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2012 TAX ORGANIZER - LONG FORM

A TRADITION *of* EXCELLENCE.

BUNTING, TRIPP & INGLEY, LLP
230 EAST TILLMAN AVENUE
LAKE WALES, FL 33853-3714
863-676-7981

Dear

This Client Organizer is designed to help you gather tax information needed to prepare your 2011 personal income tax return. We have preprinted certain information from your 2010 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2011 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

In order to meet the filing deadline for your 2011 income tax return, your completed tax organizer needs to be received by our office no later than March 15, 2012. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

BUNTING, TRIPP & INGLEY, LLP

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er))

____ [1]

Mark if you were married but living apart all year

____ [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN)

____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____ [12]	____ [14]
Mark if dependent of another taxpayer	____ [15]	____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____ [17]	____ [18]
Mark if legally blind	____ [20]	____ [21]
Date of birth	_____ [22]	_____ [23]
Date of death	_____ [24]	_____ [25]
Work/daytime telephone number/ext number	_____ [26] _____ [27]	_____ [28] _____ [29]
Home/evening telephone number	_____ [30]	_____ [31]
Do you authorize us to discuss your return with the IRS? (Y, N)	____ [32]	

Present Mailing Address

Address _____ [36]
 Apartment number _____ [37]
 City, state postal code, zip code _____ [38] _____ [39] _____ [40]
 Foreign country name _____ [42]
 In care of addressee _____ [45]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

[46] First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes* **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [47]
 Social security number of qualifying person _____ [48]

Dependent Codes	
*Basic	**Other
1 = Child who lived with you	1 = Student (Age 19 - 23)
2 = Child who did not live with you	2 = Disabled dependent
3 = Other dependent	3 = Dependent who is both a student and disabled
4 = Claimed under pre-1985 agreement	
5 = Qualifying child for Earned Income Credit only	
6 = Children who lived with you, but do not qualify for Earned Income Credit	
7 = Children who lived with you, but do not qualify for Child Tax Credit	
8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit	
***Months	
77 = Reported on odd year return	
88 = Reported on even year return	
99 = Not reported on return	

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Car telephone number _____ [11] _____ [19]

Fax telephone number _____ [12] _____ [20]

Mobile telephone number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

Telephone number _____ [16] _____ [24]

Extension _____ [17] _____ [25]

Preferred method of contact _____ [18] _____ [26]

Email, Work phone, Home phone, Fax, Mobile phone, Car phone

NOTES/QUESTIONS:

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Refund - U.S. Series I Savings Bond Purchases

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

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

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

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

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

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

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

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

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

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

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

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

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

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

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

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

NOTES/QUESTIONS:

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

Refunded _____ [43]

Applied to 2012 estimated tax liability _____ [44]

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

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

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

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

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

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

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

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____ [1]

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

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

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

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

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

State postal code _____ [2]

Amount paid with 2010 return + _____ [3]

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

Treat calculated amounts as paid _____ [8]

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

2011 City Estimated Tax Payments

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

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

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

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

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

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

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

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

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

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

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

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

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2011 Information

Prior Year Information

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

	Control Totals +	
--	-------------------------	--

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

Social Security Benefits

	2011 Information	Prior Year Information	
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2011 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]		
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+ _____ [12]		
Prescription drug (Part D) premiums	+ _____ [14]		

Tier 1 Railroad Benefits

	2011 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
Portion of Tier 1 Paid in 2011 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[11]
Royalties (Box 2)	+ _____	[13]
Other income (Box 3)	+ _____	[15]
Federal income tax withheld (Box 4)	+ _____	[17]
Fishing boat proceeds (Box 5)	+ _____	[19]
Medical and health care payments (Box 6)	+ _____	[21]
Nonemployee compensation (Box 7)	+ _____	[23]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[25]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[27]
Crop Insurance proceeds (Box 10)	+ _____	[29]
Excess golden parachute payments (Box 13)	+ _____	[31]
Gross proceeds paid to an attorney (Box 14)	+ _____	[33]
Section 409A deferrals (Box 15a)	+ _____	[35]
Section 409A income (Box 15b)	+ _____	[37]
State tax withheld (Box 16)	+ _____	[39]
State/Payer's state no. (Box 17)	_____	[41]
State income (Box 18)	+ _____	[42]

	Control Totals +	
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Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[11]
Royalties (Box 2)	+ _____	[13]
Other income (Box 3)	+ _____	[15]
Federal income tax withheld (Box 4)	+ _____	[17]
Fishing boat proceeds (Box 5)	+ _____	[19]
Medical and health care payments (Box 6)	+ _____	[21]
Nonemployee compensation (Box 7)	+ _____	[23]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[25]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[27]
Crop Insurance proceeds (Box 10)	+ _____	[29]
Excess golden parachute payments (Box 13)	+ _____	[31]
Gross proceeds paid to an attorney (Box 14)	+ _____	[33]
Section 409A deferrals (Box 15a)	+ _____	[35]
Section 409A income (Box 15b)	+ _____	[37]
State tax withheld (Box 16)	+ _____	[39]
State/Payer's state no. (Box 17)	_____	[41]
State income (Box 18)	+ _____	[42]

	Control Totals +	
--	------------------	--

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [67]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor/lender _____ [4]
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) _____ [6]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [12]
 Bankruptcy (if checked) (Box 6) _____ [13]
 Fair market value of property (Box 7) + _____ [14]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [15]
 Balance of principal outstanding (Box 2) + _____ [16]
 Fair market value of property (Box 4) + _____ [17]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [18]

	Control Totals +	
--	-------------------------	--

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [67]

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 State postal code _____ [3]
 Name of creditor _____ [4]
 Activity identification (Blank = Form 1040, C = Schedule C, E = Schedule E, page 1, F = Schedule F, 4835 = Form 4835) _____ [6]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]
 Amount of debt canceled (Box 2) + _____ [10]
 Interest if included in box 2 (Box 3) + _____ [11]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [12]
 Bankruptcy (if checked) (Box 6) _____ [13]
 Fair market value of property (Box 7) + _____ [14]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [15]
 Balance of principal outstanding (Box 2) + _____ [16]
 Fair market value of property (Box 4) + _____ [17]
 Personally liable for repayment of the debt (if checked) (Box 5) _____ [18]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) _____	[2]	
Employer identification number _____	[3]	
Business name _____	[5]	
Principal business/profession _____	[6]	
Business code _____	[11]	
Business address, if different from home address on Organizer Form ID:1040		
Address _____	[14]	
City/State/Zip _____ [15] _____ [16] _____	[17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____	[18]	
If other: _____	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____	[21]	
If other enter explanation: _____	[23]	

Enter an explanation if there was a change in determining your inventory: _____	[24]	

Did you "materially participate" in this business? (Y, N) _____	[25]	
If not, number of hours you did significantly participate _____	[27]	
Mark if you began or acquired this business in 2011 _____	[29]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N) _____	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[31]	
Mark if this business is considered related to qualified services as a minister or religious worker _____	[32]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____	[34]	
Medical insurance premiums paid by this activity + _____	[37]	
Long-term care premiums paid by this activity + _____	[39]	
Amount of wages received as a statutory employee + _____	[42]	

Business Income

	2011 Information	Prior Year Information
Merchant card and third party network receipts and sales (from Form 1099-K)		
_____ + _____	[47]	
_____ + _____		
_____ + _____		
Gross receipts and sales not from merchant cards and third party networks	[49]	
Returns and allowances	[52]	
Other income:		
_____ + _____	[54]	
_____ + _____		
_____ + _____		
_____ + _____		

Cost of Goods Sold

	2011 Information	Prior Year Information
Beginning inventory	[56]	
Purchases	[58]	
Labor:		
_____ + _____	[60]	
_____ + _____		
Materials	[62]	
Other costs:		
_____ + _____	[64]	
_____ + _____		
_____ + _____		
Ending inventory	[66]	

Control Totals +

Schedule C - Expenses

Preparer use only

Principal business or profession

	2011 Information	Prior Year Information
Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [61]	+ _____ [62]
Schedule D - Short-term	+ _____ [63]	+ _____ [64]
Schedule D - Long-term	+ _____ [65]	+ _____ [66]
Schedule D - 28% rate	+ _____ [67]	+ _____ [68]
Form 4797 - Part I	+ _____ [69]	+ _____ [70]
Form 4797 - Part II	+ _____ [71]	+ _____ [72]
Section 179	+ _____ [75]	

Preparer use only

2011 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [3]
 Description _____ [2]
 Address _____ [8]
 State postal code _____ [4]
 Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other) _____ [9]
 Description of other type (Type code #8) _____ [10]
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [11]
 Percentage of ownership if not 100% _____ [13]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [15]

Rent and Royalty Income

2011 Information

Prior Year Information

Merchant card and third party payments (from Form 1099-K) + _____ [23]
 Rents and royalties NOT from merchant cards/third party payments + _____ [25]

Rent and Royalty Expenses

2011 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [28] _____ [29]
 Auto + _____ [31] _____ [32]
 Travel + _____ [34] _____ [35]
 Cleaning and maintenance + _____ [37] _____ [38]
 Commissions:
 _____ + _____ [40] _____ [42]
 _____ + _____ [42]
 Insurance:
 _____ + _____ [43] _____ [45]
 _____ + _____ [45]
 Legal and professional fees + _____ [46] _____ [47]
 Management fees:
 _____ + _____ [49] _____ [51]
 _____ + _____ [51]
 Mortgage interest paid to banks, etc (Form 1098) + _____ [52] _____ [53]
 Other mortgage interest + _____ [55] _____ [57]
 Qualified mortgage insurance premiums + _____ [58] _____ [59]
 Other interest:
 _____ + _____ [61] _____ [63]
 _____ + _____ [63]
 Repairs + _____ [64] _____ [65]
 Supplies + _____ [67] _____ [68]
 Taxes:
 _____ + _____ [70] _____ [72]
 _____ + _____ [72]
 _____ + _____ [72]
 Utilities + _____ [73] _____ [74]
 Depreciation + _____ [76] _____ [77]
 Depletion + _____ [79] _____ [80]
 Other expenses:
 _____ + _____ [82] _____ [82]
 _____ + _____ [82]
 _____ + _____ [82]
 _____ + _____ [82]
 _____ + _____ [82]

Refinancing points paid this year:

Description _____ [86]

Total points paid/Current amort (Prep use only) + _____

Date of Refinance _____ Total # Payments Reported on 1098 in 2011

Control Totals +

Preparer use only
Description _____

Vacation Home Information

	2011 Information	
Number of days home was used personally	_____ [6]	
Number of days home was rented	_____ [8]	
Number of day home owned, if not 365	_____ [10]	
Carryover of disallowed operating expenses into 2011	+ _____ [20]	
Carryover of disallowed depreciation expenses into 2011	+ _____ [21]	

Prior Year Information

Passive and Other Information

Preparer use only Carryovers	Regular	AMT
Operating	+ [27]	+ [28]
Schedule D - Short-term	+ [29]	+ [30]
Schedule D - Long-term	+ [31]	+ [32]
Schedule D - 28% rate	+ [33]	+ [34]
Form 4797 - Part I	+ [35]	+ [36]
Form 4797 - Part II	+ [37]	+ [38]
Comm revitalization	+ [39]	+ [40]
Section 179	+ [41]	+

NOTES/QUESTIONS:

Traditional IRA

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

Roth IRA

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

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

NOTES/QUESTIONS:

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2011 Information	Prior Year Information
			+ [1]	
Address				
			+ [1]	
Address				
			+ [1]	
Address				
Address				

	2011 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ [3]	+ [4]	
	+ [3]	+ [4]	
Self-employed health insurance premiums: (Not entered elsewhere)	+ [6]	+ [7]	
	+ [6]	+ [7]	
Self-employed long-term care premiums: (Not entered elsewhere)	+ [9]	+ [10]	
	+ [9]	+ [10]	
Other adjustments:	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	

NOTES/QUESTIONS:

Student Loan Interest Paid

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

TS	Qualified loan interest you paid	+	2011 Information		Prior Year Information
---	_____	+	_____ [1]		_____ _____ _____ _____
---	_____	+	_____		
---	_____	+	_____		
---	_____	+	_____		

Education Credits and Tuition and Fees Deduction

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

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

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses		Prior Year Information
---	---	_____	_____	_____	+	_____ [7]	_____ _____ _____ _____ _____ _____ _____ _____ _____
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	
---	---	_____	_____	_____	+	_____	

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

- American opportunity credit and Lifetime learning credit

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

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

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

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

NOTES/QUESTIONS:

Interest Expenses

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

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

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

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

Payer's/Borrower's name _____ [7]

Street Address _____

City/State/Zip code _____

Refinancing Points paid in 2011 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2011 (Preparer use only) + _____ [12]

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2011 _____

Taxpayer/Spouse/Joint (T, S, J) _____

Description _____

Total points paid _____

Percentage of principal exceeding original mortgage (For AMT adjustment) _____

Points paid in 2011 (Preparer use only) + _____

Date of refinance _____

Total number of payments _____

Reported on Form 1098 in 2011 _____

T/S/J	2011 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:	
[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

Charitable Contributions

T/S/J

2011 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

____ [2] _____

+ _____ [3]
+ _____
+ _____
+ _____
+ _____
+ _____
+ _____
+ _____

____ [5] Volunteer miles driven

_____ [6]

Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods

____ [8] _____

+ _____ [9]
+ _____
+ _____
+ _____
+ _____
+ _____

Miscellaneous Deductions

T/S/J

2011 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

____ [11] _____

+ _____ [12]
+ _____
+ _____
+ _____
+ _____

Union dues:

____ [14] _____

+ _____ [15]
+ _____

____ [17] Tax preparation fees

+ _____ [18]

Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees

____ [20] _____

+ _____ [21]
+ _____
+ _____
+ _____

____ [23] Safe deposit box rental

+ _____ [24]

Investment expenses, other than on Schedule(s) K-1:

____ [26] _____

+ _____ [27]
+ _____
+ _____

Other expenses, not subject to the 2% AGI limitation:

____ [30] _____

+ _____ [31]
+ _____
+ _____
+ _____

Gambling losses: (Enter only if you have gambling income)

____ [33] _____

+ _____ [34]
+ _____

Child and Dependent Care Expenses

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

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

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____ (7)

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2011 + _____

Residential Energy Credit

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

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

NOTES/QUESTIONS: