

# General Information

## Taxpayer

## Spouse

First Name . . . . .

Middle Initial . . . . .

Last Name . . . . .

Suffix . . . . .

Social Security Number . . . . .

Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .

Work Phone . . . . .

Cell Phone . . . . .

Fax Number . . . . .

Legally Blind . . . . .

Totally Disabled . . . . .

Claimed as a Dependent . . . . .

Presidential Election Fund (\$3) . . . . .

Occupation . . . . .

E-mail address . . . . .

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 . . . . . to

## Filing Status

Status on 2010 return :

- Status as of 12/31/2011 :  **1** Single
- Enter ("X") in the box  **2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)

**4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_

**5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . . . \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . . . \_\_\_\_\_

**Questions**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

**Basic Information**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1 Did your marital status change since last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you have any children under 19 (or 24 if a full time student) who received more than \$950 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	4 Are all your dependents either US residents or citizens?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you provide over half of the support for someone you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	7 Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	8 Did you purchase or sell your principal residence?
<input type="checkbox"/>	<input type="checkbox"/>	9 Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	10 Were there any changes to a prior year's income, deductions, or credits?
<input type="checkbox"/>	<input type="checkbox"/>	11 Did you make gifts of more than \$13,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	12 Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	13 Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	15 Do you want to e-file your return?
		16 If you are due a refund, how do you want to receive it?
		<input type="checkbox"/> Check sent to you in the mail
		<input type="checkbox"/> Western Union® Reloadable MoneyWise™ Prepaid MasterCard®
		<input type="checkbox"/> Apply to next year's estimates
		<input type="checkbox"/> Other quick refund via a bank product
		<input type="checkbox"/> Direct deposit (please provide a voided blank check)      Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
		If you owe taxes, how do you want to pay them?
		<input type="checkbox"/> Paper check sent with my return
		<input type="checkbox"/> Credit card
		<input type="checkbox"/> Direct debit from my bank account (please provide a voided blank check)      Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Income**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	17 Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	18 Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	19 Did you receive income from a foreign source or pay taxes to a foreign government?
<input type="checkbox"/>	<input type="checkbox"/>	20 Did you barter your services for goods or services from someone else?
<input type="checkbox"/>	<input type="checkbox"/>	21 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
<input type="checkbox"/>	<input type="checkbox"/>	22 Did you make a loan to someone at an interest rate below market rate?
<input type="checkbox"/>	<input type="checkbox"/>	23 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
<input type="checkbox"/>	<input type="checkbox"/>	24 Did you cash in any U.S. savings bonds?
<input type="checkbox"/>	<input type="checkbox"/>	25 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	27 Did you receive disability income?
<input type="checkbox"/>	<input type="checkbox"/>	28 Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
<input type="checkbox"/>	<input type="checkbox"/>	29 Did you receive any unemployment benefits?
<input type="checkbox"/>	<input type="checkbox"/>	30 During 2011, did you receive payments from a Long-Term Care insurance contract?
<input type="checkbox"/>	<input type="checkbox"/>	31 Did you receive employer-provided adoption benefits for a previous year?
<input type="checkbox"/>	<input type="checkbox"/>	32 Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
<input type="checkbox"/>	<input type="checkbox"/>	33 Did you "roll over" a retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	34 Did you receive Social Security benefits?

**Questions (Cont.)**

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

- | Yes                      | No                       |                                                                                         |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>35</b> Did you convert a traditional IRA to a Roth IRA?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>36</b> Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>37</b> Do you have any short sales, commodity sales, or straddles?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>38</b> Did you receive Form 2439?                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>39</b> Did you buy or sell any bonds?                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>40</b> Did you receive stock from a stock bonus plan with your employer?             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>41</b> Did you sell any other personal assets at a gain?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>42</b> Did you sell any real estate (other than your home) during the year?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>43</b> Did you sell any assets using the installment method?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>44</b> Did you receive proceeds from a prior year installment sale?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>45</b> Did you purchase a rental property?                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>46</b> Did you exchange any property for other property?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>47</b> Did you receive any income not reported in this Organizer?                    |

**Business and Rental Property Income**

- | Yes                      | No                       |                                                                                     |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>48</b> If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>49</b> Did you start or acquire a new business?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>50</b> Did you sell any part of an existing business, or sell business assets?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>51</b> Did you cease operating any business or rental property?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>52</b> Did you remove any of your business assets for personal use?              |

**Business and Rental Property Deductions**

- | Yes                      | No                       |                                                                                                               |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>53</b> Did you use part of your home for business purposes?                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>54</b> Did you make any contributions to a Keogh or a self-employed SEP plan for 2011?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>55</b> Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>56</b> If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>57</b> Did you purchase any furniture or equipment for your business?                                      |

**Other Deductions**

- | Yes                      | No                       |                                                                                                                 |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>58</b> Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>59</b> Did you make any contributions to HSA (Health Savings Account) in 2011?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>60</b> Did you use your car on the job (other than to and from work)?                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>61</b> Did you work out of town for part of the year?                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>62</b> Did you incur any travel and entertainment expenses for business purposes?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>63</b> Did you pay expenses for the care of your child or other dependent so you could work?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>64</b> Did you lose property or have damage to a property due to a casualty, theft, or condemnation?         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>65</b> Did any security become worthless during 2011?                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>66</b> Did any debts become uncollectible during 2011?                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>67</b> Did you purchase a 'clean fuel' or electric hybrid vehicle in 2011?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>68</b> Did you contribute less than an entire interest in any property to charity?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>69</b> Did you refinance a mortgage or take out a home equity loan during 2011?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>70</b> Did you incur moving expenses during the year due to a change of employment?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>71</b> Did you pay any educational tuition or fees for you or a dependent?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>72</b> Did you pay any student loan interest?                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>73</b> Did you make any federal or state estimated payments?                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>74</b> Did you make any energy efficient improvements to your main home in 2011?                             |





Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages and Retirement Income

### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Foreign Employer Compensation & Pension

Enter "X"

if spouse

	Foreign employer's name	Employer Compensation	Gross Pension	Taxable Pension
<input type="checkbox"/>	1			
<input type="checkbox"/>	2			
<input type="checkbox"/>	3			
<input type="checkbox"/>	4			
<input type="checkbox"/>	5			
<input type="checkbox"/>	6			
<input type="checkbox"/>	7			
<input type="checkbox"/>	8			
<input type="checkbox"/>	9			
<input type="checkbox"/>	10			
<input type="checkbox"/>	11			
<input type="checkbox"/>	12			
<input type="checkbox"/>	13			
<input type="checkbox"/>	14			
<input type="checkbox"/>	15			

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	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, or (J)oint.

*F/S/J	Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	.....	1					
<input type="checkbox"/>	2	.....	2					
<input type="checkbox"/>	3	.....	3					
<input type="checkbox"/>	4	.....	4					
<input type="checkbox"/>	5	.....	5					
<input type="checkbox"/>	6	.....	6					
<input type="checkbox"/>	7	.....	7					
<input type="checkbox"/>	8	.....	8					
<input type="checkbox"/>	9	.....	9					
<input type="checkbox"/>	10	.....	10					
<input type="checkbox"/>	11	.....	11					
<input type="checkbox"/>	12	.....	12					
<input type="checkbox"/>	13	.....	13					
<input type="checkbox"/>	14	.....	14					
<input type="checkbox"/>	15	.....	15					
<input type="checkbox"/>	16	.....	16					
<input type="checkbox"/>	17	.....	17					
<input type="checkbox"/>	18	.....	18					
<input type="checkbox"/>	19	.....	19					
<input type="checkbox"/>	20	.....	20					



Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Entity Name
1	.....
2	.....
3	.....
4	.....
5	.....
6	.....
7	.....
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11	.....
12	.....
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49	.....
50	.....

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

		Unreimbursed Partnership Exp. Current Year
	1	
	2	
	3	
	4	
	5	
	6	
	7	
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	48	
	49	
	50	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

	Filer			Spouse	
	Current Year Amount	Prior Year Amount		Current Year Amount	Prior Year Amount
1 Refund from state . . . . .			1		
2 Unemployment compensation . . . . .			2		
3 Prizes and awards . . . . .			3		
4 Scholarships and fellowships . . . . .			4		
5 Bartering income . . . . .			5		
6 Fees received for jury duty . . . . .			6		
7 Income from rental of personal property, if not in the business of renting such property . . . . .			7		
8 Precinct election board duty . . . . .			8		
9 Alaska Permanent Fund Dividends . . . . .			9		
10 -----			10		
11 -----			11		
12 -----			12		
13 Other income not provided for in this Organizer			13		

**Adjustments to Income**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Educator expenses . . . . .	1		
<input type="checkbox"/>	2	Student loan interest . . . . .	2		
<input type="checkbox"/>	3	Health Savings account deduction . . . . .	3		
<input type="checkbox"/>	4	Moving expenses . . . . .	4		
<input type="checkbox"/>	5	Self-employed SEP, SIMPLE, or other qualified plans . . . . .	5		
<input type="checkbox"/>	6	Penalty on early withdrawal of savings . . . . .	6		
<input type="checkbox"/>	7	Tuition and fees . . . . .	7		

**Miscellaneous Deductions**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1	Performing-arts-related expenses . . . . .	1		
<input type="checkbox"/>	2	Foreign housing deduction . . . . .	2		
<input type="checkbox"/>	3	Jury duty pay given to your employer . . . . .	3		
<input type="checkbox"/>	4	Reforestation amortization . . . . .	4		
<input type="checkbox"/>	5	Repayment of sub-pay under the Trade Act of 1974 . . . . .	5		
<input type="checkbox"/>	6	Contributions to Section 501(c)(18) pension plans . . . . .	6		
<input type="checkbox"/>	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions. . . . .	7		
<input type="checkbox"/>	8	Employee business expenses of fee-basis state or local government officials . . . . .	8		
<input type="checkbox"/>	9	Expenses from the rental of personal property but were not in the business of renting such property . . . . .	9		
<input type="checkbox"/>	10	Contributions by chaplains to section 403(b) plans . . . . .	10		
<input type="checkbox"/>	11	Archer MSA deduction . . . . .	11		
<input type="checkbox"/>	12	-----	12		
<input type="checkbox"/>	13	-----	13		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA Contribution Information

#### Traditional IRA Contributions

**Filer**

- 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

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2011 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2011 . . . . . 6


#### Roth Contributions

**Filer**

- 1 Enter 2011 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2011 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 2

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#### Education IRA (Coverdell ESA)

**Filer**

- 1 Enter 2011 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 4




Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions**

Current Year Amount	Prior Year Amount

**Real Estate Taxes**

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

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Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest - Itemized Deductions**

**Home Mortgage Interest and Points Reported on Form 1098**

38 Lender ..... 38  
 39 Lender ..... 39  
 40 Lender ..... 40  
 41 Lender ..... 41

Current Year Amount	Prior Year Amount

**Home Mortgage Interest Not Reported on Form 1098**

42 Name: ..... 42  
 Address: .....  
 SSN: .....

--	--

43 Mortgage insurance paid on 2011 acquisition indebtedness for principal residence . . . . . 43

--	--

**Refinancing Points**

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 \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2010 and paid in 2011 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
<b>3</b>	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2011
<b>6</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>7</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>8</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>9</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>10</b>	First: _____	_____	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		