	ions		
If any	of th	o foli	lowing items apply to you or your spouse, please "X" the appropriate box and if possible, include details.
II ally	OI UII	e ion	
Yes	No		Basic Information
162	NO	1	Did your marital status change since last year?
		2	Are there any changes in your dependents from last year?
		3	Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
		4	Are all your dependents either US residents or citizens?
		5	Did you provide over half of the support for someone you aren't claiming as a dependent?
		6	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
		7	Were either you or your spouse in the military or National Guard?
		8	Did you purchase or sell your principal residence?
		9	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
		10	Were there any changes to a prior year's income, deductions, or credits?
		11	Did you make gifts of more than \$13,000 to any one person?
		12	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2011?
		13	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
		14	Did you have a disposition or change in use of your main home for which you claimed the First-time
			Homebuyer Credit in 2008, 2009 or 2010?
		15	Do you want to e-file your return?
		16	
			Check sent to you in the mail Western Union® Reloadable MoneyWise™ Prepaid MasterCard®
			Apply to next year's estimates
			Direct deposit (please provide a voided blank check) Type of account: Checking Savings
			If you owe taxes, how do you want to pay them?
			Paper check sent with my returnCredit card
			Direct debit from my bank account (please provide a voided blank check)
			Type of account:CheckingSavings
			Income
Yes	No		
		17	Did you have an interest in or signature authority over a financial account in a foreign country?
		18	Were you the grantor of or transferor to a foreign trust?
		19	Did you receive income from a foreign source or pay taxes to a foreign government?
		20	Did you barter your services for goods or services from someone else?
		21	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		22	Did you make a loan to someone at an interest rate below market rate?
		23	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		24	Did you cash in any U.S. savings bonds?
		25	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
		26	Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other
			deduction you itemized, in 2011? (If yes, attach Form 1099-G)
		27	Did you receive disability income?
		28	Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
		29	Did you receive any unemployment benefits?
		30	During 2011, did you receive payments from a Long-Term Care insurance contract?
	\vdash	31	Did you receive employer-provided adoption benefits for a previous year?
		32	Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
		33	Did you "rollover" a retirement plan distribution into another plan?
		34	Did you receive Social Security benefits?

	Name		SSN
Ques	tions	s (Co	ont.)
If ar	v of th	ne foll	lowing items apply to you or your spouse, please "X" the appropriate box and if possible, include details.
Yes	-		g
		35	Did you convert a traditional IRA to a Roth IRA?
		36	Did you exchange any securities or investments for something other than cash?
		37	Do you have any short sales, commodity sales, or straddles?
		38	Did you receive Form 2439?
		39	Did you buy or sell any bonds?
		40	Did you receive stock from a stock bonus plan with your employer?
		41	Did you sell any other personal assets at a gain?
		42	Did you sell any real estate (other than your home) during the year?
		43	Did you sell any assets using the installment method?
		44	Did you receive proceeds from a prior year installment sale?
		45	Did you purchase a rental property?
		46	Did you exchange any property for other property?
		47	Did you receive any income not reported in this Organizer?
			Business and Rental Property Income
Yes	No		
		48	If you own rental property, do you qualify as a Real Estate Professional?
		49	Did you start or acquire a new business?
		50	Did you sell any part of an existing business, or sell business assets?
		51	Did you cease operating any business or rental property?
		52	Did you remove any of your business assets for personal use?
			Business and Rental Property Deductions
Yes	No.	_	
		53	Did you use part of your home for business purposes?
		54	Did you make any contributions to a Keogh or a self-employed SEP plan for 2011?
		55	Do you pay for any health or long term care insurance through your business?
		56	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
		57	Did you purchase any furniture or equipment for your business?
			Other Deductions
Yes	No	1	
		58	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2011?
		59	Did you make any contributions to HSA (Health Savings Account) in 2011?
		60	Did you use your car on the job (other than to and from work)?
		61	Did you work out of town for part of the year?
		62	Did you incur any travel and entertainment expenses for business purposes?
		63	Did you pay expenses for the care of your child or other dependent so you could work?
		64	Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
		65	Did any security become worthless during 2011?
		66	Did any debts become uncollectible during 2011?
		67	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2011?
\vdash	-	68	Did you contribute less than an entire interest in any property to charity?
\vdash	-	69	Did you refinance a mortgage or take out a home equity loan during 2011?
\vdash	-	70	Did you incur moving expenses during the year due to a change of employment?
\vdash	-	71	Did you pay any educational tuition or fees for you or a dependent?
\vdash	-	72	Did you pay any student loan interest?
\vdash	-	73	Did you make any federal or state estimated payments?
		74	Did you make any energy efficient improvements to your main home in 2011?

