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2011

Personal Data

Filing Status: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ Head of Household

Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	

Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
☐ Full time student ☐ Blind ☐ Active military	☐ Full time student ☐ Blind ☐ Active military
Do you want $3 to go to the Presidential Election Camp Fund? ☐	Does your spouse want $3 to go to the Presidential Election Camp Fund? ☐

Date and time of this year's appointment

Income Taxes Paid

Federal		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				

	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

Resident State		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				

	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

Local		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				

	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

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Dependents

Name: **SSN:**

First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $950? ☐		**2011**	**2010**
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $950? ☐		**2011**	**2010**
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $950? ☐		**2011**	**2010**
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $950? ☐		**2011**	**2010**
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					
First name/MI		Last name		Suffix	
SSN/ITIN		Relationship		Number of months lived with you	
DOB		Does this dependent have income over $950? ☐		**2011**	**2010**
Child Care Credit - qualifying expenses incurred and paid in 2011					
Child Care Credit - portion of qualifying expenses provided by employer					
Education Credits - current year qualifying expenses for American Opportunity Credit					
Education Credits - current year qualifying expenses for Lifetime Learning Credit					

Child & Dependent Care

Name: **SSN:**

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

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Wages and Salaries

Please attach all W-2(s).

Name: **SSN:**

TS		Federal I.D. No.			Company Name						
		State I.D. No.									
Federal wages			**2011**			**2010**		Federal tax	**2011**		**2010**
	State wages		**2011**			**2010**		State tax	**2011**		**2010**
		Locality	**2011**			**2010**		Local tax	**2011**		**2010**
TS		Federal I.D. No.			Company Name						
		State I.D. No.									
Federal wages			**2011**			**2010**		Federal tax	**2011**		**2010**
	State wages		**2011**			**2010**		State tax	**2011**		**2010**
		Locality	**2011**			**2010**		Local tax	**2011**		**2010**
TS		Federal I.D. No.			Company Name						
		State I.D. No.									
Federal wages			**2011**			**2010**		Federal tax	**2011**		**2010**
	State wages		**2011**			**2010**		State tax	**2011**		**2010**
		Locality	**2011**			**2010**		Local tax	**2011**		**2010**
TS		Federal I.D. No.			Company Name						
		State I.D. No.									
Federal wages			**2011**			**2010**		Federal tax	**2011**		**2010**
	State wages		**2011**			**2010**		State tax	**2011**		**2010**
		Locality	**2011**			**2010**		Local tax	**2011**		**2010**
TS		Federal I.D. No.			Company Name						
		State I.D. No.									
Federal wages			**2011**			**2010**		Federal tax	**2011**		**2010**
	State wages		**2011**			**2010**		State tax	**2011**		**2010**
		Locality	**2011**			**2010**		Local tax	**2011**		**2010**
TS		Federal I.D. No.			Company Name						
		State I.D. No.									
Federal wages			**2011**			**2010**		Federal tax	**2011**		**2010**
	State wages		**2011**			**2010**		State tax	**2011**		**2010**
		Locality	**2011**			**2010**		Local tax	**2011**		**2010**

Interest Income

Please attach all 1099(s) relating to interest income.

Name: **SSN:**

TSJ	Name and SSN of payer Address of payer	2011	2010

Please attach additional sheets if necessary.

Dividend Income

Please attach all 1099(s) relating to dividend income.

Name: **SSN:**

TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Federal Income Tax	Foreign Tax Paid	Other	
							Description	Amount

Please attach additional sheets if necessary.

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Profit or Loss From Business
Schedule C

Name: **SSN:**

TS	Principal business or profession	Business code	
Business name		Employer I.D. number	
Business address			

Accounting method, if not cash ☐ Accrual ☐ Other

Activity type You disposed of this property during 2011 ☐

You started or acquired this business during 2011 ☐

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

If, Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

Income	2011	2010		2011	2010
Payments from Form 1099-K			Returns and allowances		
Gross receipts or sales			Other income		
Statutory Employee Earnings					

Expenses	2011	2010		2011	2010
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance			Other (Detail)		
Supplies			Family Health Coverage		

Cost of goods sold	2011	2010		2011	2010
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost ☐ Lower of Cost or Market ☐ Other There was a change of inventory method ☐

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Sale of Capital Assets
(Stocks, Bonds, etc.)

