

CLIENT ORGANIZER

STREET

CITY, STATE, ZIP

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

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

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

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

Please provide the following information:

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

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

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General Questions

ORG3

PERSONAL INFORMATION

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

DEPENDENT INFORMATION

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

IRA, PENSION AND EDUCATION SAVINGS PLANS

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

ITEMS RELATED TO INCOME/LOSSES

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

PRIOR YEAR TAX RETURNS

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

General Questions (continued)

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

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

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

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND		
	Yes	No
48 If your tax return is eligible for Electronic Filing, would you like to file electronically?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	<input type="checkbox"/>	<input type="checkbox"/>
Caution: Review transferred information for accuracy.		
50 If yes , please provide the following information:		
a Name of your financial institution	_____	
b Routing Transit Number (must begin with 01 through 12 or 21 through 32)	_____	
c Account number	_____	
d What type of account is this?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

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

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

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

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year
 Check this box if you are eligible to claim spouse's exemption
 Check this box if your spouse itemizes deductions

4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name _____ Child's social security number _____

5 Qualifying widow(er)
 Check the box for the year the spouse died. 2009 2010

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2011 Child Care Expense	
				+Months in U.S.	*Not Citizen
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____

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

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

W-2, 1099-R, and W-2G Income

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name . . . _____	Check if not applicable for 2011	<input type="checkbox"/>
	Employer's name . . . _____	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace.		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.		_____
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2	Employer's name . . . _____	Check if not applicable for 2011	<input type="checkbox"/>
	Employer's name . . . _____	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace.		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.		_____
	c Check SE tax on: (a) housing or parsonage allowance	(b) W-2 wages	(c) both
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name _____	Check if not applicable for 2011	<input type="checkbox"/>
	Payer's name _____	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover.	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD.		_____

2	Payer's name _____	Check if not applicable for 2011	<input type="checkbox"/>
	Payer's name _____	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover.	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD.		_____

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2011			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2009 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	ATAA/RTAA payments			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld			

OTHER INCOME

Nature and Source	2011 Taxpayer	2011 Spouse	2010 Combined
1 Alimony received			
2 Recovery of bad debts previously deducted			
3 Jury duty pay			
4 Bartering income not reported elsewhere			
5 Income from the rental of personal property			
6 Other miscellaneous income items: Description:			

Interest and Dividend Income

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

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

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

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

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

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

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

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

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

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2011	2010
1	Prescription medications		
2	Health insurance premiums (enter Medicare B on ORG10)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums		
b	Spouse's gross long-term care premiums		
c	Dependent's gross long-term care premiums		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity		
5 a	Insurance reimbursement		
b	Medical (MSA) or health (HSA) savings account distributions		
6	Doctors, dentists, etc		
7	Hospitals, clinics, etc		
8	Lab and X-ray fees		
9	Expenses for qualified long-term care		
10	Eyeglasses and contact lenses		
11	Medical equipment and supplies		
12 a	Miles driven for medical purposes 01/01/11 thru 06/30/11		
b	Miles driven for medical purposes 07/01/11 thru 12/31/11		
13	Ambulance fees and other medical transportation costs		
14	Lodging		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		

TAXES		2011	2010
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.			
16	Real estate taxes paid on principal residence		
17	Real estate taxes paid on additional homes or land		
18	Auto registration fees based on the value of the vehicle		
19	Other personal property taxes		
20	Other taxes:		
	_____		
	_____		

Interest Paid and Cash Contributions

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

Interest Paid and Cash Contributions (continued)

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

Noncash Contributions

ORG14A

Copy 1

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

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

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

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

*** Methods of determining FMV:**

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

**** Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

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

Employee Business Expenses

ORG17

Occupation in which expenses were incurred. _____

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

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

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

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

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

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

Was this activity located in a Qualified Disaster Area Yes No

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

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

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

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

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

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

Employee Business Expenses (continued)

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

Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

for: ORG19

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

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

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

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

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

8 Accounting method:
 Cash Accrual Other (specify) _____

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

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

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

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

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

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

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

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

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

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

Business Income and Expenses (continued)

ORG19

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

Business Use of Home

for: ORG19
copy: 1

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

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

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

DEPRECIATION

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

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

Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business? Yes No
 Was the final installment received this year? Yes No

1 Description of property _____
 2 a Date acquired _____ 2 b Date sold _____
 c Check this box if ordinary gain from non-capital asset

GROSS PROFIT INFORMATION
(Complete for year of sale only.)

