

2011

1040

US

## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2011, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2011?   |

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**BAYERKOHLER & GRAFF, LTD.**  
 11132 Zealand Ave N  
 CHAMPLIN, MN 55316  
 Telephone number: (763) 427-2542  
 Fax number: 763-427-4696  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please enter all pertinent 2011 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . .		
Date of death (m/d/y) . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . . .		
Relationship . . . . .		
Months lived at home . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . .		
Social security number . . .		
Relationship . . . . .		
Months lived at home . . . .		

**2011 1040 US Tax Organizer**

Please enter all pertinent 2011 information. If you have attached a government form for an item, check the box and do not enter a 2011 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2011 Amount	2010 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history).....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income.....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments.....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements).

<b>Attach Forms 1099</b>	
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<input type="checkbox"/>	Form 1099-G - State tax refunds.....
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<b>Attach Forms 1099</b>	_____
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits.....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received.....

Spouse: Alimony received.....

Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

**2011 1040 US Tax Organizer**

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....  
 Spouse: Traditional IRA contributions (1=maximum).....  
 Roth IRA contributions (1=maximum).....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

2011 Amount	2010 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest.....  
 Form 1098-T - Tuition and related expenses.....

<b>Attach Forms 1098</b>	
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**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Expenses from rental of personal property.....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN.....


Spouse:  
 Self-employed health insurance premiums.....  
 Educator expenses.....  
 Expenses from rental of personal property.....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN.....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs.....  
 Doctors, dentists and nurses.....  
 Hospitals and nursing homes.....  
 Insurance premiums.....  
 Long-term care premiums - taxpayer.....  
 Long-term care premiums - spouse.....  
 Insurance reimbursement.....  
 Out-of-pocket lodging and transportation expenses.....  
 Number of medical miles.....  
 Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/11 payment on 2010 state estimate.....  
 State income taxes - paid with 2010 state extension.....  
 State income taxes - paid with 2010 state return.....  
 State income taxes - paid for prior years and/or to other states.....


2011 1040 US Tax Organizer

TAXES PAID (continued)

City/local income taxes - 1/11 payment on 2010 city/local estimate...
City/local income taxes - paid with 2010 city/local extension...
City/local income taxes - paid with 2010 city/local return...
State and local sales taxes (except autos and special items)...
Use taxes paid on 2011 purchases...
Use taxes paid on 2010 state return...
Sales tax on autos not included above...
Sales taxes paid on boats, aircraft, and other special items...
Real estate taxes - principal residence...
Real estate taxes - property held for investment...
Foreign income taxes...
Personal property taxes (including automobile fees in some states)...

Table with 2 columns: 2011 Amount, 2010 Amount. Includes a shaded row for 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
Points not reported on Form 1098:
Mortgage insurance premiums on post 12/31/06 contracts...
Investment interest (interest on margin accounts):
Passive interest...

Table with 2 columns: 2011 Amount, 2010 Amount. Includes a shaded row for 'Attach Forms 1098'.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Volunteer expenses (out-of-pocket)...
Number of charitable miles...

Table with 2 columns: 2011 Amount, 2010 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

Blank line for noncash contributions.

Table with 2 columns: 2011 Amount, 2010 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues...
Tax return preparation fee...
Safe deposit box rental...
Investment expenses...
Estate tax, section 691(c)...
Unreimbursed employee expenses:
Other:

Table with 2 columns: 2011 Amount, 2010 Amount.

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**BAYERKOHLER & GRAFF, LTD.**  
 11132 Zealand Ave N  
 CHAMPLIN, MN 55316  
 Telephone number: (763) 427-2542  
 Fax number: 763-427-4696  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please add, change, or delete information as appropriate.**

**CLIENT INFORMATION**

Filing Status	Filing status (table).....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse.....		
	Year spouse died, if qualifying widow(er) (2009 or 2010).....		
Taxpayer	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Spouse	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
1=blind.....			
Address	In care of.....		
	Street address.....		
	Apartment number.....		
	City.....		
	State.....		
	ZIP code.....		
Foreign Address	Region.....		
	Postal code.....		
	Country.....		

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Client Information (continued)

1 p2

Please add, change or delete information for 2011.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Pager number.....	
	Fax number.....	
	E-mail address.....	
Spouse Contact Information	Home phone.....	
	Work phone.....	
	Work extension.....	
	Daytime phone (table).....	
	Mobile phone.....	
	Pager number.....	
	Fax number.....	
	E-mail address.....	

Daytime Phone

- 1 = Work
- 2 = Home
- 3 = Mobile

1 p2

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2011.**

**DEPENDENTS**

	Dependent	Dependent	
First name .....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                  2 = Child not living w/taxpayer                  3 = Dependent other than child                  4 = Head of household only, not a dependent                  5 = Earned income credit only, not a dependent</p>
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
	Dependent	Dependent	<p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                  2 = Student age 19 to 23                  3 = Disabled                  4 = Force                  5 = Suppress</p>
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			
	Dependent	Dependent	
First name .....			
Last name .....			
Title/suffix .....			
Date of birth (m/d/y) .....			
Social security number .....			
Relationship .....			
Months lived at home .....			
Type of dependent (see table) .....			
Earned income credit (see table) .....			
Claimed by: 1=taxpayer, 2=spouse .....			

Please enter all pertinent 2011 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account.....		
1=electronic payment of balance due.....		
1=electronic payment of estimated tax.....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2011 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010.....				
1st quarter payment (due 4/18/11).....				
2nd quarter payment (due 6/15/11).....				
3rd quarter payment (due 9/15/11).....				
4th quarter payment (due 1/17/12).....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

**State**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010.....				
1st quarter payment (due 4/18/11).....				
2nd quarter payment (due 6/15/11).....				
3rd quarter payment (due 9/15/11).....				
4th quarter payment (due 1/17/12).....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/17/12)				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	10 = Series I treasury bonds

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2011 information.

**APPLICATION OF 2011 OVERPAYMENT (7.1)**

If you have an overpayment of 2011 taxes, do you want the excess refunded?  or applied to 2012 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2012 ESTIMATED TAX INFORMATION**

Do you expect your 2012 taxable income to be different from 2011? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2012 withholding to be different from 2011? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

**Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2011 Amount	TS	2010 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven (1/1/11 - 6/30/11) .....			
Medical miles driven (7/1/11 - 12/31/11) .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2011 estimates are automatic.)

State income taxes - 1/11 payment on 2010 state estimate .....			
State income taxes - paid with 2010 state extension .....			
State income taxes - paid with 2010 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/11 payment on 2010 city/local estimate .....			
City/local income taxes - paid with 2010 city/local extension .....			
City/local income taxes - paid with 2010 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2011 purchases .....			
Use taxes paid with 2010 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment .....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes .....			
Other taxes:			
_____			
_____			
_____			

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**Itemized Deductions (continued)**

25 p2

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2011 Amount

TS

2010 Amount

_____		
_____		
_____		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	_____	
Payee's SSN or FEIN . . . . .	_____	
Payee's street address . . . . .	_____	
Payee's city, state, ZIP . . . . .	_____	
Amount paid . . . . .	_____	_____

Points not reported on Form 1098:

_____		
_____		
_____		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .


Investment interest (interest on margin accounts):

_____		
_____		
_____		

Passive interest . . . . .


Certain home mortgage interest included above (6251) . . . . .


NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____		
_____		
_____		
_____		

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .


Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____		
_____		
_____		
_____		

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .


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Itemized Deductions (continued)

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Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2011 Amount

TS

2010 Amount

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 3 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2011 amounts.

Table with 3 columns: 2011 Amount, TS, 2010 Amount. 5 rows.

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Itemized Deductions (continued)

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2011 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2011 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2011 Amount	TS	2010 Amount
Fair market value of the property on the date that the last debt was secured . . . . .			
Home acquisition and grandfather debt on the date that the last debt was secured . . . . .			

**LOAN INFORMATION**

Loan #1

Lender's name . . . . .			
Form (see table) . . . . .			
Number of form . . . . .			
1=taxpayer, 2=spouse, blank=joint . . . . .			
Interest paid . . . . .			
Points paid . . . . .			
Total principal paid . . . . .			
Lump sum principal payment (if paid off) . . . . .			
Months outstanding (if not 12) . . . . .			
Home acquisition debt balance - beginning of year . . . . .			
Home acquisition debt borrowed in 2011 . . . . .			
Home equity debt balance - beginning of year . . . . .			
Home equity debt borrowed in 2011 . . . . .			
Grandfather debt balance - beginning of year . . . . .			

Loan #2

Lender's name . . . . .			
Form (see table) . . . . .			
Number of form . . . . .			
1=taxpayer, 2=spouse, blank=joint . . . . .			
Interest paid . . . . .			
Points paid . . . . .			
Total principal paid . . . . .			
Lump sum principal payment (if paid off) . . . . .			
Months outstanding (if not 12) . . . . .			
Home acquisition debt balance - beginning of year . . . . .			
Home acquisition debt borrowed in 2011 . . . . .			
Home equity debt balance - beginning of year . . . . .			
Home equity debt borrowed in 2011 . . . . .			
Grandfather debt balance - beginning of year . . . . .			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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**Please enter all pertinent 2011 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2011, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date.....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1)...				
Distributions included above that were rolled over to another HSA.....				
Total unreimbursed qualified medical expenses.....				

	<b>32.1</b>
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<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2011 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2011 . . . . .				
Employer-provided benefits forfeited in 2011 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2011 . . . . .		<b>2010 amt:</b>
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2011 . . . . .		<b>2010 amt:</b>
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	First name . . . . .		
	Last name . . . . .		
	Date of birth (m/d/y) . . . . .		
	Social security number . . . . .		
	Qualified dependent care expenses incurred and paid in 2011 . . . . .		<b>2010 amt:</b>
	1=disabled . . . . . 1=spouse, 2=joint . . . . .		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2011 . . . . .		<b>2010 amt:</b>
	1=spouse, 2=joint . . . . .		

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .		
	Street address . . . . .		
	City, state, ZIP code . . . . .		
	Identification number (SSN or EIN) . . . . .		
	Amount paid to care provider in 2011 . . . . .		<b>2010 amt:</b>
	1=spouse, 2=joint . . . . .		

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Education Credits / Tuition Deduction</b>	<b>38</b>
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**Please complete the information below if you paid qualified education expenses in 2011 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2011 Amount	2010 Amount	
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....		
		First name.....		
		Last name .....		
		Social security number .....		
	1=American opportunity credit, 2=lifetime learning credit.....			
	Number of years hope credit claimed.....			
	Number of years American opportunity credit claimed.....			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no. .			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere).....			
	Books and supplies required to be purchased from institution. . .			
Books and supplies not entered above. ....				
Amount of prior year refund or assistance *.....				

<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....		
		First name.....		
		Last name .....		
		Social security number .....		
	1=American opportunity credit, 2=lifetime learning credit.....			
	Number of years hope credit claimed.....			
	Number of years American opportunity credit claimed.....			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no. .			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere).....			
	Books and supplies required to be purchased from institution. . .			
Books and supplies not entered above. ....				
Amount of prior year refund or assistance *.....				

<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....		
		First name.....		
		Last name .....		
		Social security number .....		
	1=American opportunity credit, 2=lifetime learning credit.....			
	Number of years hope credit claimed.....			
	Number of years American opportunity credit claimed.....			
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no. .			
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere).....			
	Books and supplies required to be purchased from institution. . .			
Books and supplies not entered above. ....				
Amount of prior year refund or assistance *.....				

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.