

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Car telephone number	_____ [11]	_____ [19]
Fax telephone number	_____ [12]	_____ [20]
Mobile telephone number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	_____ [18]	_____ [26]

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Do you want to receive email notification when your electronically filed return is accepted by the taxing agency? (Y, N) _____[2]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[6]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed. Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[4]

Spouse self-selected Personal Identification Number (PIN) _____[5]

NOTES/QUESTIONS:

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

Do you expect a considerable change in your 2012 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2012? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/11	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/11	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/17/12	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2010 return + _____ [3]

2010 overpayment applied to '11 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2011 City Estimated Tax Payments

City #1			City #2		
City name	_____ [28]		City name	_____ [50]	
Amount paid with 2010 return	+ _____ [31]		Amount paid with 2010 return	+ _____ [53]	
2010 overpayment applied to '11 estimates	+ _____ [32]		2010 overpayment applied to '11 estimates	+ _____ [54]	
Treat calculated amounts as paid	_____ [36]		Treat calculated amounts as paid	_____ [58]	

	Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment	_____ [37]	+	_____ [38]		1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]		2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]		3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]		4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3			City #4		
City name	_____ [72]		City name	_____ [94]	
Amount paid with 2010 return	+ _____ [75]		Amount paid with 2010 return	+ _____ [97]	
2010 overpayment applied to '11 estimates	+ _____ [76]		2010 overpayment applied to '11 estimates	+ _____ [98]	
Treat calculated amounts as paid	_____ [80]		Treat calculated amounts as paid	_____ [102]	

	Date Paid		Amount Paid		Date Paid		Amount Paid	
1st quarter payment	_____ [81]	+	_____ [82]		1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]		2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]		3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]		4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Wages and Salaries #1

Please provide all copies of Form W-2.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this is your current employer		[6]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[20]	
SS tips (Box 7)	+ _____	[22]	
Allocated tips (Box 8)	+ _____	[24]	
Dependent care benefits (Box 10)	+ _____	[26]	
Box 13 -			
Statutory employee		[28]	
Retirement plan		[29]	
Third-party sick pay		[30]	
State postal code (Box 15)		[31]	
State wages (Box 16) (If different than federal wages)	+ _____	[33]	
State tax withheld (Box 17)	+ _____	[35]	
Local wages (Box 18)	+ _____	[37]	
Local tax withheld (Box 19)	_____	[39]	
Name of locality (Box 20)	_____	[42]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this your current employer		[6]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[20]	
SS tips (Box 7)	+ _____	[22]	
Allocated tips (Box 8)	+ _____	[24]	
Dependent care benefits (Box 10)	+ _____	[26]	
Box 13 -			
Statutory employee		[28]	
Retirement plan		[29]	
Third-party sick pay		[30]	
State postal code (Box 15)		[31]	
State wages (Box 16) (If different than federal wages)	+ _____	[33]	
State tax withheld (Box 17)	+ _____	[35]	
Local wages (Box 18)	+ _____	[37]	
Local tax withheld (Box 19)	_____	[39]	
Name of locality (Box 20)	_____	[42]	

Control Totals +

Interest Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code	(**See codes below)	Payer	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1		Payer											
		Amounts	+										
2		Payer											
		Amounts	+										
3		Payer											
		Amounts	+										
4		Payer											
		Amounts	+										
5		Payer											
		Amounts	+										
6		Payer											
		Amounts	+										
7		Payer											
		Amounts	+										
8		Payer											
		Amounts	+										
9		Payer											
		Amounts	+										
10		Payer											
		Amounts	+										

**Dividend Codes	
Blank = Other	3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+ <u> </u>	[7]	
Taxable amount received (Box 2a)	+ <u> </u>	[9]	
Federal withholding (Box 4)	+ <u> </u>	[11]	
Distribution code (Box 7)		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	
State withholding (Box 12)	+ <u> </u>	[15]	
Local withholding (Box 15)	+ <u> </u>	[17]	
Amount of rollover	+ <u> </u>	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	

