

**F
R
O
M**

2011 TAX ORGANIZER

**T
O**

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

<u>Form</u>	<u>Form</u>
Alimony Paid or Received 13	Gambling Winnings 21
Annuity Payments Received 9, 13	Gifts 34, 35
Application of Refund 20	Health Savings Accounts 13A
Business Income and Expenses 6, 6A	Household Employment Taxes 19
Business Use of Home:	Installment Sale Receipts 7
Business 6D	Interest Income 5A
Employee Business Expenses 17A	Interest Paid 14A
Farm 12D	Investment Interest Expense 14A
Itemized Deductions 16A	IRA Contributions 9
Passthrough 11B	IRA Distributions 9, 13
Rental 10D	Keogh Plan Contributions 9
Calendar 33	Medical and Dental Expenses 14
Casualty or Theft Losses 16	Ministerial Income 13B
Child and Dependent Care Expenses 18	Miscellaneous Income and Adjustments 13
Consolidated Brokerage Statements:	Miscellaneous Itemized Deductions 16
Interest Income & Foreign Information 5E	Mortgage Interest Paid 14A
Dividend Income & Foreign Information 5F	Moving Expenses 8
Sales of Stocks, Securities, Capital Assets & Misc. Income 5G	Partnership Income 11
Contributions 15	Pension Income 9, 13
Dependent Information 3A	Personal Information 3
Depreciable Property and Equipment:	Railroad Retirement Benefits 13
Business 6A	Real Estate Mortgage Investment Conduit Income (REMIC) ... 11
Employee Business Expenses 17	Rental and Royalty Income and Expenses 10
Farm 12A	Roth IRA Contributions/Conversions 9
Rental and Royalty 10A	S Corporation Income 11
Direct Deposit Information 4A	Sale of Stock, Securities and Other Capital Assets 7
Dividend Income 5B	Sale of Your Home 8
Education Expenses 18	Savings Bond Purchases 4B
Educator (Teacher) Expenses 13A	SEP/SIMPLE Plan Contributions 9
Electronic Filing 4	Social Security Benefits 13
Employee Business Expenses 17	State and Local Tax Refunds 13
Estate Income 11	Student Loan Interest 13
Farm Income and Expenses 12, 12A	Taxes Paid 14
Federal, State and City Estimated Taxes 20, 20A	Trust Income 11
Foreign Assets 5C, 5D	Unemployment Compensation 13
Foreign Employment Information 30, 30A, 30B	Vehicle/Other Listed Property Information:
Foreign Housing Expenses 30C	Business 6B, 6C
Foreign Taxes 32	Employee Business Expenses 17
Foreign Travel and Workdays 30D	Farm 12B, 12C
Foreign Wages and Other Income 31, 31A, 31B	Rental and Royalty 10B, 10C
Tax Organizer Legend:	Partnership/S Corporation 11A
Throughout the tax organizer, you will find columns with the heading "TSJ".	Wages and Salaries 3A
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.	



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2011? Yes No
- If married, do you and your spouse want to file separate returns? Yes No
- Did your address change during 2011? Yes No
- Can you or your spouse be claimed as a dependent by another taxpayer? Yes No

Dependents:

- Were there any changes in dependents from the prior year? Yes No
Note: Include non-child dependents for whom you provided more than half the support
- Did you pay for child care while you worked or looked for work? Yes No
- Do you have any children under age 18 with unearned income more than \$950? Yes No
- Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? Yes No
- Did you adopt a child or begin adoption proceedings during 2011? Yes No

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2011? Yes No
- Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2011? Yes No
- Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2011? Yes No
- Did you sell, exchange or purchase any real estate in 2011? If so, please attach closing statements. Yes No
- Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? Yes No
- Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? Yes No
- Did you pay any student loan interest in 2011? Yes No
- Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. Yes No
- Did you have an outstanding home equity loan at the end of 2011? If so, please provide the principal balance and interest rate at the beginning and end of the year. Yes No
- Did you take out a home equity loan in 2011? Yes No
- Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? Yes No
- Did you or your mortgagee receive any mortgage assistance payments? If Yes, enclose and Forms 1098-MA. Yes No



Purchases, Sales and Debt (continued):

- Did you engage in any put or call transactions? If Yes, please provide details. Yes No
- Did you close any open short sales during 2011? Yes No
- Did you sell any securities not reported on your Form 1099-B? Yes No

Itemized Deductions:

- Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? Yes No
- Did you incur any casualty or theft losses during the year? Yes No
- Did you make any large purchases, such as motor vehicles and boats? Yes No
- Did you incur any casualty or loss attributable to a federally declared disaster? Yes No

Miscellaneous:

- Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2011? Yes No
If you received a distribution from an MSA, please include Form 1099-SA.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2011? Yes No
If you received a distribution from an HSA, please include Form 1099-SA.
- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? Yes No
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? Yes No
- In 2010 did you or your spouse convert an IRA into a Roth IRA and not elect to include the taxable amount in your 2010 taxable income? Yes No
- Did you rollover any amounts from a qualified retirement plan to a Roth IRA or Designated Roth Account and not elect to include the taxable distribution in your 2010 taxable income? Yes No
- Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? Yes No
- Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099-Q. Yes No
- Did you or your dependents incur any post-secondary education expenses, such as tuition? Yes No
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered?

Months

 Yes No
- Did you move to a different home because of a change in the location of your job? Yes No
- Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees? Yes No
- Did you receive unreported tip income of \$20 or more in any month of 2011? Yes No
- Did you or your spouse receive distributions from long-term care insurance contracts? Yes No
If Yes, please include Form 1099-LTC.
- Were you or your spouse 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? Yes No
- Did you or your spouse own any foreign financial assets? Yes No
- Did you create or transfer money or property to a foreign trust? Yes No
- Did you purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2011? Yes No



Miscellaneous: (continued)

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a punitive damage award or an award for damages other than for physical injuries or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you notified by the IRS or other taxing authority of any changes in prior year returns? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you lose your job during 2011 because of foreign competition and pay for your own health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been an identity theft victim and have you contacted the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS _____ | | |
| Did you engage in any bartering transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any work outside of the U.S. or pay any foreign taxes? | <input type="checkbox"/> | <input type="checkbox"/> |

Gifts:

- | | | |
|--|--------------------------|--------------------------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$13,000 to any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make any gifts to a trust for any amount during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or your spouse have a life insurance trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you forgive any indebtedness to any individual, trust or entity during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

- | | | | | |
|--|---|--------------------------|------|--|
| Did you retire or change jobs in 2011? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Did you receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, enter the date received (Mo/Da/Yr). | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">Date</td></tr> <tr><td style="height: 20px;"> </td></tr> </table> | | Date | |
| Date | | | | |
| | | | | |
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> | | |



Miscellaneous: (continued)

	Yes	No
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Were you notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lose your job during 2011 because of foreign competition and pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?	<input type="checkbox"/>	<input type="checkbox"/>
Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been an identity theft victim and have you contacted the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS _____		
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2011?	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2011?	<input type="checkbox"/>	<input type="checkbox"/>		
Did you receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>		
If Yes, enter the date received (Mo/Da/Yr).	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Date</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>		Date	
Date				
Did you or your spouse turn 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution?	<input type="checkbox"/>	<input type="checkbox"/>		



Sale of Your Home:

Did you sell your home in 2011?

If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you ever rent out this property?

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

For any trust you created or that you are trustee, have any beneficiaries died during 2011?

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2011?

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2011 Amount Contributed



Personal Information

Taxpayer: _____
 First Name and Initial Last Name Social Security Number

 Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

Spouse: _____
 First Name and Initial Last Name Social Security Number

 Occupation Date of Birth (Mo/Da/Yr) Date of Death (Mo/Da/Yr)

Contact Information: _____
 Street Address Apartment Number

 City State ZIP or Postal Code

 Province or County

 Foreign Country

 Taxpayer Daytime/Work Phone Spouse Daytime/Work Phone

 Taxpayer Evening/Home Phone Spouse Evening/Home Phone

 Taxpayer Cell Phone Spouse Cell Phone

 Taxpayer Fax Number Spouse Fax Number

 Taxpayer Email Address

 Spouse Email Address

 Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer?
 Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?
 Do you want to contribute to the Presidential Election Campaign Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Dependents and Wages

Dependent Information:

Did dependent have income over \$3,700?

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years that a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. The IRS has implemented an electronic filing mandate requiring certain preparers to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2011 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) do not want to file my (our) return electronically and will personally file the paper return. My (our) signature(s) below represent(s) my (our) agreement that I (we) was (were) not influenced by my (our) preparer or any other member of the firm to sign this statement.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?	Yes	No
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Interest Income and Foreign Information

Please enclose all Forms 1099-INT or other documents for interest received

(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual to Whom Mortgage Interest Was Paid	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2010 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2011, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2011, whether or not you had any beneficial interest in it? Yes No



Name of Business: _____

Principal Business or Profession: _____

TSJ _____

Employer ID number _____

Street address _____

City, state and ZIP code _____

Method of inventory _____

Method of accounting _____

Business Questions for 2011:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2011 Amount	2010 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

	2011 Amount	2010 Amount
Other gross receipts or sales _____		
Less returns and allowances _____		

Cost of Goods Sold:

	2011 Amount	2010 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		

Other Costs of Cost of Goods Sold:

Description	2011 Amount	2010 Amount
Ending inventory _____		

Other Income:

Description	2011 Amount	2010 Amount



Business Expenses

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2011 Amount	2010 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2011 Amount	2010 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2011 Amount	2010 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:
 If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

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

	2011	2010
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2011 Amount	2010 Amount



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2011	2010

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2011:

Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2011 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2011?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2011
Outstanding rollovers on December 31, 2011
IRA distributions received during 2011
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2011 for the 2011 tax return
Contributions in 2012 for the 2011 tax return
Amount for 2011 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2011 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2011 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2010 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Contributions to:

Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2011 Amount	2010 Amount



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2011:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2011 Miles	2010 Miles
2011 Amount	2010 Amount



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . _____ %

	2011 Amount	2010 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals and entertainment

2011 Amount	2010 Amount

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

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

	2011	2010
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2011 Amount	2010 Amount



Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . _____ %

	2011 Amount	2010 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2011 Amount	2010 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

	2011	2010
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2011 Amount	2010 Amount



Activity Name: _____

Partial Use of Your Home for Business:

2011

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2011				
Social security benefits received				
Social security benefits repaid in 2011				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2011				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2011 Amount	2010 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2011 Amount	2010 Amount



Miscellaneous Adjustments

13A

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2011 Amount	2010 Amount

Health Savings Accounts (HSAs)

TS	Description	2011 Amount	2010 Amount
	Contributions made for 2011		
	Distributions received from all HSAs in 2011		

		Yes		No
Were all distributions from your HSA for unreimbursed medical expenses?				
Did you or your spouse enroll in Medicare?				
If yes, what month did you enroll?				
What month did your spouse enroll?				

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2011 Amount	2010 Amount



Mortgage Questions for 2011:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2011 Amount	2010 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2011 Amount	2010 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2011 Amount	2010 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2011 Amount	2010 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2011 Amount	2010 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2011 Amount, 2010 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2011 Amount, 2010 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2011 Miles, 2010 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2011 Amount, 2010 Amount. Multiple empty rows for data entry.

Noncash Contributions Totaling More Than \$500:

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property []

Fair market value of the donated property []

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2011 Amount, 2010 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2011 Amount, 2010 Amount

Casualty or Theft Loss:

TSJ
Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use, Business use, Income producing, Employee Use, Personal use due to Hurricane Katrina
Personal use attributable to a federally declared disaster declared prior to 2010
Personal use attributable to Midwestern disaster area
Personal use attributable to Kansas disaster area
Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



Itemized Deduction - Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2011	2010

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2011 Amount	2010 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2011 Amount	2010 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2011 Amount	2010 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

	2011	2010
Total miles		
Total business miles		
Total business miles after June 30		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2011 Amount	2010 Amount



Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2011	2010

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2011 Amount	2010 Amount	2011 Amount	2010 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2010 but paid in 2011
Employer-provided dependent care benefits that were forfeited in 2011
2010 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011		
Expenses incurred and not paid in 2011		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2011 Amount	2010 Amount
Expenses incurred and paid in 2011		
Expenses incurred and not paid in 2011		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2011 Expenses Incurred	2010 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2011 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,700 or more in 2011? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)
Federal income tax withheld
Advance earned income credit (EIC) payments
State disability plan payments subject to social security taxes
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Table with 2 columns: 2011 Amount, 2010 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 4 columns: State, Total Cash Wages Subject to FUTA, Total Cash Wages Subject to FUTA Paid After June 30, 2010 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2012

Table with 6 columns: Name of State, Total Taxable Wages, Total Taxable Wages Paid After June 30, Contribution Paid to Unemployment Fund, X, 2010 Amount



Refund Application:

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

Refunded Yes No
 Applied to your 2012 estimated tax liability Yes No

Federal Estimated Tax Payments:

2011 1st Quarter Estimate (Due 04-18-2011)
 2011 2nd Quarter Estimate (Due 06-15-2011)
 2011 3rd Quarter Estimate (Due 09-15-2011)
 2011 4th Quarter Estimate (Due 01-17-2012)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 overpayment applied to 2011 estimate

Tax Planning Information for Tax Year 2012:

Do you expect any of the following to occur in 2012?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2011 1st Quarter Estimate		
2011 2nd Quarter Estimate		
2011 3rd Quarter Estimate		
2011 4th Quarter Estimate		

2010 overpayment applied to 2011 estimate

Balance of prior year(s)' tax paid in 2011 plus
amount paid with 2010 extensions

Estimated tax payments for 2010 paid in 2011

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2011 1st Quarter Estimate		
2011 2nd Quarter Estimate		
2011 3rd Quarter Estimate		
2011 4th Quarter Estimate		

2010 overpayment applied to 2011 estimate

Balance of prior year(s)' tax paid in 2011 plus
amount paid with 2010 extensions

Estimated tax payments for 2010 paid in 2011

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2011 1st Quarter Estimate		
2011 2nd Quarter Estimate		
2011 3rd Quarter Estimate		
2011 4th Quarter Estimate		

2010 overpayment applied to 2011 estimate

Balance of prior year(s)' tax paid in 2011 plus
amount paid with 2010 extensions

Estimated tax payments for 2010 paid in 2011

