

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
-------------	-------------	-----------	---------------------------	----------

**JOHN M. HOFFMAN CPA, PC**  
 1330 BOYLSTON ST  
 CHESTNUT HILL, MA 02467-2145  
 Telephone number: (617) 730-8100  
 Fax number: 617-730-8102  
 E-mail address: jhoffman@hoff-man.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

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

**CLIENT INFORMATION**

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

2011

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2011.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		

1 p2

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
-------------	-------------	-----------	-------------------	----------

Please add, change or delete information for 2011.

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2011 information.

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

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

**BANK INFORMATION**

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

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

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

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

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

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

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

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

**PERSONAL INFORMATION**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2011? |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2011, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900? |

**INCOME**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?(not including foreign dividends and related taxes that show up on your investment statements) |
|--------------------------|--------------------------|---|

**PURCHASES, SALES AND DEBT**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home? If so, please provide a copy of each relevant HUD 1 settlement statement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If yes, please provide a description of the expenditure and the amount of the expenditure. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?   |

**RETIREMENT PLANS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes please provide form 1099-R. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make (or want to make) a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? If yes please provide form 1099-R.            |

2011	1040	US	Miscellaneous Questions
------	------	----	-------------------------

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2011? If yes please provide form 1099-R (and label as such).

Did you convert a traditional, SEP, or SIMPLE IRA (or other qualified retirement plan) to a Roth IRA in 2010, and defer the taxable amount of the conversion to tax year 2011 and 2012? If we did your 2010 taxes we should have this info but please remind us.

### EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

### ITEMIZED DEDUCTIONS

Did you make donations of in kind items during the year. If so, have you provided us with the complete name and address of the organization you donated to as well as a description of the donation, the date the goods were acquired, the cost, the date donated, the value of the donated items and how the value was determined? Most items were bought years ago and their donated value is about 10 % of what you paid for it. A \$100 pair of shoes might be worth \$10. A \$750 sofa might be worth \$75.

Did you use your car on the job (other than to and from work) that was not reimbursed by your employer? If so, talk to us about what information we need to claim those unreimbursed business expenses.

### ESTIMATED TAXES

If we provided you with estimated tax vouchers for 2011, did you make all of the payments and make them on time?

***Please remember that you can simply return to us the green instruction sheet with some indication of payment and date so we know what you paid and when.***

Do you expect your 2012 taxable income and withholdings to be different from 2011? If so give us an idea of what to expect:

2011	1040	US	Miscellaneous Questions
------	------	----	-------------------------

## MISCELLANEOUS

- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

***If yes, and the account has a value in excess of \$10,000 please realize your obligation to file the FBAR form TDF 90-22.1 (we generally do not prepare these for you).***

- Did you incur unreimbursed moving expenses due to a change of employment?
- Did you engage the services of any household employees that you wish to report and pay taxes on?
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency that you did not already tell us about?
- Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?

***Use the space below to tell us anything you think we need to know that you can't find a place for elsewhere in the organizer.***

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

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

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

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

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

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

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

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

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

	<b>2011 Amount</b>	<b>T</b>	<b>S</b>	<b>2010 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



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

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

**GENERAL INFORMATION**

Principal business/profession.....	<input style="width:95%;" type="text"/>
Principal business code.....	<input style="width:95%;" type="text"/>
Business name, if different from Form 1040.....	<input style="width:95%;" type="text"/>
Business address, if different from Form 1040....	<input style="width:95%;" type="text"/>
City, if different from Form 1040.....	<input style="width:95%;" type="text"/>
State, if different from Form 1040.....	<input style="width:95%;" type="text"/>
ZIP code, if different from Form 1040.....	<input style="width:95%;" type="text"/>
Employer identification number.....	<input style="width:95%;" type="text"/>
Other accounting method.....	<input style="width:95%;" type="text"/>

Accounting method: 1=cash, 2=accrual.....	<input style="width:95%;" type="text"/>	
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	<input style="width:95%;" type="text"/>	
1=change of inventory method.....	<input style="width:95%;" type="text"/>	
1=spouse, 2=joint.....	<input style="width:95%;" type="text"/>	
1=first Schedule C filed for this business.....	<input style="width:95%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	<input style="width:95%;" type="text"/>	
1=not subject to self-employment tax.....	<input style="width:95%;" type="text"/>	
1=did not "materially participate".....	<input style="width:95%;" type="text"/>	
1=personal services is not a material income producing factor.....	<input style="width:95%;" type="text"/>	
1=investment.....	<input style="width:95%;" type="text"/>	
1=minister's Schedule C.....	<input style="width:95%;" type="text"/>	
1=single member limited liability company.....	<input style="width:95%;" type="text"/>	

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gross receipts or sales (Form 1099-MISC, box 7).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Returns and allowances.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other income:		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**COST OF GOODS SOLD**

Inventory at beginning of the year.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Purchases.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of items for personal use.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of labor.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Materials and supplies.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other costs:		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Inventory at end of the year.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2011

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

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

**EXPENSES**

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

Other expenses:

_____		
_____		
_____		
_____		
_____		

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

16 p2

2011

1040

US

Business Use of Home (Form 8829)

No.

29

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

BUSINESS USE OF HOME

Table with 2 columns: 2011 Amount, 2010 Amount. Rows include Form, Number of form, Business use area, Total area of home, Total hours facility used, Total hours available, % of gross income, % of expenses.

INDIRECT EXPENSES

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

Table with 2 columns for 2011 and 2010 amounts. Rows include Mortgage interest, Real estate taxes, Qualified mortgage insurance premiums, Casualty losses, Insurance, Miscellaneous, Rent, Repairs and maintenance, Utilities, Excess mortgage interest, and Other indirect expenses.

DIRECT EXPENSES

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

Table with 2 columns for 2011 and 2010 amounts. Rows include Mortgage interest, Real estate taxes, Qualified mortgage insurance premiums, Casualty losses, Insurance, Miscellaneous, Rent, Repairs and maintenance, Utilities, Excess mortgage interest, Excess casualty losses, Allowable casualty losses, and Other direct expenses.



2011

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2011, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home (1/1/11 - 6/30/11)
Miles driven to new home (7/1/11 - 12/31/11)

(\* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

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

**GENERAL INFORMATION**

Description of property.....	<input style="width:95%;" type="text"/>
Street address .....	<input style="width:95%;" type="text"/>
City.....	<input style="width:95%;" type="text"/>
State.....	<input style="width:95%;" type="text"/>
ZIP code.....	<input style="width:95%;" type="text"/>
Type of property (see table)....	<input style="width:95%;" type="text"/>
Other type of property.....	<input style="width:95%;" type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input style="width:35%;" type="text"/>	<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input style="width:35%;" type="text"/>	
1=spouse, 2=joint .....	<input style="width:35%;" type="text"/>	
1=qualified joint venture .....	<input style="width:35%;" type="text"/>	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. ....	<input style="width:35%;" type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input style="width:35%;" type="text"/>	
1=did not actively participate.....	<input style="width:35%;" type="text"/>	
1=real estate professional.....	<input style="width:35%;" type="text"/>	
1=rental other than real estate .....	<input style="width:35%;" type="text"/>	
1=investment .....	<input style="width:35%;" type="text"/>	
1=single member limited liability company.....	<input style="width:35%;" type="text"/>	

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Payments not reported above.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments to amounts from Form(s) 1099-K *.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIRECT EXPENSES**

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

Advertising.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Association dues.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Auto and travel (not entered elsewhere).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cleaning and maintenance.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commissions.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Gardening.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Insurance.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Legal and professional fees.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Licenses and permits.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Management fees.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Miscellaneous.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mortgage interest (paid to banks, etc.).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified mortgage insurance premiums.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Excess mortgage interest.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Other interest (not entered elsewhere).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Painting and decorating.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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

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

2011

1040

US

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

No.

18 p2

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

**DIRECT EXPENSES (continued)**

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

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

**OIL AND GAS**

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

**VACATION HOME**

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

**INDIRECT EXPENSES**

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

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

2011

1040

US

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

No.

18 p3

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

**INDIRECT EXPENSES (continued)**

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

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





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

**GENERAL INFORMATION**

	2011 Amount	2010 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months your job required a vehicle (if not 12 months).....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage (from 1/1/11 to 6/30/11).....		
Business mileage (from 7/1/11 to 12/31/11).....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

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

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

**PARTNERSHIP INFORMATION (20.1)**

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

**S CORPORATION INFORMATION (20.2)**

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

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
-------------	-------------	-----------	--	------------------

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

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

**20.3,20.4**

2011

1040

US

Miscellaneous Income

14.1

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

**MISCELLANEOUS INCOME**

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1

2011

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

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

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

2011 1099-G Amount

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

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

14.2

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
-------------	-------------	-----------	--	-------------

Please enter all pertinent 2011 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

		2011 Amount	2010 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2011 contributions to this ESA.....			
Value of this account at 12/31/11 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/10.....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2011 contributions to this ESA.....			
Value of this account at 12/31/11 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/10.....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2011 contributions to this ESA.....			
Value of this account at 12/31/11 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/10.....			