Control Totals +

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+ <u> </u>	[7]	
Taxable amount received (Box 2a)	+ <u> </u>	[9]	
Federal withholding (Box 4)	+ <u> </u>	[11]	
Distribution code (Box 7)		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	
State withholding (Box 12)	+ <u> </u>	[15]	
Local withholding (Box 15)	+ <u> </u>	[17]	
Amount of rollover	+ <u> </u>	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	

Control Totals +

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

Taxpayer/Spouse (T, S)	__	[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+ <u> </u>	[7]	
Taxable amount received (Box 2a)	+ <u> </u>	[9]	
Federal withholding (Box 4)	+ <u> </u>	[11]	
Distribution code (Box 7)		[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[14]	
State withholding (Box 12)	+ <u> </u>	[15]	
Local withholding (Box 15)	+ <u> </u>	[17]	
Amount of rollover	+ <u> </u>	[19]	
Mark if distribution was due to a pre-retirement age disability		[21]	
Mark if distribution was from an inherited IRA		[22]	

Control Totals +

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]

State postal code _____ [2]

Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2011 (Box 3 minus Box 4) **(Box 5)**

2011 Information
+ _____ [8]

Prior Year Information

Voluntary Federal Income Tax Withheld **(Box 6)**

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2011 **(Box 5)**

2011 Information
+ _____ [22]

Prior Year Information

Federal Income Tax Withheld **(Box 10)**

+ _____ [25]

Medicare Premium Total **(Box 11)**

+ _____ [27]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[38]
	[39]
	[40]
	[41]
	[42]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2011	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2011:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2011	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2011	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2010	+ _____ [45]	+ _____ [46]
Enter the total Roth IRA contribution recharacterizations for 2011	+ _____ [47]	+ _____ [48]
Enter the Roth conversion IRA basis on December 31, 2010	+ _____ [49]	+ _____ [50]
Value of all your Roth IRA's on December 31, 2011:	+ _____ [51]	+ _____ [52]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home		
1/1/11 to 6/30/11	_____	[13]
7/1/11 to 12/31/11	_____	[14]
Total amount reimbursed for moving expenses	+ _____	[15]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

	Qualified loan interest you paid		2011 Information	Prior Year Information			
TS	_____	+	_____ [1]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>			
	_____	+	_____				
	_____	+	_____				
	_____	+	_____				

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information										
TS	---	_____	_____	_____	+ _____ [7]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>										
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											
	---	_____	_____	_____	+ _____											

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2011 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__ [1]	_____	+ _____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	Medical insurance premiums you paid*:		
__ [4]	_____	+ _____ [5]	
—	_____	+	
—	_____	+	
—	_____	+	
	Long-term care premiums you paid*:		
__ [7]	_____	+ _____ [8]	
—	_____	+	
	Prescription medicines and drugs:		
__ [10]	_____	+ _____ [11]	
—	_____	+	
—	_____	+	
__ [13]	Miles driven for medical items (1/1/11 to 6/30/11) _____ [14] (7/1/11 to 12/31/11) _____ [17]		
	*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J		2011 Information	Prior Year Information
	State/local income taxes paid:		
__ [18]	_____	+ _____ [19]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+	
—	_____	+	
—	_____	+	
—	_____	+	
	2010 state and local income taxes paid in 2011:		
__ [21]	_____	+ _____ [22]	
—	_____	+	
—	_____	+	
	Real estate taxes paid:		
__ [24]	_____	+ _____ [25]	
—	_____	+	
—	_____	+	
	Personal property taxes:		
__ [27]	_____	+ _____ [28]	
—	_____	+	
	Other taxes, such as: foreign taxes and State disability taxes		
__ [30]	_____	+ _____ [31]	
—	_____	+	
—	_____	+	
	Sales tax paid on major purchases:		
__ [36]	_____	+ _____ [37]	
—	_____	+	
	Sales tax paid on actual expenses:		
__ [39]	_____	+ _____ [40]	
—	_____	+	
—	_____	+	

Interest Expenses

T/S/J	2011 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

— Payer's/Borrower's name _____ [7]
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2011 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2011 **(Preparer use only)** + _____ [12]
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2011 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2011 **(Preparer use only)** + _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2011 _____

T/S/J	2011 Information
Investment interest expense, other than on Schedule(s) K-1:	
[14]	+
	+
	+
	+
	+
	+
	+
	+
	+
	+

Control Totals +

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

2011 Information

Prior Year Information

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____[7]
 Was another vehicle available for personal use? (Y, N) _____[9]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____[11]

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____[15]
 Comments _____
 Vehicle 2 description _____[44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [18]	[]	_____ [47]	[]
Total mileage	_____ [20]		_____ [49]	
Business mileage from 1/1/11 to 6/30/11	_____ [22]		_____ [51]	
Business mileage from 7/1/11 to 12/31/11	_____ [24]		_____ [53]	
Average daily round trip commuting mileage	_____ [25]		_____ [54]	
Total commuting mileage	_____ [27]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [29]		+ _____ [58]	
Vehicle rentals	+ _____ [31]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [33]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [39]		+ _____ [68]	
Depreciation	+ _____ [41]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____[75]
 Comments _____
 Vehicle 4 description _____[103]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [78]	[]	_____ [106]	[]
Total mileage	_____ [80]		_____ [108]	
Business mileage from 1/1/11 to 6/30/11	_____ [82]		_____ [110]	
Business mileage from 7/1/11 to 12/31/11	_____ [84]		_____ [112]	
Average daily round trip commuting mileage	_____ [85]		_____ [113]	
Total commuting mileage	_____ [87]		_____ [116]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [89]		+ _____ [117]	
Vehicle rentals	+ _____ [91]		+ _____ [119]	
Inclusion amount (Preparer use only)	+ _____ [93]		+ _____ [121]	
Value of employer-provided vehicle	+ _____ [99]		+ _____ [127]	
Depreciation	+ _____ [101]		+ _____ [129]	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [4]
 Description _____ [5]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [9]	_____	_____ [46]	_____
Commuting miles	_____ [11]	_____	_____ [48]	_____
Business miles from 1/1/11 to 6/30/11	_____ [13]	_____	_____ [50]	_____
Business miles from 7/1/11 to 12/31/11	_____ [15]	_____	_____ [52]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [16]	_____	_____ [53]	_____
Was another vehicle available for personal use? (Y, N)	_____ [18]	_____	_____ [55]	_____
Do you have evidence to support your deduction? (Y, N)	_____ [20]	_____	_____ [57]	_____
Is this evidence written? (Y, N)	_____ [22]	_____	_____ [59]	_____
Parking, fees and tolls	+ _____ [24]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [26]	_____	+ _____ [63]	_____
Interest	+ _____ [28]	_____	+ _____ [65]	_____
Registration	+ _____ [30]	_____	+ _____ [67]	_____
Property taxes	+ _____ [32]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [34]	_____	+ _____ [71]	_____
Inclusion amount (Preparer use only)	+ _____ [36]	_____	+ _____ [73]	_____
Depreciation	+ _____ [38]	_____	+ _____ [75]	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [78]
 Description _____ [79]
 Comments _____

Vehicle 4 - Date placed in service _____ [115]
 Description _____ [116]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [83]	_____	_____ [120]	_____
Commuting miles	_____ [85]	_____	_____ [122]	_____
Business miles from 1/1/11 to 6/30/11	_____ [87]	_____	_____ [124]	_____
Business miles from 7/1/11 to 12/31/11	_____ [89]	_____	_____ [126]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [90]	_____	_____ [127]	_____
Was another vehicle available for personal use? (Y, N)	_____ [92]	_____	_____ [129]	_____
Do you have evidence to support your deduction? (Y, N)	_____ [94]	_____	_____ [131]	_____
Is this evidence written? (Y, N)	_____ [96]	_____	_____ [133]	_____
Parking, fees and tolls	+ _____ [98]	_____	+ _____ [135]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [100]	_____	+ _____ [137]	_____
Interest	+ _____ [102]	_____	+ _____ [139]	_____
Registration	+ _____ [104]	_____	+ _____ [141]	_____
Property taxes	+ _____ [106]	_____	+ _____ [143]	_____
Vehicle rentals	+ _____ [108]	_____	+ _____ [145]	_____
Inclusion amount (Preparer use only)	+ _____ [110]	_____	+ _____ [147]	_____
Depreciation	+ _____ [112]	_____	+ _____ [149]	_____