3 Selling price, including mortgages and other debts _____
 4 Mortgages and other debts buyer assumed or took property subject to _____
 5 Cost or other basis of property sold. _____
 6 Depreciation allowed or allowable _____
 7 Commissions and other expenses of sale _____
 8 Was this property your main home? Yes No

CURRENT TAXABLE PORTION

9 Gross profit percentage _____
 10 a Payments received in current year _____
 b Interest received in current year _____

Seller Financed Mortgage Information

11 Payer's Name	Address	SSN or EIN

12 Payments received in prior years (do not include interest) _____

SALES TO RELATED PARTIES

13 a Was the property sold to a related party after May 14, 1980? Yes No
 b If **yes**, was the property a marketable security? Yes No
*If yes, complete the rest of this form. If no, complete for year of sale and for 2 years after the sale.
 If you received the final installment payment this year, do not complete the rest of this form.*
 c Give the name, address, and taxpayer identification number of related party _____

14 Did the related party, during this tax year, resell or dispose of the property? Yes No
If no, do not complete the rest of this form.

Answer **yes** to no more than one of the following questions.

15 a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)? Yes No
 If **yes**, give date of disposition _____
 b Was the first disposition a sale or exchange of stock to the issuing corporation? Yes No
 c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition? Yes No
 d Did the second disposition occur after the death of the original seller or buyer? Yes No
 e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition? Yes No
 If **yes**, give explanation. _____

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale). _____

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

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

1 Check property owner Taxpayer Spouse Joint

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2 a Did you make any payments that would require you to file Form(s) 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , did you or will you file all required Forms(s) 1099? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 a Enter the ownership percentage (if not 100%). _____ | | |
| b If not 100%, are you reporting 100% of the income and expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Is this a rental property? (If yes , answer questions 5 through 11; if no , skip to question 12.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 For all rental properties, enter the number of days during 2011 that: | | |
| a The property was rented (or available for rent) at fair rental value _____ | | |
| b The property was used personally or rented at less than fair rental value _____ | | |
| c You owned the property, if not the entire year _____ | | |
| 7 a Does this rental have multiple living units and you live in one of the units? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes , enter percentage of rental use _____ | | |
| 8 Did you actively participate in this property's management during 2011? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you materially participate in this property's management during 2011? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you want to treat this property as non-passive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did this property have unallowed passive losses in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you dispose of this property in a fully taxable transaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Check this box if some of this investment was not at-risk | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular <input type="checkbox"/> Extension <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Was this activity located in a Qualified Disaster Area? | <input type="checkbox"/> | <input type="checkbox"/> |

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
15 Rents received		
16 Royalties received		

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

Rent and Royalty Income and Expenses (continued)

ORG25

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

Farm Income and Expenses

GENERAL INFORMATION

Name of this farm _____

1 Check ownership Taxpayer Spouse Joint

2 Principal product _____

3 Employer identification number _____

4 Agricultural activity code **(Preparer Use Only)** _____

5 Accounting method Cash Accrual

6 Was this farm fully disposed of in a fully taxable transaction during 2011? Yes No

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

8 Did you make any payments in 2011 that would require you to file Form(s) 1099 Yes No

9 If 'Yes,' did you or will you file all required Forms 1099? Yes No

10 At-risk determination:

a Is all of the investment in this activity at risk? Yes No

b Is some of the investment in this activity not at risk? Yes No

c Did you receive a subsidy in 2011? Yes No

11 Did you have unallowed passive losses in 2010? Yes No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

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

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

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

FARM INCOME – CASH METHOD	2011	2010
13a Specified sales of livestock, etc purchased for resale		
b Sales of livestock, etc purchased for resale		
14 Cost/Basis of livestock, etc purchased for resale		
15a Specified sales of products you raised		
b Sales of livestock, produce, grains, etc raised		
16a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
17a Total agricultural program payments		
b Taxable amount of agricultural program payments		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b		
18a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
19a Crop insurance proceeds/federal crop disaster payments received in 2011		
b Taxable crop insurance proceeds/federal crop disaster payments		
c Crop insurance proceeds/federal crop disaster payments deferred from 2010		
20a Specified custom hire (machine work) income		
b Custom hire (machine work) income		
21a Specified other income – include federal/state gas tax credit		
b Other income – include federal/state gas tax credit/refund		

FARM INCOME – ACCRUAL METHOD	2011	2010
22a Specified sales – livestock, produce, grain, other products		
b Sales – livestock, produce, grain, other products		
23a Total distributions received from cooperatives		
b Taxable amount of distributions from cooperatives		
24a Total agricultural program payments		
b Taxable amount of agricultural program payments		
25a Commodity Credit Corporation (CCC) loans under election		
b CCC loans forfeited/repaid with certificates		
c Taxable amount of CCC loans forfeited/repaid		
26 Crop insurance proceeds and certain disaster payments		
27a Specified custom hire (machine work) income		
b Custom hire (machine work) income		
28a Specified other income include federal/state gas tax credit		
b Other income include federal/state gas tax credit/refund		

Farm Income and Expenses (continued)

FARM INCOME – ACCRUAL METHOD (continued)	2011	2010
29 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc.		
b Cost of livestock, produce, etc purchased.		
c Ending inventory – livestock, produce, etc		
30 Check if you used the unit-livestock price method or farm-price method to value inventory	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

FARM EXPENSES – CASH AND ACCRUAL METHODS	2011	2010
Name of this farm _____		
31 Car and truck expense (complete ORG18)		
32 Chemicals		
33 Conservation expenses.		
34 Custom hire (machine work)		
35 Depreciation and Section 179 deduction (Preparer Use Only)		
36 Employee benefit programs other than pension and profit-sharing plans		
37 Feed		
38 Fertilizers and lime		
39 Freight and trucking		
40 Gasoline, fuel and oil		
41 a Insurance (other than health)		
b Self-employed health insurance attributable to this farm business		
42 Interest:		
a Mortgage (paid to banks, etc).		
b Other		
43 Gross wages		
44 Pension and profit-sharing plans		
45 Rent or lease:		
a Machinery, equipment, etc (for vehicle rent or lease, see ORG18)		
b Other (land, animals, etc)		
46 Repairs and maintenance		
47 Seeds and plants purchased		
48 Storage and warehousing		
49 Supplies purchased		
50 Taxes		
51 Utilities		
52 Veterinary, breeding and medicine		
53 Other expenses (specify):		
_____		
_____		
_____		
_____		
_____		
54 Qualified pension plan start-up costs		

Adjustments to Income

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

Child and Dependent Care Expenses

CHILD AND DEPENDENT CARE EXPENSES			
Enter below the persons or organizations who provided the child and dependent care.			
First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name <hr style="border: 0; border-top: 1px dashed black;"/> Provider Phone	Provider Address	ID Number <hr style="border: 0; border-top: 1px dashed black;"/> Check box if provider is a business	Amount Paid
1 ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business . ▶ <input type="checkbox"/>	----- -----
2 ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business . ▶ <input type="checkbox"/>	----- -----
3 ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business . ▶ <input type="checkbox"/>	----- -----
4 ----- -----	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business . ▶ <input type="checkbox"/>	----- -----
EXPENSES		2011	2010
1	Total employment taxes paid on wages for child care expenses		
2	Total expenses paid in 2011 but not incurred in 2011		
3	Total expenses incurred in 2011 but not paid in 2011		
4	Medical expenses paid for qualifying persons unable to care for themselves		
STUDENT/DISABLED PERSON INFORMATION FOR 2011		Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2011, answer the following questions:			
a Number of months that taxpayer/spouse was a full-time student or disabled			
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here			

Education Information

Education expenses were paid in 2011.

EDUCATION TUITION AND FEES

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

EDUCATOR EXPENSES	2011	2010
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2011

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

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

FORM 1099-Q

3 Enter 1099-Q detail below.

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

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

Tax Payments

2011 ESTIMATED TAX PAYMENTS

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

OTHER TAX PAYMENTS

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

2012 ESTIMATED TAX WORKSHEET

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

Income

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

Deductions

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

ADDITIONAL INFORMATION

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

K-1 Partnership – Partner’s Questions

Attach all copies of K-1s from partnerships.

1	Name of partnership _____
	Partnership identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

2	Name of partnership _____
	Partnership identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

3	Name of partnership _____
	Partnership identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

4	Name of partnership _____
	Partnership identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

5	Name of partnership _____
	Partnership identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

6	Name of partnership _____
	Partnership identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 S Corporation – Shareholder’s Questions

Attach all copies of K-1s from S Corporations.

1	Name of S Corporation . . . _____
	S Corporation identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of S Corporation . . . _____
	S Corporation identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of S Corporation . . . _____
	S Corporation identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of S Corporation . . . _____
	S Corporation identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of S Corporation . . . _____
	S Corporation identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of S Corporation . . . _____
	S Corporation identification number _____ Tax shelter registration number . . . _____
	1 Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Is this the final K-1 for this S Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No

K-1 Estate & Trust – Beneficiary’s Questions

Attach all copies of K-1’s from estates and trusts.

1	Name of estate or trust . . . _____
	Estate or trust identification no. . . _____ Tax shelter registration number . . . _____
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Name of estate or trust . . . _____
	Estate or trust identification no. . . _____ Tax shelter registration number . . . _____
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Name of estate or trust . . . _____
	Estate or trust identification no. . . _____ Tax shelter registration number . . . _____
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Name of estate or trust . . . _____
	Estate or trust identification no. . . _____ Tax shelter registration number . . . _____
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Name of estate or trust . . . _____
	Estate or trust identification no. . . _____ Tax shelter registration number . . . _____
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Name of estate or trust . . . _____
	Estate or trust identification no. . . _____ Tax shelter registration number . . . _____
	1 Beneficiary <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No