







**AA A**

**INTEREST INCOME - FORM 1099-INT** (Please enclose all copies of 2011 Form 1099-INT)

**Special Codes:**

- F = Federal tax-exempt only
- B = Federal and state tax-exempt only
- N = Nominee interest
- P = Portion of U.S. savings bonds reported in previous years
- A = Accrued interest paid on acquisition between payment dates
- R = Reduction for amortizable bond premium
- M = Seller financed mortgage interest (include SSN and address)

**T = Taxpayer S = Spouse J = Joint**

T S J	Payer's Name	Special codes	2011			2010
			Box 1 Interest income	Box 3 U.S. savings bonds	Box 4 Federal income tax withheld	Taxable Interest

**INTEREST INCOME - FORM 1099-OID** (Please enclose all copies of 2011 Form 1099-OID)

**Special Codes:**

- S = State tax-exempt only
- N = Nominee interest

**T = Taxpayer S = Spouse J = Joint**

T S J	Payer's Name	Special codes	2011			2010
			Box 1 Original issue discount	Box 2 Other periodic interest	Box 4 Federal income tax withheld	Taxable amount

**UNDISTRIBUTED LONG-TERM CAPITAL GAINS - FORM 2439** (Please enclose all copies of 2011 Form 2439)

**T = Taxpayer S = Spouse J = Joint**

T S J	Payer's Name	2011				2010
		Box 1a Total undistributed long-term capital gains	Box 1b Unrecaptured 1250 gain	Box 1d Collectibles (28%) gain	Box 2 Federal income tax withheld	Total undistributed long-term capital gains

**IRA, PENSION, AND ANNUITIES** (Please enclose all copies of 2011 Form 1099-R)

T = Taxpayer S = Spouse

		2011					2010
		Box 1	Box 4	Amount rolled over into:		Gross distribution	
T S	Payer's Name	Gross distribution	Federal income tax withheld	Regular IRA	Roth IRA		

Total IRA basis for 2010 and prior years \_\_\_\_\_ **Taxpayer** \_\_\_\_\_ **Spouse**  
 Value of all traditional IRA's as of December 31, 2011 \_\_\_\_\_

**ANNUITIES AND PENSIONS BY THE RAILROAD RETIREMENT BOARD** (Please enclose all copies of 2011 Form RRB-1099-R)

T = Taxpayer S = Spouse

		2011		2010
		Box 7	Box 9	Total gross paid
T S	Payer's Name	Total gross paid	Federal income tax withheld	

**PAYMENTS FROM QUALIFIED EDUCATION PROGRAMS** (Please enclose all copies of 2011 Form 1099-Q)

T = Taxpayer S = Spouse

		2011			2010
		Box 1	Box 5		Gross distributions
T S	Payer's Name	Gross distributions	Private	State Coverdell	

**PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS** (Please enclose all copies of 2011 Schedule K-1)

Schedule K-1 (1065) Partnerships:			
Partnership's name	ID Number	Partnership's name	ID Number
Schedule K-1 (1120S) S Corporations:			
Corporation's name	ID Number	Corporation's name	ID Number
Schedule K-1 (1041) Estates or Trusts:			
Name of Trust or Estate	ID Number	Name of Trust or Estate	ID Number

**BUSINESS INCOME AND EXPENSES**

Indicate the owner of this business:  Taxpayer  Spouse  Joint

Business Name: \_\_\_\_\_

Business product or service: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

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

Accounting Method:  Cash  Accrual  Other (describe) \_\_\_\_\_

Method used to value inventory:  Cost  Lower of cost or market  Other (describe) \_\_\_\_\_

Income and Cost of Goods Sold	2011 Amount	2010 Amount
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income (enclose description) . . . . .		
Inventory at beginning of year . . . . .		
Purchases less cost of items withdrawn for personal use . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs . . . . .		
Inventory at end of year . . . . .		

Expenses	2011 Amount	2010 Amount		2011 Amount	2010 Amount
Advertising . . . . .			Taxes and licenses . . . . .		
Commissions and fees . . . . .			Travel . . . . .		
Contract labor . . . . .			Meals and entertainment . . . . .		
Depletion . . . . .			Utilities . . . . .		
Employee benefits . . . . .			Wages . . . . .		
Insurance (other than health) . . . . .			Other: _____		
Mortgage interest . . . . .			_____		
Other interest . . . . .			_____		
Legal and professional fees . . . . .			_____		
Office expenses . . . . .			_____		
Pension and profit sharing . . . . .			_____		
Rent - Vehicle, machinery . . . . .			_____		
Rent - Other . . . . .			_____		
Repairs and maintenance . . . . .			_____		
Supplies . . . . .			_____		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2011**  
(New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price

**Business Use of Home**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_

Was the home used as a day care facility?  Yes  No Date home placed in service \_\_\_\_\_

Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ FMV of home \_\_\_\_\_

Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ Value of land \_\_\_\_\_

Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_

**RENTAL AND ROYALTY INCOME AND EXPENSES**

Indicate the owner of this property:     Taxpayer     Spouse     Joint

Description of property \_\_\_\_\_  
 Location of property \_\_\_\_\_

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value?     Yes     No

Did you meet the Active Participation requirements for this property?  
 (To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)     Yes     No

Was this property fully disposed of during 2011?     Yes     No

Income	2011 Amount	2010 Amount
Rents received . . . . .		
Royalties received . . . . .		

Expenses	2011 Amount	2010 Amount
Advertising . . . . .		
Cleaning and maintenance. . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Mortgage interest paid to banks. . . . .		
Other interest. . . . .		
Repairs . . . . .		
Supplies . . . . .		
Taxes . . . . .		
Utilities . . . . .		
Other _____		
_____		
_____		
_____		
_____		

**Vehicle Information**

Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_

Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_

Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_

Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2011**  
 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales price

**CAPITAL GAINS AND LOSSES** (Please enclose all copies of 2011 Form 1099-B or similar statements)

T = Taxpayer S = Spouse J = Joint

T	S	J	Description and number of shares	Date acquired	Date sold	Cost or other basis	Sales proceeds

**OTHER INCOME**

Type of income	2011 Amount	2010 Amount
State and local tax refunds (enclose Form 1099-G) . . . . .		
Alimony received . . . . .		
Unemployment compensation (enclose Form 1099-G) . . . . .		
Social security benefits (enclose Form SSA-1099) . . . . .		
Other income such as gambling winnings, jury duty pay, etc... (Include description and any supporting documentation) . . . . .		

**OTHER ADJUSTMENTS**

Type of adjustment	2011 Amount	2010 Amount
Educator expenses . . . . .		
Business expenses for reservists, performing artists, and fee-basis officials . . . . .		
Health savings account deduction . . . . .		
Moving expenses (if moved in connection with job) . . . . .		
Self-employed SEP, SIMPLE, and qualified plans . . . . .		
Self-employed health insurance . . . . .		
Penalty for early withdrawal of savings . . . . .		
Alimony paid (SSN _____) . . . . .		
IRA contributions made for 2011      Check if Traditional IRA <input type="checkbox"/> Check if Roth IRA <input type="checkbox"/> . . . . .		
Qualified student loan interest paid (enclose Form 1098-E) . . . . .		
Domestic production activities . . . . .		
Other (include description of adjustment) . . . . .		



**ITEMIZED DEDUCTIONS**

	<b>2011 Amount</b>	<b>2010 Amount</b>																																																															
<b>Medical and Dental (less reimbursements)</b>																																																																	
Medical/dental care insurance premiums (other than self-employed) . . . . .																																																																	
Medicare B and D premiums from SSA-1099 and RRB-1099-R . . . . .																																																																	
Qualified long-term care premiums . . . . .																																																																	
Doctor, dentist, and hospital fees . . . . .																																																																	
Prescription medicines and drugs . . . . .																																																																	
Medical aids such as eyeglasses, contact lenses, and hearing aids . . . . .																																																																	
Total transportation expenses . . . . .																																																																	
Other medical and dental expenses . . . . .																																																																	
<b>Taxes Paid</b>																																																																	
State and local income taxes paid (other than withholdings and estimates) . . . . .																																																																	
Actual state and local general sales taxes paid . . . . .																																																																	
Real estate taxes . . . . .																																																																	
Personal property taxes (such as auto registration) . . . . .																																																																	
<b>Interest Paid</b>																																																																	
Home mortgage interest paid to financial institution (enclose Form 1098 or statement) . . . . .																																																																	
Home mortgage interest paid to individual																																																																	
Individual's name _____																																																																	
Individual's address _____																																																																	
Individual's ID number _____																																																																	
Qualified mortgage insurance premiums (VA, FHA, RHS, or private) . . . . .																																																																	
Investment interest expense . . . . .																																																																	
<b>Gifts to Charity</b> (If additional lines are needed, attach similar statement)																																																																	
Contributions of cash or check																																																																	
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Noncash contributions (attach Form 1098-C if vehicle donation)																																																																	
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**ITEMIZED DEDUCTIONS (continued)**

	2011 Amount	2010 Amount
<b>Casualty and Theft Losses</b> Casualty and theft losses (enclose supporting documentation with description of the casualty, description of the property, date acquired, cost of property, insurance reimbursements, and the fair market value before and after the casualty) . . . . .		

**Miscellaneous Deductions**

**Unreimbursed Employee Business Expenses**      **T = Taxpayer   S = Spouse**

**Vehicle Information    T or S**  
 Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_  
 Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_  
 Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

**Vehicle Information    T or S**  
 Vehicle description \_\_\_\_\_ Date placed in service \_\_\_\_\_ Cost or basis \_\_\_\_\_  
 Business miles \_\_\_\_\_ Commuting miles \_\_\_\_\_ Other miles \_\_\_\_\_  
 Actual expenses such as gas, oil, repairs, etc \_\_\_\_\_ Parking fees and tolls \_\_\_\_\_  
 Travel expenses \_\_\_\_\_

**Sales, Purchases, and Disposition of Assets in 2011**

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

**Business Use of Home    T or S**

Area used exclusively for business \_\_\_\_\_ Total area of home \_\_\_\_\_ Date home placed in service \_\_\_\_\_  
 Casualty losses \_\_\_\_\_ Insurance \_\_\_\_\_ FMV of home \_\_\_\_\_  
 Mortgage interest \_\_\_\_\_ Repairs and maintenance \_\_\_\_\_ Value of land \_\_\_\_\_  
 Real estate taxes paid \_\_\_\_\_ Utilities and other expenses \_\_\_\_\_

	2011 Amount	2010 Amount
Unreimbursed employee business expenses (such as union dues, small tools, travel, etc) . . . . .		
Tax preparation fees . . . . .		
Other miscellaneous expenses (such items include safe deposit box rental, certain appraisal fees, expenses related to investment income, etc...enclose supporting documentation) . . . . .		
<b>Other Miscellaneous Deductions</b> Other miscellaneous deductions (such items include gambling losses, estate tax deduction, amortization of bond premium, etc... enclose supporting documentation) . . . . .		

AA A

**CHILD AND DEPENDENT CARE EXPENSES** (Enter expenses paid for each dependent in Dependent's section)

Care provider name	Address	SSN or EIN	Amount paid during 2011

**HIGHER EDUCATION EXPENSES** (Please enclose all copies of 2011 Form 1098-T)

Student name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition and Fees

**FEDERAL AND STATE ESTIMATED TAX PAYMENTS**

Federal estimated payments	Date paid	Amount paid
Applied from 2010 overpayment		
1st Quarter payment		
2nd Quarter payment		
3rd Quarter payment		
4th Quarter payment		

State:		Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid
State estimated payments							
Applied from 2010 overpayment							
1st Quarter payment							
2nd Quarter payment							
3rd Quarter payment							
4th Quarter payment							