Federal, State and Local Estimated Taxes Paid								
Federal Estimates		File	rand/ar lai	int Boumon	to	Snouge On	ly Boymont	•
Enter Devenent Information			r and/or Joi ate Paid	-		Spouse Onl	-	
	Enter Payment Information 1 Overpayment from last year			Amount	1	Date Paid	Amoi	unt
2 First quarter payment								
3 Second quarter payment					3			
4 Third quarter payment								
5 Fourth quarter payment					5			
6					6			
7					7			
State Estimates Enter two-letter state abbreviation								
	_		-				•	
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3								
4 Third quarter payment 4								
5 Fourth quarter payment 5								
66								
7 7								
8 8								
Local Estimates								
Enter locality name								
Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year . 1								
2 First quarter payment 2								
3 Second quarter payment 3								
4 Third quarter payment 4								
5 Fourth quarter payment 5								
6 6								

Name ____

SSN ____

Name				5	SSN					
Dependent lı	nformation							Enter "X" if	applicable)
•		No. of mor in home	nths	Date of		Amount Paid for Dependent	US Citizen	Full- time Student or	Paid	Not a dependent
First name	Last name	In 2011	Relationship	Birth	SSN	Care for 2441			Expenses	
					<u> </u>					
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					ļ			\vdash		\vdash

Name	SSN

Wages and Retirement Income

W-2 Information

Enter "X"	Box 1	Box 2	Box 16	Box 17
if spouse	Wages, Tips	Federal Income	State	State Income
W-2 Employer's Name	Other Comp	Tax Withheld	Wages	Tax Withheld
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

1099-R Information	Box 1	Box 4	Box 12a	Box 10a
	Gross	Federal Income	State	State Income
Payer's Name	Distribution	Tax Withheld	Distribution	Tax Withheld
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Name	SSN

Foreign Employer Compensation & Pension

Enter "X"	Employer	Gross	Taxable
if spouse Foreign employer's name	Compensation	Pension	Pension
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Name	SSN	

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* E/S/L enter ownership (F)iler (S)nouse

Tayabla Interest Income.

* F/S/J - enter ownership (F)iler, (S)pouse,	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
or (J)oint.	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
*F <u>/S/</u> J Payer	Amount	Amount	Amount	Amount	Amount	Amount
11						
22						
3						
4 4						
5						
6						
7						
8						
9 9						
1010						
1111						
12 12						
1313						
1414						
1515						
1616						
1717						
18 18						
1919						
20 20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse,	Ordinary [Dividends	nds Qualified Dividends		Capital Gains	
or (J)oint.	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
* <u>F/S/</u> J Payer	Amount	Amount	Amount	Amount	Amount	Amount
1						
22						
3						
44						
5						
6 6						
7 7						
8 8						
99						
10 10						
11 11						
12 12						
13 13						
1414						
15 15						
1616						
17 17						
18 18						
19 19						
2020						