2011

1040

US

Adjustments to Income

24

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

**TRADITIONAL IRA CONTRIBUTIONS**

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

**ROTH IRA CONTRIBUTIONS**

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

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

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

**ADJUSTMENTS TO INCOME**

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

Alimony paid:

**Taxpayer**

**Spouse**

Recipient's first name....		
Recipient's last name....		
Recipient's SSN.....		
Amount paid .....	2011 amt:	2010 amt:

24

2011

1040

US

Itemized Deductions

25

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

MEDICAL AND DENTAL EXPENSES

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

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

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Rows include State income taxes (1/11 payment, 2010 extension, 2010 state return, prior years), and City/local income taxes (1/11 payment, 2010 extension, 2010 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Rows include State and local sales taxes, Use taxes paid on 2011 purchases, Use taxes paid with 2010 state return, Sales tax on autos, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2011 Amount, TS, 2010 Amount. Rows include Real estate taxes (principal residence, property held for investment), Personal property taxes, Foreign income taxes, and Other taxes.

2011

1040

US

Itemized Deductions (continued)

25 p2

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

**INTEREST PAID**

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

2011 Amount

TS

2010 Amount

_____		
_____		
_____		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .

Payee's SSN or FEIN . . . . .

Payee's street address . . . . .

Payee's city, state, ZIP . . . . .

Amount paid . . . . .

_____		
_____		
_____		
_____		

Points not reported on Form 1098:

_____		
_____		
_____		

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

Investment interest (interest on margin accounts):

_____		
_____		
_____		

Passive interest . . . . .

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


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

**CASH CONTRIBUTIONS**

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

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

Contributions by cash or check:

_____		
_____		
_____		
_____		

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

Number of charitable miles . . . . .


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

Contributions by cash or check:

_____		
_____		
_____		
_____		

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

Number of charitable miles . . . . .


25 p2

2011

1040

US

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2011 Amount

TS

2010 Amount

Four horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 4 rows.

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

Four horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 4 rows.

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

Four horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 1 row.

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

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 2 rows.

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

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

25 p3



2011

1040

US

Itemized Deductions (continued)

25 p5

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

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

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

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

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

**LOAN INFORMATION**

Loan #1

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

Loan #2

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

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

25 p5

2011

1040

US

Noncash Contributions (Form 8283)

26

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

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

**DONATED PROPERTY INFORMATION**

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

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

<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance 2 = Gift                              4 = Exchange</p>	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog 2 = Thrift shop value              4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
---	--

26

2011

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

**GENERAL INFORMATION**

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

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

**EMPLOYEE BUSINESS EXPENSES**

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

30

2011

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

	2011 Amount	2010 Amount
1=vehicle used primarily by more than 5% owner.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		

VEHICLE 1

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage (from 1/1/11 to 6/30/11).....		
Business mileage (from 7/1/11 to 12/31/11).....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

VEHICLE 2

Description of vehicle.....		
Date placed in service (m/d/y).....		
Total mileage (for the tax year).....		
Business mileage (from 1/1/11 to 6/30/11).....		
Business mileage (from 7/1/11 to 12/31/11).....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		
Number of months of vehicle business use (if not 12).....		
Parking fees and tolls (business portion only).....		
Actual expenses:		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E and F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

30 p2

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
-------------	-------------	-----------	---------------------------------------	-------------

**Please enter all pertinent 2011 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2011, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date .....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA .....				
Total unreimbursed qualified medical expenses ...				

	<b>32.1</b>
--	-------------

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Education Credits / Tuition Deduction</b>	<b>38</b>
-------------	-------------	-----------	--	-----------

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

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

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

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

**2011**

**1040**

**US**

**Household Employment Taxes (Schedule H)**

**42**

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

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,700 or more in 2011; withheld federal income tax during 2011 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2011 to household employees, please complete the following:

Employer identification number .....	
1=spouse, 2=joint .....	

Social security, Medicare and income taxes:	2011 Amount	2010 Amount
1=paid any one employee cash wages of \$1,700 or more .....		
1=withheld federal income tax for household employee .....		
Total cash wages subject to social security taxes .....		
Total cash wages subject to Medicare taxes .....		
Federal income tax withheld .....		
Advance earned income credit payments .....		
Taxes withheld from state disability payments .....		

Federal unemployment tax:	2011 Amount	2010 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011 .....		
Total cash wages subject to FUTA tax .....		
1=paid unemployment contributions to only one state .....		
1=paid all state unemployment contributions by 4/15/12 .....		
1=all wages taxable for FUTA were also taxable for state unemployment .....		
Name of state .....		
Contributions paid to state unemployment fund .....		



2011

1040

MA

Rental Deduction Information

51.191

Please enter all pertinent 2011 amounts.

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

No. <input type="text"/>	Landlord Information	Name.....	
		Street.....	
		City, state, ZIP code.....	
Occupancy Information		Rents paid in 2011.....	
		Date occupied.....	
		Date vacated.....	

51.191

<b>2011</b>	<b>1040</b>	<b>MA</b>	<b>Health Care Information (Schedule HC)</b>	<b>57.192</b>
-------------	-------------	-----------	--	---------------

**Massachusetts residents (ages 18 and older) should enter all pertinent information below.  
Also provide MA Form 1099-HC.**

**HEALTH INSURANCE INFORMATION**

No. <input style="width:40px;" type="text"/>	Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer).....		
	Name of insurance company (MA 1099-HC, box 1) .....		
	FID number of insurance company (MA 1099-HC, box 2) .....		
	Subscriber number (MA 1099-HC, box 5) .....		

No. <input style="width:40px;" type="text"/>	Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer).....		
	Name of insurance company (MA 1099-HC, box 1) .....		
	FID number of insurance company (MA 1099-HC, box 2) .....		
	Subscriber number (MA 1099-HC, box 5) .....		

No. <input style="width:40px;" type="text"/>	Private health insurance: 1=spouse, 2=joint (leave blank if taxpayer).....		
	Name of insurance company (MA 1099-HC, box 1) .....		
	FID number of insurance company (MA 1099-HC, box 2) .....		
	Subscriber number (MA 1099-HC, box 5) .....		

NOTE: Enter "1" in the box below if ALL of the following apply: 1) Insured for all 2011; 2) Resident of Massachusetts for all of 2011; 3) 18 years or older as of January 1, 2011.

	Taxpayer	Spouse
1=you were insured for all of 2011.....	<input type="text"/>	<input type="text"/>

NOTE: For the Taxpayer (or Spouse) that was NOT insured for all of 2011. Enter "1" below for each month covered by health insurance. Leave blank if "1" was entered above.

	Taxpayer	Spouse
Months covered by health insurance (if not full year):		
1=January .....	<input type="text"/>	<input type="text"/>
1=February .....	<input type="text"/>	<input type="text"/>
1=March .....	<input type="text"/>	<input type="text"/>
1=April .....	<input type="text"/>	<input type="text"/>
1=May .....	<input type="text"/>	<input type="text"/>
1=June .....	<input type="text"/>	<input type="text"/>
1=July .....	<input type="text"/>	<input type="text"/>
1=August .....	<input type="text"/>	<input type="text"/>
1=September .....	<input type="text"/>	<input type="text"/>
1=October .....	<input type="text"/>	<input type="text"/>
1=November .....	<input type="text"/>	<input type="text"/>
1=December .....	<input type="text"/>	<input type="text"/>

NOTE: If you or your spouse had government-subsidized health insurance, fill out the appropriate information below.

	Taxpayer	Spouse
Government subsidized health insurance:		
1=Commonwealth care .....	<input type="text"/>	<input type="text"/>
1=Commonwealth care bridge .....	<input type="text"/>	<input type="text"/>
1=MassHealth .....	<input type="text"/>	<input type="text"/>
1=Medicare .....	<input type="text"/>	<input type="text"/>
1=U.S. military .....	<input type="text"/>	<input type="text"/>
1=Tri-care .....	<input type="text"/>	<input type="text"/>
1=VA Program enrollment .....	<input type="text"/>	<input type="text"/>
Name of other provider - taxpayer .....	<input type="text"/>	<input type="text"/>
Name of other provider - spouse .....	<input type="text"/>	<input type="text"/>

	<b>57.192</b>
--	---------------