

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

		1. Were there any changes to your filing status or number of dependents during 2011?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2011? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2011? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits?

Yes No

Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2011?
		12. Did you surrender any U.S. Savings Bonds during 2011?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2011?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible? _____

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

	Yes	No	Business Information
			1. Did you start a new business or purchase any rental property during 2011?
			2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
			3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
			4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
			5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

	Yes	No	Business Information
			1. Did you start a new business or purchase any rental property during 2011?
			2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
			3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
			4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
			5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

	Yes	No	Other Information
			1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?
			2. Did anyone in your household attend higher education classes in 2011?
			3. Did you incur a loss due to damaged or stolen property?
			4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
			5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
			6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
			7. If yes to question 6 was the First-Time Homebuyer Credit taken?
			8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?
			9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

	Yes	No	Other Information
			1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?
			2. Did anyone in your household attend higher education classes in 2011?
			3. Did you incur a loss due to damaged or stolen property?
			4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
			5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
			6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
			7. If yes to question 6 was the First-Time Homebuyer Credit taken?
			8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?
			9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

	Prescriptions, first-aid
	State/local income taxes
	Mortgage interest
	Tax preparation fees
	Gambling losses (up to amount of winnings)
	Cash donations to charity (provide all receipts)
	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Real estate and personal property taxes paid in 2011
	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair market value of property donated to charity
	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2010 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household			
Taxpayer Name		SSN	
Spouse Name		SSN	
Address		Apt no.	
City	State	Zip	
Foreign State/Province		Foreign Postal Code	
Foreign Country			
Taxpayer Date of Birth		Spouse Date of Birth	
Occupation		Occupation	
Daytime phone:	Ext:	Daytime phone:	Ext:
Evening phone:	Ext:	Evening phone:	Ext:
Cell:		Cell:	
E-mail		E-mail	
<input type="checkbox"/> Full time student	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>		Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	
Date and time of this year's appointment			

Income Taxes Paid

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

Dependents

Name:										SSN:									
First name/MI					Last name					Suffix									
SSN/TIN				Relationship				Number of months lived with you											
DOB		Does this dependent have income over \$950?						<input type="checkbox"/>		2011		2010							
Child Care Credit - qualifying expenses incurred and paid in 2011																			
Child Care Credit - portion of qualifying expenses provided by employer																			
Education Credits - current year qualifying expenses for American Opportunity Credit																			
Education Credits - current year qualifying expenses for Lifetime Learning Credit																			
First name/MI					Last name					Suffix									
SSN/TIN				Relationship				Number of months lived with you											
DOB		Does this dependent have income over \$950?						<input type="checkbox"/>		2011		2010							
Child Care Credit - qualifying expenses incurred and paid in 2011																			
Child Care Credit - portion of qualifying expenses provided by employer																			
Education Credits - current year qualifying expenses for American Opportunity Credit																			
Education Credits - current year qualifying expenses for Lifetime Learning Credit																			
First name/MI					Last name					Suffix									
SSN/TIN				Relationship				Number of months lived with you											
DOB		Does this dependent have income over \$950?						<input type="checkbox"/>		2011		2010							
Child Care Credit - qualifying expenses incurred and paid in 2011																			
Child Care Credit - portion of qualifying expenses provided by employer																			
Education Credits - current year qualifying expenses for American Opportunity Credit																			
Education Credits - current year qualifying expenses for Lifetime Learning Credit																			
First name/MI					Last name					Suffix									
SSN/TIN				Relationship				Number of months lived with you											
DOB		Does this dependent have income over \$950?						<input type="checkbox"/>		2011		2010							
Child Care Credit - qualifying expenses incurred and paid in 2011																			
Child Care Credit - portion of qualifying expenses provided by employer																			
Education Credits - current year qualifying expenses for American Opportunity Credit																			
Education Credits - current year qualifying expenses for Lifetime Learning Credit																			
First name/MI					Last name					Suffix									
SSN/TIN				Relationship				Number of months lived with you											
DOB		Does this dependent have income over \$950?						<input type="checkbox"/>		2011		2010							
Child Care Credit - qualifying expenses incurred and paid in 2011																			
Child Care Credit - portion of qualifying expenses provided by employer																			
Education Credits - current year qualifying expenses for American Opportunity Credit																			
Education Credits - current year qualifying expenses for Lifetime Learning Credit																			
First name/MI					Last name					Suffix									
SSN/TIN				Relationship				Number of months lived with you											
DOB		Does this dependent have income over \$950?						<input type="checkbox"/>		2011		2010							
Child Care Credit - qualifying expenses incurred and paid in 2011																			
Child Care Credit - portion of qualifying expenses provided by employer																			
Education Credits - current year qualifying expenses for American Opportunity Credit																			
Education Credits - current year qualifying expenses for Lifetime Learning Credit																			

Child & Dependent Care

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

Wages and Salaries

Please attach all W-2(s).

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

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS Employer's name and address: _____ Federal EIN _____

	2011	2010		2011	2010
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. _____		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. _____		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

TS Employer's name and address: _____ Federal EIN _____

	2011	2010		2011	2010
Wages, tips, other compensation			State <input type="checkbox"/> State I.D. _____		
Federal income tax withheld			State wages		
Social Security wages			State income tax		
Social Security tax withheld			Locality name		
Medicare wages and tips			Local wages		
Medicare tax withheld			Local income tax		
Social Security tips			State <input type="checkbox"/> State I.D. _____		
Allocated tips			State wages		
Dependent care benefits			State income tax		
			Locality name		
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages		
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax		
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>			

Profit or Loss From Business Schedule C

Name:

SSN:

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

Accounting method, if not cash Accrual Other

Activity type You disposed of this property during 2011

You started or acquired this business during 2011

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

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

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

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

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

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

Profit or Loss From Business

Schedule C General Information

Name:	SSN:
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TS	Principal business or profession	Business code	
Employer I.D. number			
Business name			
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			
Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No			
Activity type You disposed of this property during 2011 <input type="checkbox"/>			
You started or acquired this business during 2011 <input type="checkbox"/>			
Did you make any payments in 2011 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Other Information	2011	2010
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Family Health Coverage		
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Income	2011	2010
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Merchant Card and third party payments from Form 1099-K		
Gross receipts or sales		
Statutory Employee Earnings that were not reported on Form W-2		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2011	2010
---------------------------	-------------	-------------

Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

Settlement fees or closing costs for old home.

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

Other increases to basis:

Describe:

If home was used for business, enter any depreciation claimed

Other decreases to basis:

Describe:

Information on time lived in the home sold

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

Yes No Yes No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.

I sold the home to a related person

I converted the home to a rental or business or I still own the home but it is no longer my main home

I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____

My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

The taxpayer who claimed the credit died in 2011.

Amount of First-Time Homebuyer Credit taken

Please bring the contract for the sale of the home to your appointment.

Casualties and Thefts

Name:	SSN:
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Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area				
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area				
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Installment Sale Income

Name:

SSN:

					2011	Prior Years	
TSJ		Description of property:					
Date acquired			Date sold				
Selling price							
Mortgages assumed							
Cost of property sold							
Depreciation allowed							
Commissions & expense of sale							
Gross profit percentage							
Interest received							
Principal payments received							
TSJ		Description of property:					
Date acquired			Date sold				
Selling price							
Mortgages assumed							
Cost of property sold							
Depreciation allowed							
Commissions & expense of sale							
Gross profit percentage							
Interest received							
Principal payments received							
TSJ		Description of property:					
Date acquired			Date sold				
Selling price							
Mortgages assumed							
Cost of property sold							
Depreciation allowed							
Commissions & expense of sale							
Gross profit percentage							
Interest received							
Principal payments received							

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ **SSN:** _____

TSJ		Property description	Activity Type
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Did you make any payments in 2011 that would require you to file Form(s) 1099? Yes No

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

Property Address _____

City _____ State _____ ZIP _____

Single Family Residence Multi-Family Residence Vacation / Short Term Rental

Commercial Land Royalties

Self-Rental Other _____

Fair Rental Days _____ Personal use days _____

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer _____

This is your main home

Some investment is NOT at risk Property was 100% disposed of in 2011 Property is a Single Member LLC

Income:	2011	2010
Enter merchant card and third party payments from Form 1099-K		
Enter "cashback" amounts, processing fees, other non-income items		
Payments not reported to you from Form 1099-K		

Expenses:	Direct expense		Indirect expense	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

Other Information: Ownership Percentage _____

Farm Rental Income and Expenses

Name: _____ **SSN:** _____

TSJ EIN Activity type: _____

Farm was 100% disposed of in 2011 Farm is a single member LLC

Received applicable subsidy in 2011 Some of your investment is NOT at risk

Income	2011	2010
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2011		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Other income		

Expenses	2011	2010	2011	2010
Car and truck expenses			Seeds and plants purchased	
Chemicals			Storage and warehousing	
Conservation expenses			Supplies purchased	
Custom hire (machine work)			Taxes	
Employee benefit programs			Utilities	
Feed purchased			Veterinary, breeding, & medicine	
Fertilizers and lime			Other expenses (list):	
Freight and trucking				
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				
Repairs and maintenance				

Profit or Loss From Farming

Name: _____ **SSN:** _____

TSJ		Principal product	Activity code
Accounting method, if not cash <input type="checkbox"/> Accrual		Employer ID number	
You did NOT materially participate in the operation of this business during 2011 <input type="checkbox"/>			
Did you make any payments in 2011 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Some investment is NOT at risk	<input type="checkbox"/>	Farm was 100% disposed of in 2011
<input type="checkbox"/>	Farm was a Single Member LLC		

Income	2011	2010	2011	2010
Specified sales of livestock & other items for resale			Crop insurance received	
Sales of livestock & other items not reported in the line above			Taxable amount	
Cost of items bought for resale			Do you elect to defer to 2012?	<input type="checkbox"/> Yes
Specified sales of products you raised			Amount deferred last year	
Sale of products you raised not reported on the line above			Custom hire (machine work) income	
Total cooperative distributions			Custom hire income not reported in line above	
Taxable amount			Specified other income	
Total agricultural payments			Other income not reported in the line above	
Taxable amount			Transaction fees, certain taxes, tips, and "cash back"	
Commodity Credit Corp (CCC) loans reported			Beginning inventory for accrual	
Forfeited amount			Ending inventory for accrual	
Taxable amount			Did you use another method of valuing inventory?	<input type="checkbox"/> Yes

Expenses	2011	2010	2011	2010
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery, and equipment				
Rent - other (land, animals, etc.)			Family health coverage payments	

Form 1099-G Unemployment Compensation

Name:	SSN:
--------------	-------------

TSJ		Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
Payer's phone:			Account number:		
	2011	2010		2011	2010
Unemployment compensation			State		State I.D.
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ		Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
Payer's phone:			Account number:		
	2011	2010		2011	2010
Unemployment compensation			State		State I.D.
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

Form 1099-MISC

Please attach all 1099-M(s)

Name: _____ **SSN:** _____

TS For Payer's Federal ID number: _____

Payer's name: _____

Address: _____

City, State, Zip _____

	2011	2010		2011	2010
--	------	------	--	------	------

Rents			State <input type="checkbox"/>	State I.D.	
-------	--	--	--------------------------------	------------	--

Royalties			State tax withheld		
-----------	--	--	--------------------	--	--

Other income			State income		
--------------	--	--	--------------	--	--

Description			Name of locality		
-------------	--	--	------------------	--	--

Federal tax withheld			Local tax withheld		
----------------------	--	--	--------------------	--	--

Fishing boat proceeds			Local income		
-----------------------	--	--	--------------	--	--

Medical & health care payments			State <input type="checkbox"/>	State I.D.	
--------------------------------	--	--	--------------------------------	------------	--

Non-employee compensation			State tax withheld		
---------------------------	--	--	--------------------	--	--

Substitute payments			State income		
---------------------	--	--	--------------	--	--

<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality		
--	--	--	------------------	--	--

Crop insurance proceeds			Local tax withheld		
-------------------------	--	--	--------------------	--	--

Excess golden parachute			Local income		
-------------------------	--	--	--------------	--	--

Gross attorney proceeds					
-------------------------	--	--	--	--	--

TS For Payer's Federal ID number: _____

Payer's name: _____

Address: _____

City, State, Zip _____

	2011	2010		2011	2010
--	------	------	--	------	------

Rents			State <input type="checkbox"/>	State I.D.	
-------	--	--	--------------------------------	------------	--

Royalties			State tax withheld		
-----------	--	--	--------------------	--	--

Other income			State income		
--------------	--	--	--------------	--	--

Description			Name of locality		
-------------	--	--	------------------	--	--

Federal tax withheld			Local tax withheld		
----------------------	--	--	--------------------	--	--

Fishing boat proceeds			Local income		
-----------------------	--	--	--------------	--	--

Medical & health care payments			State <input type="checkbox"/>	State I.D.	
--------------------------------	--	--	--------------------------------	------------	--

Non-employee compensation			State tax withheld		
---------------------------	--	--	--------------------	--	--

Substitute payments			State income		
---------------------	--	--	--------------	--	--

<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality		
--	--	--	------------------	--	--

Crop insurance proceeds			Local tax withheld		
-------------------------	--	--	--------------------	--	--

Excess golden parachute			Local income		
-------------------------	--	--	--------------	--	--

Gross attorney proceeds					
-------------------------	--	--	--	--	--

Pension, Annuities, Retirement, Etc. Distributions

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

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

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

Social Security Benefit Statement

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

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Part I - General Information

Taxpayer's foreign address

Foreign city ST

Postal code Country

Country code Occupation

Employer's name

Employer: US address

City ST Zip

Employer: Foreign address

City ST

Postal code Country

Employer is: (check any that apply) A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify):

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If Yes, give the type of exclusion and the tax year for which the revocation was effective.

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If Yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of Days			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
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List your tax home(s) during your tax year and date(s) established

Home	Date Established			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
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Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment Rented room
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad:

State the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address

Occupant Name:	Relationship:

Part III - Taxpayers Qualifying Under Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year:

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:	SSN:		
Foreign Earned Income		2011	2010
Total wages, salaries, bonuses, commissions, etc.			
Allowable share of income for personal services performed:			
In a business (including farming) or profession			
In a partnership (list name, address, and type of income)			
Noncash income:			
Home (lodging)			
Meals			
Car			
Other property or facility (specify)			
Allowances, reimbursements, or expenses paid on your behalf for services performed:			
Cost of living and overseas differential			
Family			
Education			
Home leave			
Quarters			
Other (specify)			
Other foreign earned income (specify):			
Meals and lodging that are excludable			
For Taxpayers Claiming the Housing Exclusion and/or Deduction			
Qualified housing expenses for the tax year			
Location where housing expenses incurred			
Limit on housing expenses			
Enter the number of days in qualifying period that fall within your 2011 tax year			
Enter employer-provided amounts			
For Taxpayers claiming the foreign earned income exclusion			
Enter the number of days in qualifying period that fall within your 2011 tax year			

Moving Expenses

Name:

SSN:

			2011	2010
TSJ	<input type="checkbox"/>			
Enter the number of miles from your OLD home to your NEW workplace				
Enter the number of miles from your OLD home to your OLD workplace				
Enter the amount you paid for transportation and storage of household goods and personal effects				
Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)				
Enter the amount of moving expenses reimbursed to you by your employer				
Was this a military move?			<input type="checkbox"/>	Yes

Self-Employed Health Insurance

			2011	2010
TSJ	<input type="checkbox"/>			
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents				
Enter the qualified long term care amount				
Enter your medicare wages from an S corporation				

Self-Employed Pensions

TSJ	<input type="checkbox"/>			
Enter your plan contribution rate as a decimal				
Enter your allowable elective deferrals made during 2011				
Enter your catch-up contributions				
Enter the amount of designated ROTH contributions included above				

Noncash Charitable Contributions

TSJ	<input type="checkbox"/>	Donee I.D.		
Name of donee organization				
Address of donee organization				
City, State, & ZIP of donee organization				
Description of donated property			PROPERTY TYPE (if over \$5,000)	
Physical condition of donated property			Art valued more than \$20,000	
Valuation method used			Art valued less than \$20,000	
How was it acquired?			Collectibles	
Date acquired			Qualified Conservation Contribution	
Date contributed			Other Real Estate	
Donor's cost or adjusted basis			Intellectual Property	
Fair market value			Equipment	
Bargain sale price			Securities	
Average security price			Other	

Mortgage Interest

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

Expenses for Business Use of Your Home

Name:

SSN:

TSJ For

Business Use of Home

2011

2010

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2011

2010

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?

Yes No

Expenses

Expenses directly related to business use **only**

Total Household expenses

Did you claim office in home expenses last year? Yes No

2011

2010

2011

2010

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2011

2010

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service

Date taken out of service

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

2011

2010

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

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

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2011

2010

2011

2010

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2011

Business miles before 7/1 included above

Business miles after 6/30 included above

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? Yes No

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

Do you have evidence to support your deduction? Yes No

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

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2010
1a	Off-highway business use				
1b	Use on a farm for farming purposes				
1c	Other non-taxable use of gasoline	Type			
1d	Exported				
2a	Aviation gasoline used in commercial aviation				
2b	Aviation gasoline other nontaxable use	Type			
2c	Exported				
2d	LUST tax on aviation fuels used in foreign trade				
3a	Nontaxable use	Type	Visible evidence of dye		
3b	Use on a farm for farming purposes				
3c	Use in trains				
3d	Used in intercity/local bus				
3e	Exported				
4a	Nontaxable use	Type	Visible evidence of dye		
4b	Use on a farm for farming purposes				
4c	Intercity and local buses				
4d	Exported				
4e	Nontaxable use taxed at \$.044	Type			
4f	Nontaxable use taxed at \$.219	Type			
5a	Kerosene taxed at \$.244				
5b	Kerosene taxed at \$.219				
5c	Nontaxable use taxed at \$.244	Type			
5d	Nontaxable use taxed at \$.219	Type			
5e	LUST tax on aviation fuel used in foreign trade				
6	Ultimate vendor ID #				
6a	Use by a state or local government		Visible evidence of dye		
6b	Use in certain intercity and local buses				
7	Ultimate vendor ID #				
7a	Kerosene for state and local government		Visible evidence of dye		
7b	Sales from blocked pump				
7c	Certain intercity and local buses				
8	Ultimate vendor ID #				
8a	Use in commercial aviation taxed at \$.219				
8b	Commercial aviation taxed at \$.244				
8c	Nonexempt noncommercial aviation				
8d	Other nontaxable uses taxed at \$.244	Type			
8e	Other nontaxable uses taxed at \$.219	Type			
8f	LUST tax on aviation fuels used in foreign trade				

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2010
9 Registration number					
9a Ethanol alcohol mixtures					
9b Alcohol mixtures other than ethanol					
10 Registration number					
10a Biodiesel mix					
10b Agri-biodiesel mix					
10c Renewable diesel mixtures					
11a Liquefied petroleum gas		Type			
11b "P series" fuels		Type			
11c Compressed Natural Gas (GGE = 126.67 cu. ft.)		Type			
11d Liquefied hydrogen		Type			
11e Any liquid fuel from the Fischer-Tropsch process		Type			
11f Liquid fuel derived from biomass		Type			
11g Liquefied natural gas		Type			
11h Liquefied gas derived from biomass		Type			
12 Ultimate Vendor ID #					
12a Liquefied petroleum gas					
12b "P series" fuels					
12c Compressed natural gas					
12d Liquefied hydrogen					
12e Liquid fuel derived from coal					
12f Liquid fuel from biomass					
12g Liquefied natural gas					
12h Liquefied gas derived from biomass					
12i Compressed gas derived from biomass (GGE = 122 cu. ft.)					
13 Registration number					
13a State or local government diesel					
13b State or local government kerosene					
13c State or local government aviation					
14a Nontaxable use		Type			
14b Exported					
15 Registration number					
15a Blender credit					
16a Exported dyed diesel					
16b Exported dyed kerosene					

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2011, and before July 1, 2011, was a binding contract signed before May 1, 2011, to purchase the home before July 1, 2011?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on your 2010 return?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

Residential Energy Credits

Name:

SSN:

TSJ

Were improvements or costs made to your main home located in the US?

Yes No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes No

Enter the nonbusiness energy property credit that you took in:

2006

2007

2009

2010

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006

2007

2009

2010

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?

Yes No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2010 Form 5695, line 28

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Credits from passive activities			

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Tentative Credit			
Business/Investment use percentage			

Form 8908 - Energy Efficient Home Credit

	TSJ	
1a	Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year	
2a	Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year	

Form 8910 - Alternative Motor Vehicle Credit

	TSJ	Vehicle 1	Vehicle 2
Year of vehicle			
Make of vehicle			
Model of vehicle			
Vehicle Identification Number			
Date vehicle was placed in service			
Maximum credit allowable			
Cost of converting vehicle to plug-in electric drive motor			
Section 179 expense deduction			
Business/investment use percentage			

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

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

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

Do you have evidence to support your deduction? Yes No

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

Enter the number of miles your vehicle was used for:

2011

2010

a Business miles before 7/1

b Business miles after 6/30

c Commuting

d Other

Expenses:

2011

2010

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list): Apply Business %