Name: **SSN:**

TSJ	Description	Date purchased	Date sold	Sales price	Cost

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Form 1099-G Unemployment Compensation

Name: **SSN:**

TSJ | Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

Payer's phone: Account number:

	2011	2010		2011	2010
Unemployment compensation			State / State I.D.		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			☐ Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
☐ Trade/business					
Market gain					

TSJ | Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

Payer's phone: Account number:

	2011	2010		2011	2010
Unemployment compensation			State / State I.D.		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			☐ Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
☐ Trade/business					
Market gain					

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Form 1099-MISC

Please attach all 1099-M(s)

Name: **SSN:**

TS | For | Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

	2011	2010		2011	2010
Rents			State	State I.D.	
Royalties			State tax withheld		
Other income			State income		
Description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
☐ Payer made direct sales of $5,000 or more of consumer products			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

TS | For | Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

	2011	2010		2011	2010
Rents			State	State I.D.	
Royalties			State tax withheld		
Other income			State income		
Description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
☐ Payer made direct sales of $5,000 or more of consumer products			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

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Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: **SSN:**

TS		Payer's name:		Payer's Federal ID Number:	
Address:					
City, State, Zip				2011	2010
	2011	2010	State		State I.D.
Disability indicator	☐	☐	State income tax withheld		
Report as wages on 1040	☐	☐	State distribution		
Gross distribution			Name of locality		
Taxable amount			Local income tax withheld		
Total distribution	☐	☐	Local distribution		
Capital gain			State		State I.D.
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Name of locality		
IRA/SEP/SIMPLE Roth: Y/N __	☐	☐	Local income tax withheld		
Your percentage of total distribution			Local distribution		

TS		Payer's name:		Payer's Federal ID Number:	
Address:					
City, State, Zip				2011	2010
	2011	2010	State		State I.D.
Disability indicator	☐	☐	State income tax withheld		
Report as wages on 1040	☐	☐	State distribution		
Gross distribution			Name of locality		
Taxable amount			Local income tax withheld		
Total distribution	☐	☐	Local distribution		
Capital gain			State		State I.D.
Federal income tax withheld			State income tax withheld		
Employee contributions or insurance premiums			State distribution		
Distribution code(s)			Name of locality		
IRA/SEP/SIMPLE Roth: Y/N __	☐	☐	Local income tax withheld		
Your percentage of total distribution			Local distribution		

Social Security Benefit Statement

			2011	2010		2011	2010		2011	2010
TS		Net benefits			Medicare premiums			Income tax withheld		
TS		Net benefits			Medicare premiums			Income tax withheld		

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Other Income and Adjustments

Name: **SSN:**

Income

	Taxpayer		Spouse	
	2011	2010	2011	2010
Taxable scholarships received				
Interest income (If over $1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over $1,500 report only on Interest and Dividend sheet)				
Dividend income (If over $1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? ☐ Yes ☐ No				
Pension distributions received				
Unemployment compensation received				
Unemployment repaid in 2011				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2011				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

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Itemized Deductions

Name: **SSN:**

MEDICAL and DENTAL	**2011**	**2010**
Health insurance premiums		
Long term care premiums		
Number of Medical miles before 7/1		
Number of medical miles after 6/30		
Other medical and dental expenses (list):		
TAXES YOU PAID		
State and local income taxes		
Sales tax		
Real estate taxes		
Taxes that qualify for State Property Tax Credit		
Personal property taxes		
Other taxes (list):		
INTEREST YOU PAID		
Home mortgage interest & points on Form 1098		
Home mortgage interest not on Form 1098		
Name:		
Address:		
SSN/EIN:		
Points not reported on Form 1098		
Qualified mortgage insurance premiums		
Investment interest		

GIFTS TO CHARITY (attach receipts)	**2011**	**2010**
Total gifts by cash or check		
30% limitation		
Charitable miles		
Other than by cash or check		
Carryover from prior year subject to:		
50% limitation		
30% limitation		
30% limitation capital gain property		
20% limitation		
JOB EXPENSES (list):		
Unreimbursed employee expenses		
Tax preparation fees		
OTHER EXPENSE (list):		
MISCELLANEOUS DEDUCTIONS		
Other deductions not subject to 2% limit		

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Mortgage Interest

Name: **SSN:**

TSJ		For		Business name	Product		
Recipient/Lender Information:						**2011**	**2010**
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						**2011**	**2010**
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						**2011**	**2010**
Federal ID					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						**2011**	**2010**
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		
TSJ		For		Business name	Product		
Recipient/Lender Information:						**2011**	**2010**
Federal ID #					Mortgage interest received		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

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Expenses for Business Use of Your Home

Name: **SSN:**

TSJ | For

Business Use of Home	**2011**	**2010**
Square feet of home used exclusively for business		
Total square feet of home		

Use of Home for Daycare	**2011**	**2010**
Area used part time for business		
Total hours used for daycare		
Total hours available		
Did you live in the home all year?	☐ Yes ☐ No	

Expenses

	Expenses directly related to business use **only**		Total Household expenses	
Did you claim office in home expenses last year? ☐ Yes ☐ No	**2011**	**2010**	**2011**	**2010**
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

Cost of Home	**2011**	**2010**
Enter the **smaller** of your home's adjusted basis or its fair market value		
Does this include the value of the land? ☐ Yes ☐ No Value of land		
Date placed in service		
Date taken out of service		

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Employee Business Expense

Name: **SSN:**

TS		Occupation	

Part I - Employee Business Expense and Reimbursements

	2011	2010
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		

☐ Qualifying performing artist ☐ Fee-based state or local government official ☐ Pastor

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2011	2010	2011	2010
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2011				
Business miles before 7/1 included above				
Business miles after 6/30 included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				

If an employer provided vehicle, was personal use during off duty hours permitted?	☐ Yes	☐ No
Do you or your spouse have another vehicle available for personal use?	☐ Yes	☐ No
Do you have evidence to support your deduction?	☐ Yes	☐ No
If "Yes", is the evidence written?	☐ Yes	☐ No

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Residential Energy Credits

Name: **SSN:**

TSJ

Were improvements or costs made to your main home located in the US? ☐ Yes ☐ No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home? ☐ Yes ☐ No

Enter the nonbusiness energy property credit that you took in:

2006 2007 2009 2010

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain	
Exterior doors that meet or exceed Energy Star requirements	
Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain	
Exterior windows and skylights that meet or exceed Energy Star requirements	

Enter the amount of window expense you claimed in:

2006 2007 2009 2010

Residential energy property costs

Energy efficient building property costs	
Qualified natural gas, propane, or oil furnace or hot water boiler	
Advanced main air circulating fan used in a natural gas, propane, or oil furnace	

Residential Energy Efficient Property Credit

Qualified solar electric property costs	
Qualified solar water heating property costs	
Qualified small wind energy property costs	
Qualified geothermal heat pump property costs	

Was qualified fuel cell property installed on or in your main home in US? ☐ Yes ☐ No

Addres of main home

City, State, ZIP

Qualified fuel cell property costs	
Kilowatt capacity of property on line 22	
Amount of unused credit from 2010 Form 5695, line 28	

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Detail Worksheet

Name: **SSN:**

Title

Description	2011	2010

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Auto Expense Worksheet

Name: **SSN:**

For

Business name & Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use? ☐ Yes ☐ No

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

Do you have evidence to support your deduction? ☐ Yes ☐ No

If "Yes," is the evidence written? ☐ Yes ☐ No

Enter the number of miles your vehicle was used for:	2011	2010
a Business miles before 7/1		
b Business miles after 6/30		
c Commuting		
d Other		

Expenses:	2011	2010
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list): Apply Business %		
☐		
☐		
☐		