K-1 In Plea		ne provide copies of all Schedule K-1s, or other statements, reporting inc	ome	e from		
partı	ners	ships, S corporations, or estates and trusts.	Er	nter "S" if K1 (1120S)		Unreimbursed
* F/S	3/J -	enter ownership (F)iler, (S)pouse, or (J)oint.		nter "P" if K1 (1065)		Partnership Exp.
<u>*F/S/</u>	/J	Entity Name	Е	nter "E" if K1 (1041)		Current Year
	1			,	1	
Ш	2				2	
Ш	3				3	
Ш	4			4	4	
	5			;	5	
	6				6	
	7				7	
	8				8	
	9				9	
	10			1	0	
	11			1	1	
	12			1	2	
	13			1	3	
	14			1	4	
	15			1	5	
	16			1	6	
_	17			 	7	
_	18			 	8	
	19			 	9	
_	20			2		
_	21			2		
_	22			2		
_	23			2		
_	24			2		
_				 		
_	25			2		
_	26			2		
_	27			2		
	28			2		
_	29			 	9	
	30				0	
1	31			T T	1	
	32				2	
-	33				3	
_	34				4	
	35				5	
	36			3	6	
	37			3	7	
	38			3	8	
	39			3	9	
	40			4	0	
	41			4	1	
	42			4	2	
	43			4	3	
	44			4	4	
	45			4	5	
	46			4		
	47				7	
	48			4		
	49			4		
	50				0	
	50					L

SSN _____

Name ____

Name		ss	N	
Miscellaneous Income	File	r	Spo	use
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1 Refund from state				
2 Unemployment compensation		2	2	
3 Prizes and awards				
4 Scholarships and fellowships				
5 Bartering income			-	
6 Fees received for jury duty				
7 Income from rental of personal property, if		`	,	
not in the business of renting such property .		-	,	
8 Precinct election board duty				
9 Alaska Permanent Fund Dividends				
10		1		
11		1		
12		1		
13 Other income not provided for in this Organizer		1	3	
Adjustments to Income				
* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.			Current Year	Prior Year
*F/S/J			Amount	Amount
		,		741104111
1 Educator expenses				
3 Health Savings account deduction				
4 Moving expenses				
5 Self-employed SEP, SIMPLE, or other quali	·			
6 Penalty on early withdrawal of savings				
7 Tuition and fees		7		
Miscellaneous Deductions				
* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.			Current Year	Prior Year
*F/S/J			Amount	Amount
1 Performing-arts-related expenses		1		
2 Foreign housing deduction				
3 Jury duty pay given to your employer				
4 Reforestation amortization				
5 Repayment of sub-pay under the Trade Act				
6 Contributions to Section 501(c)(18) pension	-		9	
7 Attorney fees and court costs paid for action				
October 22, 2004 involving unlawful discrim		-		
to the extent of gross income from such acti			<u> </u>	
8 Employee business expenses of fee-basis s			3	
9 Expenses from the rental of personal prope	•			
business of renting such property				
10 Contributions by chaplains to section 403(b)			0	
11 Archer MSA deduction		1	1	
12		1	2	
13		1	3	

	Name	Name							
Electing to Report Child's Income on Parent's Return.									
If your child has over \$950 in income from interest and dividends you may qualify to elect to report that income on your return.									
Step 1 : Enter "X" if your child?									
If y	1 Is under 19 (24 if a full time student) on January 1, 2012. 2 Has income only from interest and dividends. 3 Has gross income of less than \$9,500. 4 Made no estimated tax payments. 5 Had no federal income tax withheld from his or her income. If you entered ("X") in ALL the above boxes your child qualifies.								
Sto	ep 2 : Enter "X" if as the parent?								
If y	Step 2 : Enter "X" if as the parent? 1 You are filing a joint return with the child's other parent. 2 You are married to the child's other parent, file separately, and you have the higher taxable income. 3 You are unmarried or separated and the custodial parent of this child. 4 You are married to someone other than the child's parent and file jointly with your spouse. 5 You are married to someone other than the child's parent, file separately, and you have the higher taxable income. If you entered ("X") in ANY of the above boxes you are a qualifying parent. If Both the Child and Parent Qualifies Then Continue.								
	Child's First Name	M.I. Child's La	ast Name		Chilo	d's SSN			
Interest		l axable inte	rest Income	Tax Exem	ot Interest	Specified Priv	/ Act Interest		
		Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year		
	Payer	Current Year Amount	Prior Year Amount	1		1 -			
1	1		_	Current Year	Prior Year	Current Year	Prior Year		
1 2 3	1 2		_	Current Year	Prior Year	Current Year	Prior Year		
2	1 2		_	Current Year	Prior Year	Current Year	Prior Year		
2 3	1 2 3		_	Current Year	Prior Year	Current Year	Prior Year		
2 3 4	1 2 3 4 5 6		_	Current Year	Prior Year	Current Year	Prior Year		
2 3 4 5 6 7	1 2 3 4 5 6 7		_	Current Year	Prior Year	Current Year	Prior Year		
2 3 4 5 6 7 8	1 2 3 4 5 6 7 8		_	Current Year	Prior Year	Current Year	Prior Year		
2 3 4 5 6 7	1 2 3 4 5 6 7	Amount	_	Current Year	Prior Year	Current Year	Prior Year		
2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 7 8 9 10	Amount	Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount		
2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8	Amount	Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount		
2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 7 8 9 10 vidends	Amount	Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount		
2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 7 8 9 10	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 7 8 9 10 vidends	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 7 8 9 10 vidends	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10 Div	1 2 3 4 5 6 7 7 8 9 10 vidends Payer 1 2 3 4 2 3 4 4 5 5 6 6 7 7 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10 Div	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10 Div	1 2 3 4 5 6 7 7 8 9 10 vidends Payer 1 2 3 4 2 3 4 4 5 5 6 6 7 7 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10 Div	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10 Div	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ordinary Current Year	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		
2 3 4 5 6 7 8 9 10 Div	1 2 3 4 5 6 7 10 2 10 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	Ordinary Current Year Amount	Amount Dividends Prior Year	Current Year Amount Qualifying Current Year	Prior Year Amount Dividends Prior Year	Current Year Amount Capital Current Year	Prior Year Amount Gains Prior Year		

	Name		SSN				
IRA Contribution Information							
Trad	itional IRA Contributions	İ	Current Year	Prior Year			
Filer			Amount	Amount			
1	Enter total traditional IRA contributions made for 2011	1					
2	Enter contributions, on line 1, made after 12/31/2011 and before 04/15/2012	2					
3	Enter value of all traditional IRAs as of 12/31/2011	3					
Spou	se	ı					
4	Enter total traditional IRA contributions made for 2011	4					
5 6	Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012 Enter value of all traditional IRAs on 12/31/2011	5					
	Enter value of all traditional IRAs on 12/31/2011	6					
Roth	Contributions						
			Current Year	Prior Year			
Filer			Amount	Amount			
1	Enter 2011 Roth IRA contributions	1					
2	Enter value of all Roth IRAs on 12/31/2011	2					
Spou		Ī					
	Enter 2011 Roth IRA contributions	3					
4	Enter value of all Roth IRAs on 12/31/2011	4					
SIME	PLE IRA						
U			Current Year	Prior Year			
Filer			Amount	Amount			
1	Enter value of all SIMPLE IRAs on 12/31/2011	1					
Spou	se		,				
2	Enter value of all SIMPLE IRAs on 12/31/2011	2					
Educ	cation IRA (Coverdell ESA)						
			Current Year	Prior Year			
Filer			Amount	Amount			
1	Enter 2011 Coverdell ESA contributions	1					
2	Enter value of the Coverdell ESA on 12/31/2011	2					
Spou	se	ı					
3	Enter 2011 Coverdell ESA contributions	3					
4	Enter value of the Coverdell ESA on 12/31/2011	4					

Medical and Dental - Itemized Deductions

INIG	aicai and Dentai - Itemized Deductions		Г	1
			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc	2		
3	Fees for hospitals, clinics, etc	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
	January 1 to June 30			
	July 1 to December 31			
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to \$50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1) .	14		
15	Health insurance premiums - coverage established under your business (2) .	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Taxes - Itemized Deductions

	Real Estate Taxes		Current Year Amount	Prior Year Amount
23	Principal residence	23		
	Real Estate Not Held For Investment			
24		24		
25		25		
26		26		
27		27		
28		28		
	Real Estate Held For Investment			-
29		29		
30		30		
31		31		
32		32		
33		33		
34	Personal property taxes	34		
	Other Taxes	•		
35		35		
36		36		
37		37		

	Name		SSN			
Inte	rest - Itemized Deductions	T				
	Home Mortgage Interest and Points Reported on Form 1098		Current Year Amount	Prior Year Amount		
38	Lender	38				
39	Lender					
40	Lender	40				
41	Lender					
	Home Mortgage Interest Not Reported on Form 1098	т				
42	Name:	42				
	Address:					
	SSN:					
43	Mortgage insurance paid on 2011 acquisition indebtedness for	_				
	principal residence	43				
	Refinancing Points	t	-			
44	Description	44				
	Points paid					
	Date of loan	-				
	Total number of scheduled loan payments					
	Number of payments made in 2011					
45	Description	45				
	Points paid					
	Date of loan	.				
	Total number of scheduled loan payments					
	Number of payments made in 2011					
46	Description	46				
	Points paid					
	Date of loan					
	Total number of scheduled loan payments					
	Number of payments made in 2011	. [
47	Investment interest paid	47				

Name	SSN	

Charity - Itemized Deductions

	* Total contributions \$500 or less. See Non-Cash Charity if over \$500.		Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	. 1	7 0 0	7 0
2	Total Miles driven for charitable activities			
3	Parking fees, tolls and local transportation for charitable activities			
J	· · · · · · · · · · · · · · · · · · ·	. 3		
4	Gifts To Charity By Cash or Check	4		
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
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40		40		
41		41		
42		42		
43		43		
44		44		
45		45		
46		46		
47		47		
				•

	Name	SSN					
No	ncash Charitab	ole Contributions (1	otal of Contrib	outions more th	nan \$500)		
Info	rmation on Donated	Property		<u>.</u>			
	(a) Name and Address of the				(b) Description of Donated Property		
		Donee Organizati	on				
1	Name						
	Address						
	City	State	Zip Code				
2	Name						
	Address						
	City	State	Zip Code				
3	Name						
	Address						
	City	State	Zip Code				
4	Name						
	Address						
	City	State	Zip Code				
5	Name						
	Address						
	City	State	Zip Code				
Note	· If the fair market va	llue for an item is \$500 or l	ess vou do not have	to complete columns	s (d) (e) and (f)		
	(c) Date of the	(d) Date Acquired	(e) How	(f) Cost or	(g) Fair Market Value	(h) Method Used to	
	Contribution	mm/dd/yyyy	Acquired	Adjusted Basis	F. M. V.	Determine the F. M. V.	
1				•			
2							
3							
4							
5		<u> </u>				1	

	Name			SSN	
Ch	nild and Depende	ent Care Expenses			
1 2		nt care benefits forfeited nt care expenses incurred in 20			
	Note: Enter qualified e	expenses for dependents on the	Organizer dependent shee	t.	
No	n-Dependent Inform	nation and Qualifying Expe	nses		A
_	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
_					
Pei	Name First:	ons Who Provided the Care	Address	SSN/EIN	Amount incurred and paid in 2011
	Last:				
6	Business:	State:		EIN:	
	First:				
	Last:	City:		SSN:	
7	Business:		Zip:		
	First:				
	Last:			SSN:	
8	Business:		Zip:		
	First:				
	Last:	City:		SSN:	
9	Business:	State:	Zip:	EIN:	
	First:				
	l ast·	City:		SSN:	

EIN:

State:

Zip:

10 Business: