

THINGS TO BRING CHECKLIST

- 1. **Copies of W-2's and 1099's** received from your employer and others you worked for.
- 2. **Year end mortgage & lender loan statements and Form 1098 for each.** Include all loans for 2011 outstanding, refinanced, or paid off during 2011.
- 3. **Escrow or Settlement statements** on properties bought, sold & refinanced in 2011.
- 4. Monthly and Year end summaries from **brokerage and investment accounts.**
- 5. **Cost Information or gain loss detail** on stocks and mutual funds sold during 2011.
- 6. **1099 forms** reporting State Tax Refunds, Unemployment Compensation, Gifts, and Social Security Benefits.
- 7. **1099-R** and other reporting documents relating to **Retirement Account or IRA** withdraws, transfers, contributions, or distributions.
- 8. **Social Security Numbers and date of birth** for new dependants.
- 9. Record of **Federal and State estimated tax** payments including dates paid.
- 10. Name, Address, phone# and ID Number for any and all **Child Care Providers.**
- 11. **Vehicle Information** used for business. Need miles for business & personal use.
- 12. 2009 & 2010 Income tax returns. **NEW CLIENTS ONLY!**
- 13. **Form K-1** from any Partnership, S-Corporation, Trust, Tax Shelter, or Limited Liability Company you were involved with for 2011.
- 14. **Tuition and Fee Form 1098T** information for you or dependents in college.
- 15. **Completed organizer (if necessary).** You can download organizer at www.heath-jaynes.com.
- 16. **Income and Detailed Expenses** from Businesses and Rentals.
- 17. **Any other documents** or information you might feel important or needed to complete your income tax return.

Please visit our website at <http://www.heath-jaynes.com> for additional and useful information for your tax appointment and throughout the year. An expanded and complete organizer is available there.

1. Did you have any other bank accounts, savings accounts, paypal accounts that provided any interest to you or the account?
2. Any investment accounts or mutual funds, OTHER THAN, your retirement plans?
3. Any stock that you own that pay you any dividends?
4. Any new home based businesses, self employment, or any chance that someone will report they paid you as an independent contractor for 2011?
5. Did you sell any property in 2011?
6. Did you take any funds out of IRA's or 401K's or annuities?
7. Did you have any rental properties or receive any rents?
8. Did you receive social security or did you receive unemployment benefits?
9. Are you receiving or paying alimony?
10. Did you put any funds into an IRA or Roth IRA during 2011 or "in 2012 for 2011" other than what you did through your employers qualified 401K or simple plan?
11. Are you paying any student loans and have student loan interest that you have paid?
12. Did you, ex-spouse, parents, or any of your children pay any tuition for college in 2011? **Remember**, it doesn't matter who pays the tuition, the deduction goes to the person who claims the student as a dependent.
13. Medical expenses in excess of \$3000? This is an arbitrary number! The deduction is allowed for amounts over 7.5% of your income.
14. Did you purchase a car in 2011? The sales tax MAY be deductible or you may be eligible for a clean fuel credit.
15. Did you refinance your home?
16. Do you have a second home or timeshare that you are making payments on?
17. Did you have any expenses for your work that was not reimbursed "fully" by your employer? Tools, dues, union dues, supplies, meals, travel, uniforms, etc?
18. Did you use your vehicle for work, other than driving between your home and your 1st job location?
19. Did you do any insulation, windows, a/c, furnace, roofing or other energy efficient improvements to your residence in 2011?

PERSONAL INFORMATION

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

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name Child's social security number

5 Qualifying widow(er)

Check the box for the year the spouse died 2009 2010

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2011 Child Care Expense
	Relationship	+Months in U.S.	*Not Citizen	2010 Child Care Expense
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

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

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

General Questions

ORG3

PERSONAL INFORMATION

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

DEPENDENT INFORMATION

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

IRA, PENSION AND EDUCATION SAVINGS PLANS

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

ITEMS RELATED TO INCOME/LOSSES

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

PRIOR YEAR TAX RETURNS

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

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

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

HEALTH AND LIFE INSURANCE

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

MISCELLANEOUS

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

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

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

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

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2011? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2011?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2011?	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient.</p>		
13 Did you purchase special fuels for non-highway use? If yes , please list the type of use and the number of gallons for each fuel.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> <hr/> <hr/> <hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2010 federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

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

FORM 1099-G

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

OTHER INCOME

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

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

▶ Attach all copies of your Form 1099-INTs here.

****Type of Interest**

blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

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

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

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

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

DIVIDEND INCOME

▶ Attach all copies of your Form 1099-DIVs here.

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

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

Medical and Tax Expenses

ORG13

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

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

Interest Paid and Cash Contributions

ORG14

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

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

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

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

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

Interest Paid and Cash Contributions (continued)

ORG14

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

Noncash Contributions

ORG14A

Copy 1

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

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

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

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

*** Methods of determining FMV:**

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

**** Type of Donated Property**

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

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

Miscellaneous Itemized Deductions

ORG15

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

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

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

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

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

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

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

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

Was this activity located in a Qualified Disaster Area Yes No

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

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

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

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

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

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

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1	Vehicle 2
15	Description of vehicle		
16	Date placed in service		
17	Enter detail on lines 17a and 17b, or total on line 17c:		
a	Ending mileage reading		
b	Beginning mileage reading		
c	Total miles for the year (line 17a less line 17b)		
18a	Business miles from 01/01/2011 thru 06/30/2011		
b	Business miles from 07/01/2011 thru 12/31/2011		
19	Total commuting miles		
20	Average daily commuting miles		

STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2
21	Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTUAL EXPENSES		Vehicle 1	Vehicle 2
23	Gasoline, oil, repairs, insurance, etc		
24	Vehicle registration fee (excluding property tax)		
25	Vehicle lease or rental fee		
26	Inclusion amount (Preparer Use Only)		
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28	Depreciation (Preparer Use Only)		

VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2
29	Cost or basis		
30	Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only)		
33	Section 179 expense (Preparer Use Only)		
34	Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38	Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39	Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Date sold		
42	Date acquired, if different from line 16		
43	Sales price		
44	Expense of sale		
45	Gain/loss basis, if different (Preparer Use Only)		
46	AMT gain/loss basis, if different (Preparer Use Only)		

VEHICLE QUESTIONS			
47	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	Is another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49	Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50	If yes , is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3a Business street address _____

 b 1 City, State and Zip Code, or _____

 2 Foreign country _____

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

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

8 Accounting method:
 Cash Accrual Other (specify) _____

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

	Yes	No
10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) _____	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you materially participate in the operation of this business during 2011? _____	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you start or acquire this business during 2011? _____	<input type="checkbox"/>	<input type="checkbox"/>
13a Did you make any payments in 2011 that require you to file Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>
b If yes, did you or will you file all the required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>
14 At-risk determination:		
a Is all of the investment in this activity at risk? _____	<input type="checkbox"/>	
b Is some of the investment in this activity not at risk? _____	<input type="checkbox"/>	
15 Did you have unallowed passive losses in 2010? _____	<input type="checkbox"/>	<input type="checkbox"/>
16a Treat all MACRS assets for this activity as qualified Indian reservation property? _____	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? _____	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension <input type="checkbox"/> No
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? _____	<input type="checkbox"/>	<input type="checkbox"/>
d Was this business located in a Qualified Disaster Area? _____	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

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

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

Business Income and Expenses (continued)

ORG19

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

48	Expenses for business use of your home (Preparer Use Only)		
	Complete ORG20 for Business Use of Home.		
49	Qualified pension plan start-up costs		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

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

1 Check property owner Taxpayer Spouse Joint

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

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2011	2010
15 Rents received		
16 Royalties received		

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

Rent and Royalty Income and Expenses (continued)

ORG25

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

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number	
Provider Phone		Check box if provider is a business	Amount Paid
1	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business ... ► <input type="checkbox"/>	----- -----
2	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business ... ► <input type="checkbox"/>	----- -----
3	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business ... ► <input type="checkbox"/>	----- -----
4	----- ----- Care at above address? <input type="checkbox"/>	----- ----- Business ... ► <input type="checkbox"/>	----- -----

EXPENSES	2011	2010
1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2011 but not incurred in 2011		
3 Total expenses incurred in 2011 but not paid in 2011		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2011	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2011, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here		

Education Information

ORG36

Education expenses were paid in 2011

EDUCATION TUITION AND FEES

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

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

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2011

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

Lender's Name	2011	2010

Total Student Loan Interest	2011	2010
2 b Enter the total interest paid on qualified student loans		

FORM 1099-Q

3 Enter 1099-Q detail below.

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

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