Control Totals +

Child and Dependent Care Expenses

**Please enter all amounts paid in 2011 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2010 employer-provided dependent care benefits used during 2011 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2011	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2011		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____ [7]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2011 + _____

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2006, 2007, 2009, or 2010 Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__ [2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__ [3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

NOTES/QUESTIONS:

You may qualify for the First-Time Homebuyer credit in 2011, only if you:

- Served in U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty beginning after December 31, 2008, and ending before May 1, 2010, and purchased a home by May 1, 2011
- AND
- Purchased a home located in the United States after December 31, 2010 and before May 1, 2011, OR
- Signed a binding contract before May 1, 2011 to close on a home before July 1, 2010, OR
- Lived in a previous home for five consecutive years within an eight year period and purchased a new home

You may be required to repay the First-Time Homebuyer credit if you claimed the credit in 2008, 2009, or 2010 and the home is no longer used as your main residence.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]
 City/State/Zip code _____ [2] _____ [3] _____ [4]

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2010 _____ [5]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [6]

Purchase price of the home _____ [7]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N) _____ [9]

Spouse owned a home or had ownership interest in a home? (Y, N) _____ [10]

If you were an owner of a home and purchased a new home:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N) _____ [11]

Spouse used the same residence as home for 5 consecutive years? (Y, N) _____ [12]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance _____ [13]

Mark if you or your spouse signed a binding contract before 5/1/11 to close on a home before 7/1/11 _____ [14]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [18]

Allocation percentage _____

Date the home was sold or ceased being used as principal residence _____ [26]

If you sold your home, enter the selling price _____ [27]

If you sold your home, enter the expense of sale _____ [28]

Were you and your spouse married on the purchase date? (Y, N) _____ [31]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name _____ [32]

NOTES/QUESTIONS:

Alabama General Information

If you moved during the tax year, name of Alabama city moved to _____ [1] Zip code _____ [2]
 If divorced during the tax year, enter former spouse's social security number _____ [3]
 If you did not file a prior year Alabama tax return, enter reason:
 _____ [4]

Contributions

Enter the amount of contributions you wish to make:
Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____ [5]	_____ [6]

Charitable Contributions

Neighbors Helping Neighbors	_____ [7]	Mental Health	_____ [16]
Senior Services Trust Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Arts Development Fund	_____ [9]	4-H Club Foundation	_____ [18]
Nongame Wildlife Fund	_____ [10]	Organ Center Donor Awareness	_____ [19]
Child Abuse Trust Fund	_____ [11]	National Guard Foundation	_____ [20]
Veterans' Program	_____ [12]	Cancer Research Institute	_____ [21]
Indian Children's Scholarship Fund	_____ [13]	Alternative Fuels Fund	_____ [22]
Penny Trust Fund	_____ [14]	Military Support Foundation	_____ [23]
Foster Care Trust Fund	_____ [15]		

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:

From _____ [24]
 To _____ [25]

If a nonresident of Alabama, enter state of legal residence _____ [26]

Credits

Basic Skills Education Credit:

Dept of Education certification number _____ [27]
 Name of sponsoring employer or firm _____ [28]
 Name of approved provider _____ [29]
 Location of provider _____ [30]
 Total expenses _____ [31]

Rural Physician Credit:

Hospital where services provided _____ [32]
 Community where services provided _____ [33]

NOTES/QUESTIONS: