Form ID: INDX

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.

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]	
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)

First Name [46]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	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**
- **1 = Child who lived with you**
- **2 = Child who did not live with you**
- **3 = Other dependent**
- **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**

****Other**
- **1 = Student (Age 19 - 23)**
- **2 = Disabled dependent**
- **3 = Dependent who is both a student and disabled**

*****Months**
- **77 = Reported on odd year return**
- **88 = Reported on even year return**
- **99 = Not reported on return**

Client Contact Information

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 Email, Work phone, Home phone, Fax, Mobile phone, Car phone	____________[18]	____________[26]

NOTES/QUESTIONS:

Estimated Taxes

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 name ______[28]

Amount paid with 2010 return + ______[31]

2010 overpayment applied to '11 estimates + ______[32]

Treat calculated amounts as paid ___[36]

	Date Paid	Amount Paid
1st quarter payment	______[37]	+ ______[38]
2nd quarter payment	______[39]	+ ______[40]
3rd quarter payment	______[41]	+ ______[42]
4th quarter payment	______[43]	+ ______[44]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #2

City name ______[50]

Amount paid with 2010 return + ______[53]

2010 overpayment applied to '11 estimates + ______[54]

Treat calculated amounts as paid ___[58]

	Date Paid	Amount Paid
1st quarter payment	______[59]	+ ______[60]
2nd quarter payment	______[61]	+ ______[62]
3rd quarter payment	______[63]	+ ______[64]
4th quarter payment	______[65]	+ ______[66]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #3

City name ______[72]

Amount paid with 2010 return + ______[75]

2010 overpayment applied to '11 estimates + ______[76]

Treat calculated amounts as paid ___[80]

	Date Paid	Amount Paid
1st quarter payment	______[81]	+ ______[82]
2nd quarter payment	______[83]	+ ______[84]
3rd quarter payment	______[85]	+ ______[86]
4th quarter payment	______[87]	+ ______[88]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

City #4

City name ______[94]

Amount paid with 2010 return + ______[97]

2010 overpayment applied to '11 estimates + ______[98]

Treat calculated amounts as paid ___[102]

	Date Paid	Amount Paid
1st quarter payment	______[103]	+ ______[104]
2nd quarter payment	______[105]	+ ______[106]
3rd quarter payment	______[107]	+ ______[108]
4th quarter payment	______[109]	+ ______[110]

Calculated Amount

1st quarter payment	______
2nd quarter payment	______
3rd quarter payment	______
4th quarter payment	

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

Wages and Salaries #1

Please provide all copies of Form W-2.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	[5]	
Mark if this is your current employer	[6]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [20]	
SS tips **(Box 7)**	+ [22]	
Allocated tips **(Box 8)**	+ [24]	
Dependent care benefits **(Box 10)**	+ [26]	
Box 13 -		
Statutory employee	[28]	
Retirement plan	[29]	
Third-party sick pay	[30]	
State postal code **(Box 15)**	[31]	
State wages **(Box 16)** (If different than federal wages)	+ [33]	
State tax withheld **(Box 17)**	+ [35]	
Local wages **(Box 18)**	+ [37]	
Local tax withheld **(Box 19)**	[39]	
Name of locality **(Box 20)**	[42]	

Control Totals +

Wages and Salaries #2

Please provide all copies of Form W-2.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	[5]	
Mark if this your current employer	[6]	
Federal wages and salaries **(Box 1)**	+ [10]	
Federal tax withheld **(Box 2)**	+ [12]	
Social security wages **(Box 3)** (If different than federal wages)	+ [14]	
Social security tax withheld **(Box 4)**	+ [16]	
Medicare wages **(Box 5)** (If different than federal wages)	+ [18]	
Medicare tax withheld **(Box 6)**	+ [20]	
SS tips **(Box 7)**	+ [22]	
Allocated tips **(Box 8)**	+ [24]	
Dependent care benefits **(Box 10)**	+ [26]	
Box 13 -		
Statutory employee	[28]	
Retirement plan	[29]	
Third-party sick pay	[30]	
State postal code **(Box 15)**	[31]	
State wages **(Box 16)** (If different than federal wages)	+ [33]	
State tax withheld **(Box 17)**	+ [35]	
Local wages **(Box 18)**	+ [37]	
Local tax withheld **(Box 19)**	[39]	
Name of locality **(Box 20)**	[42]	

Control Totals +

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 (**See codes below)			Interest Income [1]	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

	Control Totals +		Form ID: B-1

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 J	Type 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

	Control Totals +		Form ID: B-2

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2011? (Y, N) __[10]

Did you have any debts become uncollectible during 2011? (Y, N) __[11]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[12]

Did you exchange any securities or investments for something other than cash? (Y, N) __[14]

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+ [1]	+ [2]
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals +		**Form ID: D**

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 +

Other Income

	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds		+ ____ [1]	____
Alimony received	+ ____ [3]	+ ____ [4]	____
Unemployment compensation	+ ____ [8]	+ ____ [9]	____
Unemployment compensation federal withholding	+ ____ [8]	+ ____ [9]	____
Unemployment compensation state withholding	+ ____ [8]	+ ____ [9]	____
Unemployment compensation repaid	+ ____ [11]	+ ____ [12]	____
Alaska Permanent Fund dividends	+ ____ [19]	+ ____ [20]	____

(2011 Information)

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

T/S/J	Self-Employment Income ? (Y, N)	Description	2011 Information	Prior Year Information
_	_	____	+ ____ [14]	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
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_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____
_	_	____	+ ____	____

NOTES/QUESTIONS:

Schedule C - General Information

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]		

Control Totals +

Rent and Royalty Property - General Information

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]	
	+			
Insurance:				
	+	[43]	[45]	
	+			
Legal and professional fees	+	[46]	[47]	
Management fees:				
	+	[49]	[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]	
	+			
Repairs	+	[64]	[65]	
Supplies	+	[67]	[68]	
Taxes:				
	+	[70]	[72]	
	+			
	+			
Utilities	+	[73]	[74]	
Depreciation	+	[76]	[77]	
Depletion	+	[79]	[80]	
Other expenses:				
	+	[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 +		**Form ID: Rent**

Rent and Royalty Properties - Vacation Home, Passive and Other Information

Preparer use only

Description ______

Vacation Home Information

	2011 Information	Prior Year 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]	

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:

Form ID: A-1

Schedule A - Medical and Dental Expenses

T/S/J | **2011 Information** | **Prior Year Information**

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

__[1] ______ + ______[2]

Medical insurance premiums you paid*:

__[4] ______ + ______[5]

Long-term care premiums you paid*:

__[7] ______ + ______[8]

Prescription medicines and drugs:

__[10] ______ + ______[11]

__[13] Miles driven for medical items (1/1/11 to 6/30/11) ______[14] (7/1/11 to 12/31/11) ______[17]

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J | **2011 Information** | **Prior Year Information**

State/local income taxes paid:

__[18] ______ + ______[19]

2010 state and local income taxes paid in 2011:

__[21] ______ + ______[22]

Real estate taxes paid:

__[24] ______ + ______[25]

Personal property taxes:

__[27] ______ + ______[28]

Other taxes, such as: foreign taxes and State disability taxes

__[30] ______ + ______[31]

Sales tax paid on major purchases:

__[36] ______ + ______[37]

Sales tax paid on actual expenses:

__[39] ______ + ______[40]

Interest Expenses

T/S/J		2011 Information	Type*	Percentage (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]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

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]	
__		+	

	Control Totals +		Form ID: A-3

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) ___

Occupation in which expenses were incurred ___

State postal code ___

Vehicle Questions

	2011 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[7]	_
Was another vehicle available for personal use? (Y, N)	__[9]	_
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[11]	

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description ___[15]

Comments ___

Vehicle 2 description ___[44]

Comments ___

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	___[18]	___	___[47]	___
Total mileage	___[20]	___	___[49]	___
Business mileage from 1/1/11 to 6/30/11	___[22]	___	___[51]	___
Business mileage from 7/1/11 to 12/31/11	___[24]		___[53]	
Average daily round trip commuting mileage	___[25]		___[54]	
Total commuting mileage	___[27]	___	___[56]	___
Gasoline, oil, repairs, insurance, etc.	+ ___[29]	___	+ ___[58]	___
Vehicle rentals	+ ___[31]	___	+ ___[60]	___
Inclusion amount **(Preparer use only)**	+ ___[33]	___	+ ___[62]	___
Value of employer-provided vehicle	+ ___[39]	___	+ ___[68]	___
Depreciation	+ ___[41]	___	+ ___[70]	___

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description ___[75]

Comments ___

Vehicle 4 description ___[103]

Comments ___

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	___[78]	___	___[106]	___
Total mileage	___[80]	___	___[108]	___
Business mileage from 1/1/11 to 6/30/11	___[82]	___	___[110]	___
Business mileage from 7/1/11 to 12/31/11	___[84]		___[112]	
Average daily round trip commuting mileage	___[85]		___[113]	
Total commuting mileage	___[87]	___	___[116]	___
Gasoline, oil, repairs, insurance, etc.	+ ___[89]	___	+ ___[117]	___
Vehicle rentals	+ ___[91]	___	+ ___[119]	___
Inclusion amount **(Preparer use only)**	+ ___[93]	___	+ ___[121]	___
Value of employer-provided vehicle	+ ___[99]	___	+ ___[127]	___
Depreciation	+ ___[101]	___	+ ___[129]	___

NOTES/QUESTIONS:

Form ID: 8829

Home Office General Information

Preparer use only

Principal business or profession ______ [3]
Taxpayer/Spouse/Joint (T, S, J) ______ [4]
State postal code ______ [5]

Business Use of Home

	2011 Information	Prior Year Information
Total area of home	______ [11]	______
Area used exclusively for business	______ [13]	______
Information for day-care facilities only:		
Total hours used for day-care during this year	______ [15]	______
Total hours used this year, if less than 8,760	______ [17]	______
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	______ [19]	______
Area used partly for day-care business	______ [21]	

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2011 Information: Direct Expenses	2011 Information: Indirect Expenses	Prior Year Information
Mortgage interest	+ ______ [26]	+ ______ [27]	______
Mortgage insurance premiums	+ ______ [29]	+ ______ [30]	______
Real estate taxes	+ ______ [32]	+ ______ [33]	______
Excess mortgage interest and insurance premiums	+ ______ [35]	+ ______ [36]	______
Insurance	+ ______ [38]	+ ______ [39]	______
Rent	+ ______ [41]	+ ______ [42]	______
Repairs & maintenance	+ ______ [44]	+ ______ [45]	______
Utilities	+ ______ [47]	+ ______ [48]	______
Other expenses, such as: Supplies & Security system			
______	+ ______ [50]	+ ______ [51]	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
______	+ ______	+ ______	______
Excess casualty losses		+ ______ [53]	
Carryovers:			
Operating expenses		+ ______ [54]	
Casualty losses		+ ______ [55]	
Depreciation		+ ______ [57]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ ______ [58]	______
Depreciation		+ ______ [62]	______

NOTES/QUESTIONS:

Form ID: CT

Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year ____[1]

Amount of contributions you wish to make to:

AIDS Research	________[2]	Breast Cancer Research	________[5]
Organ Transplant	________[3]	Safety Net Services	________[6]
Endangered Species/Wildlife Fund	________[4]	Military Family Relief	________[7]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1	Description	________	Date of purchase	________[8]
	Retailer/Service Provider:	________	Purchase price	________
	Type Code:	____	Out of state tax paid	________
Purchase 2	Description	________	Date of purchase	________
	Retailer/Service Provider:	________	Purchase price	________
	Type Code:	____	Out of state tax paid	________

Use Tax Type Codes

1 = Computer processing	**3 = General (July 1st and after)**
2 = General (Pre July 1st)	**4 = Luxury**

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) ________[9]

Auto 1 Description (Enter year, make and model)(Resident only) ________[10]

Auto 2 Description (Enter year, make and model)(MFJ Resident only) ________[11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	________[12]	________[13]	________[14]	
Auto 1 (Resident only)	________[15]	________[16]	________[17]	________[18]
Auto 2 (MFJ Resident only)	________[19]	________[20]	________[21]	________[22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	________[23]	________[25]
To	________[24]	________[26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	____[27]	____[30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	____[28]	____[31]
State of prior or new residence	____[29]	____[32]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) ____[33]

Working days (or other basis) outside Connecticut ________[34]

Working days (or other basis) inside Connecticut ________[35]

Nonworking days (holidays, weekends, etc) ________[36]

Total income being apportioned ________[37]

NOTES/QUESTIONS: