For questions answered 'Yes', please include all nescessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	☐	☐
If yes, explain: ______________________________		
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Dependent Information		
Were there any changes in dependents from the prior year?	☐	☐
<u>If yes and adding a dependent, provide name, social security number and date of birth.</u>		
Do you have any children under age 19 or a full-time student under age 24 with unearned income (e.g., investment earnings) in excess of $1,900?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) during the year?	☐	☐
Did you pay for child care while you worked or looked for work?	☐	☐
<u>If yes, provide amount paid for each dependent and child care provider's name, identifying number and amount paid.</u>		
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Purchases, Sales and Debt Information		
Did you start a new business during the year?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell an existing business this year?	☐	☐
<u>If yes, provide sales agreement(s).</u>		
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
<u>If yes, provide closing statement(s).</u>		
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
<u>If yes, provide purchase date, purchase price, sale date and sale price.</u>		
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
<u>If yes, provide closing statement(s).</u>		
Did you incur any non-business bad debts this year?	☐	☐
Did you have any debts canceled or forgiven this year?	☐	☐
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	☐	☐
<u>If yes, provide detail (make and model, etc.)</u>		
Did you pay any student loan interest this year?	☐	☐
<u>If yes, provide amount.</u>		
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	☐	☐
Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any lump-sum payments from a pension, profit sharing or		

401(k) plan? ☐ ☐
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan? ☐ ☐
Did you make any withdrawals from an education savings or 529 Plan account? ☐ ☐
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? ☐ ☐
Did you receive any Social Security benefits during the year? ☐ ☐
Did you receive any unemployment benefits during the year? ☐ ☐
Did you receive any disability income during the year? ☐ ☐
Did you pay or receive alimony? Do not include child support. ☐ ☐
If yes, provide name, social security number and amount.
Did any of your life insurance policies mature, or did you surrender any policies? ☐ ☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ☐ ☐

Itemized Deduction Information

Did you incur a casualty or theft loss during the year? ☐ ☐
Did you pay out-of-pocket medical expenses (co-pays, prescription drugs, etc.)? ☐ ☐
Did you pay vehicle property taxes this year? If yes, please attach a supporting statement. ☐ ☐
Do you have evidence to substantiate charitable contributions? ☐ ☐
Did you make any noncash charitable contributions (clothes, furniture, etc.)? ☐ ☐
If yes, provide receipt(s) and/or description of donated items **and value**.
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C. ☐ ☐
Did you use your car on the job, for other than commuting? ☐ ☐
Did you work out of town for part of the year? ☐ ☐
Did you have any expenses related to seeking a new job during the year? ☐ ☐
Did you make any major purchases during the year (cars, boats, etc.)? ☐ ☐
If yes, provide cost and sales/excise tax paid.

Miscellaneous Information

Did you make gifts of more than $13,000 to any individual? ☐ ☐
Did you contribute to a traditional IRA during the year? ☐ ☐
If yes, provide amount.
Did you contribute to a Roth IRA or convert an existing IRA into a Roth IRA? ☐ ☐
If yes, provide amount.
Did you contribute to a Keogh, SIMPLE, SEP, 401k or other qualified retirement plan? ☐ ☐
Did you, your spouse, or your dependents attend a post-secondary school during the year? ☐ ☐
If yes, indicate attendee and amount paid.
Did you make any contributions to an education savings or 529 Plan account? ☐ ☐
Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? ☐ ☐
Did you pay health care premiums for yourself or your family? ☐ ☐
If yes, provide amount paid.
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employee's health plan at another job? ☐ ☐
If yes, how many months were you covered?
Did you pay long-term health care premiums for yourself or your family? ☐ ☐
If yes, provide amount paid for each individual insured.
Did you pay any COBRA health care coverage continuation premiums? ☐ ☐
Are you a business owner and have paid at least 50% health insurance premiums for your employees this year? ☐ ☐
Did you utilize an area of your home for business purposes? ☐ ☐
Are you an active participant in a pension or retirement plan? ☐ ☐
Did you retire or change jobs this year? ☐ ☐
Did you incur moving costs because of a job change? ☐ ☐
Are you a teacher? If yes, provide amount of out-of-pocket classroom costs. ☐ ☐
Did you pay any individual as a household employee during the year? ☐ ☐

Did you make energy efficient improvements to your main home this year? If yes, provide description and costs.	☐	☐
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?	☐	☐
Did you receive correspondence from the State or the Internal Revenue Service? If yes, provide correspondence.	☐	☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	☐	☐
Did you pay any quarterly estimated federal or state tax payments during the year? If yes, provide amount and date paid.	☐	☐

NC assesses consumer use tax on out-of-state purchases when the item purchased is subject to NC sales tax and the retailer making the sale does not collect sales tax on the sale. Some of the items that are subject to sales tax include computers, clothing, and jewelry. Out-of-state retailers include mail-order companies, television shopping networks, firms selling over the Internet, and retailers located outside the State. NC estimates the amount of use tax due by taxpayers as .0675% (.000675) of NC taxable income. If you believe this estimate is too high for your out-of-state purchases, please estimate the amount of your purchases, if any. Unless you tell us otherwise, we will assume you had no out-of-state purchases on which you did not pay sales tax. Estimated purchases $____________.

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)

[46]

First Name	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:

Direct Deposit/Electronic Funds Withdrawal Information

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]

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:

Form ID: St Pmt

2011 State Estimated Tax Payments

6

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	

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 [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

	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

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 +

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]	________
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:			
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:

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

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	2011 Information	Prior Year Information
			+ ____ [14]	
			+	
			+	
			+	
			+	
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			+	
			+	
			+	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Income

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 +		Form ID: C-1

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:

Control Totals +

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of entity __________________________________[4]
State postal code ___[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

Preparer use only

	Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of entity __________________________________[4]
State postal code ___[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

Preparer use only

	Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number __________________[3]
Name of entity __________________________________[4]
State postal code ___[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

Preparer use only

	Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[3]
Name of activity ________________________________[4]
State postal code ____[5]

Preparer use only	Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

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:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		___[2]	
Archer MSA contributions made in 2011 and 2012 for 2011 **(Box 1)**	+	____[6]	____
Total contributions made in 2011 **(Box 2)**	+	____[8]	____
Total HSA or Archer MSA contributions made in 2012 for 2011 **(Box 3)**	+	____[10]	____
Rollover contribution **(Box 4)**	+	____[13]	____
Fair market value of HSA, Archer MSA, or MA MSA **(Box 5)**	+	____[15]	
Box 6 -			
HSA		__[17]	
Archer MSA		__[18]	
MA (Medicare Advantage) MSA		__[19]	

Additional Information

		2011 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		__[20]	
Number of months in qualified high deductible health plan in 2011		___[21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount		__[22]	
Total HSA/MSA contribution to be made for 2011	+	____[23]	
Excess contributions for 2010 taken as constructive contributions for 2011	+	____[25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+	____[32]	____
Enter compensation from employer maintaining high deductible health plan	+	____[35]	____
If self-employed, enter earned income from business under which plan was established	+	____[39]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2011? (Y, N)		__[41]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+	____[43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+	____[45]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		____[4]	
State postal code		___[2]	
Gross distributions received **(Box 1)**	+	____[7]	____
Earnings on excess contributions **(Box 2)**	+	____[9]	____
Distribution code **(Box 3)**		__[11]	
Fair Market Value on date of death **(Box 4)**	+	____[12]	
Box 5 -			
HSA		__[13]	
Archer MSA		__[14]	
MA MSA		__[15]	
Unreimbursed qualified medical expenses for 2011	+	____[17]	____
Withdrawal of excess contributions by the due date of the return	+	____[19]	____
Amount of distribution rolled over for 2011	+	____[21]	____
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	____[24]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+	____[25]	____
For HSA accounts:			
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)		__[31]	
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)		__[32]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2011 Information	Prior Year Information
Name of the insured chronically ill individual		____[42]	
Social security number of insured		____[43]	
Gross long-term care (LTC) benefits paid **(Box 1)**	+	____[45]	____
Accelerated death benefits paid **(Box 2)**	+	____[47]	____
Check one **(Box 3)**			
Per diem		__[49]	
Reimbursed amount		__[50]	
Qualified contract **(Box 4)**		__[51]	
Check, if applicable **(Box 5)**			
Chronically ill		__[52]	
Terminally ill		__[53]	
Are there other individuals who received LTC payments during 2011? (Y, N)		__[55]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		__[56]	
Number of days during the long-term care period		____[57]	
Cost incurred for qualified long-term care services during the long-term care period	+	____[58]	

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name ____ [3]
Taxpayer/Spouse (T, S) __ [4]
State postal code ____ [5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) __ [6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage) ____ [7]
Enter the total amount of contributions made to a Keogh plan in 2011 + ____ [8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2011 + ____ [9]
Enter the total amount of contributions made to a SEP plan in 2011 + ____ [10]
Enter the total amount of contributions made to a SARSEP plan in 2011 + ____ [11]
Enter the total amount of contributions made to a defined benefit plan in 2011 + ____ [12]
Enter the total amount of contributions made to a profit-sharing plan in 2011 + ____ [13]
Enter the total amount of contributions made to a money purchase plan in 2011 + ____ [14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2011 + ____ [15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2011 + ____ [16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2011 + ____ [17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2011 + ____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2011 + ____ [19]
Enter the amount of elective deferrals designated as Roth contributions in 2011 + ____ [20]

NOTES/QUESTIONS:

Other Adjustments

Alimony Paid:

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

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

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:

	Control Totals+		Form ID: Educate2

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S)	__	[1]
Payer name	____	[3]
State postal code	____	[4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	____	[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	____	[7]
Final distribution	____	[8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number	____	[11]
First name	____	[12]
Last name	____	[13]

		2011 Information		Prior Year Information
Amount contributed in current year	+	____	[14]	____
Basis of this account at 12/31/10	+	____	[17]	____
Value of this account at 12/31/11	+	____	[19]	____
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+	____	[24]	

Payments from Qualified Education Programs

		2011 Information		Prior Year Information
Gross distribution **(Box 1)**	+	____	[30]	____
Earnings **(Box 2)**	+	____	[32]	____
Basis **(Box 3)**	+	____	[34]	____
Trustee-to-trustee rollover **(Box 4)**		____	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+	____	[37]	____
Box 5 -				
Private QTP		____	[39]	
State QTP		____	[40]	
Coverdell ESA		____	[41]	
Check if the recipient is not the designated beneficiary **(Box 6)**		____	[42]	
Qualified education expenses	+	____	[43]	____
Elementary and secondary education expenses	+	____	[45]	

NOTES/QUESTIONS:

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]	
__		+	
__		+	

	Control Totals +		Form ID: A-1

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]	
		+		
		+		
		+		
		+		
		+		
		+		
		+		

	Control Totals +		**Form ID: A-2**

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]

Employee Business Expenses

Preparer use only

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[2]	
Occupation in which expenses were incurred		[3]	
State postal code		[5]	
If the employee expenses were from an occupation listed below, enter the applicable code 1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official		[6]	
Mark if these employee expenses are related to qualified services as a minister or religious worker		[10]	
Parking fees and tolls	+	[17]	
Local transportation	+	[19]	
Travel expenses	+	[22]	
Other business expenses:			
	+	[25]	
	+		
	+		
	+		
	+		
	+		
	+		
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	+		
	+		
Nonvehicle depreciation	+	[27]	
Meals and entertainment	+	[29]	
Meals for individuals subject to DOT hours of service limitation	+	[31]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2011 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	[58]	
Reimbursements for meals and entertainment not included on Form W-2	+	[60]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+	[62]	

	Control Totals+		Form ID: 2106

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:

Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____ [4]
Name of donee organization ____ [5]
Address of donee organization ____ [6]
City ____ [7]
State postal code ____ [8]
Zip code ____ [9]
Date contributed ____ [10]
Date acquired by donor ____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis + ____ [13]
Fair market value + ____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____ [16]

	Control Totals+	

Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____ [4]
Name of donee organization ____ [5]
Address of donee organization ____ [6]
City ____ [7]
State postal code ____ [8]
Zip code ____ [9]
Date contributed ____ [10]
Date acquired by donor ____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis + ____ [13]
Fair market value + ____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____ [16]

	Control Totals+	

Noncash Contributions Exceeding $500

Taxpayer/Spouse/Joint (T, S, J) __[1]
Donated property description ____ [4]
Name of donee organization ____ [5]
Address of donee organization ____ [6]
City ____ [7]
State postal code ____ [8]
Zip code ____ [9]
Date contributed ____ [10]
Date acquired by donor ____ [11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) __[12]
Donor's cost or basis + ____ [13]
Fair market value + ____ [14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) __[15]
If other: ____ [16]

	Control Totals+	

NOTES/QUESTIONS:

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession ______ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service ______ [4]
Description ______ [5]
Comments ______
Vehicle 2 - Date placed in service ______ [41]
Description ______ [42]
Comments ______

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	______ [9]	______	______ [46]	______
Commuting miles	______ [11]	______	______ [48]	______
Business miles from 1/1/11 to 6/30/11	______ [13]	______	______ [50]	______
Business miles from 7/1/11 to 12/31/11	______ [15]		______ [52]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_ [16]	_	_ [53]	_
Was another vehicle available for personal use? (Y, N)	_ [18]	_	_ [55]	_
Do you have evidence to support your deduction? (Y, N)	_ [20]	_	_ [57]	_
Is this evidence written? (Y, N)	_ [22]	_	_ [59]	_
Parking, fees and tolls	+ ______ [24]	______	+ ______ [61]	______
Gasoline, oil, repairs, insurance, etc.	+ ______ [26]	______	+ ______ [63]	______
Interest	+ ______ [28]	______	+ ______ [65]	______
Registration	+ ______ [30]	______	+ ______ [67]	______
Property taxes	+ ______ [32]	______	+ ______ [69]	______
Vehicle rentals	+ ______ [34]	______	+ ______ [71]	______
Inclusion amount **(Preparer use only)**	+ ______ [36]	______	+ ______ [73]	______
Depreciation	+ ______ [38]		+ ______ [75]	

Vehicles 3 - 4

Vehicle 3 - Date placed in service ______ [78]
Description ______ [79]
Comments ______
Vehicle 4 - Date placed in service ______ [115]
Description ______ [116]
Comments ______

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	______ [83]	______	______ [120]	______
Commuting miles	______ [85]	______	______ [122]	______
Business miles from 1/1/11 to 6/30/11	______ [87]	______	______ [124]	______
Business miles from 7/1/11 to 12/31/11	______ [89]		______ [126]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_ [90]	_	_ [127]	_
Was another vehicle available for personal use? (Y, N)	_ [92]	_	_ [129]	_
Do you have evidence to support your deduction? (Y, N)	_ [94]	_	_ [131]	_
Is this evidence written? (Y, N)	_ [96]	_	_ [133]	_
Parking, fees and tolls	+ ______ [98]	______	+ ______ [135]	______
Gasoline, oil, repairs, insurance, etc.	+ ______ [100]	______	+ ______ [137]	______
Interest	+ ______ [102]	______	+ ______ [139]	______
Registration	+ ______ [104]	______	+ ______ [141]	______
Property taxes	+ ______ [106]	______	+ ______ [143]	______
Vehicle rentals	+ ______ [108]	______	+ ______ [145]	______
Inclusion amount **(Preparer use only)**	+ ______ [110]	______	+ ______ [147]	______
Depreciation	+ ______ [112]		+ ______ [149]	

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:

Form ID: NC

North Carolina General Information

County of residence ____________________ [1]

Mark if:

Taxpayer qualifies as disabled (Y, N) ___ [2]

Spouse or dependent qualifies as disabled (Y, N) ___ [3]

	Taxpayer	Spouse
Unpaid volunteer firefighter or rescue squad worker	___ [4]	___ [5]

Designations and Contributions

Amount of political designations and charitable contributions you wish to make to:

Political Designations

	Taxpayer	Spouse
Designate $3.00 to political financing fund? (1=Democratic, 2=Republican, 3=Unspecified, 4=Libertarian) (Enter code of applicable party)	___ [6]	___ [7]
N.C. Public Campaign Fund Mark "Yes" if you want to designate $3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits. Marking "Yes" does not change your tax or refund. (Y, N)	___ [8]	___ [9]

N.C. Public Campaign Fund

You may designate $3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is $6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

Charitable Contributions

Endangered Wildlife Fund ____________________ [10]

Part-year Resident Information

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

Part-year residency dates:	Taxpayer	Spouse
From	____________ [11]	____________ [13]
To	____________ [12]	____________ [14]

NOTES/QUESTIONS: