

Personal Data

Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate <input type="checkbox"/> Head of Household	
Taxpayer Name	SSN
Spouse Name	SSN
Address	Apt no.
City	State Zip
Foreign State/Province	Foreign Postal Code
Foreign Country	
Taxpayer Date of Birth	Spouse Date of Birth
Occupation	Occupation
Daytime phone: Ext:	Daytime phone: Ext:
Evening phone: Ext:	Evening phone: Ext:
Cell:	Cell:
E-mail	E-mail
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military	<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>
Date and time of this year's appointment	

Income Taxes Paid									
Federal		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.			
2010 Refund		April 15, 2011							
2010 Refund applied to 2011		June 15, 2011							
2010 Balance Due		Sept. 15, 2011							
		Jan. 18, 2012							
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									
Resident State		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.			
2010 Refund		April 15, 2011							
2010 Refund applied to 2011		June 15, 2011							
2010 Balance Due		Sept. 15, 2011							
		Jan. 18, 2012							
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									
Local		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.			
2010 Refund		April 15, 2011							
2010 Refund applied to 2011		June 15, 2011							
2010 Balance Due		Sept. 15, 2011							
		Jan. 18, 2012							
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made									

Dependents

Name:				SSN:			
First name/MI		Last name		Suffix			
SSN/ITIN		Relationship		Number of months lived with you			
DOB		Does this dependent have income over \$950?		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name		Suffix			
SSN/ITIN		Relationship		Number of months lived with you			
DOB		Does this dependent have income over \$950?		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name		Suffix			
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Education Credits - current year qualifying expenses for American Opportunity Credit							
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First name/MI		Last name		Suffix			
SSN/ITIN		Relationship		Number of months lived with you			
DOB		Does this dependent have income over \$950?		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name		Suffix			
SSN/ITIN		Relationship		Number of months lived with you			
DOB		Does this dependent have income over \$950?		2011		2010	
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

Yes	No	1. Were there any changes to your filing status or number of dependents during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2011? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2011? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	8. Would you like a copy of your tax return sent to you via email?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits?

Yes No

Income Information

Yes	No	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____ . Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Child & Dependent Care

Name:		SSN:	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2011		Amount Paid in 2010	

Miscellaneous Information

Name:

SSN:

Yes No

Business Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use?
If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2011 (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you refinance your principal home or your second home or make a home equity loan during the year?
If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase or sell a home that you used as a principal residence?
If yes, please provide closing documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If yes to question 6 was the First-Time Homebuyer Credit taken? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid |
| <input type="checkbox"/> | State/local income taxes |
| <input type="checkbox"/> | Mortgage interest |
| <input type="checkbox"/> | Tax preparation fees |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings) |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts) |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2011 |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| <input type="checkbox"/> | Fair market value of property donated to charity |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2010 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes

Wages and Salaries

Please attach all W-2(s).

Name: _____ **SSN:** _____

TS Employer's name and address: _____ Federal EIN _____

	2011	2010			2011	2010
Wages, tips, other compensation			State	State I.D.		
Federal income tax withheld			State wages			
Social Security wages			State income tax			
Social Security tax withheld			Locality name			
Medicare wages and tips			Local wages			
Medicare tax withheld			Local income tax			
Social Security tips			State	State I.D.		
Allocated tips			State wages			
Dependent care benefits			State income tax			
			Locality name			
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages			
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax			
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>				

TS Employer's name and address: _____ Federal EIN _____

	2011	2010			2011	2010
Wages, tips, other compensation			State	State I.D.		
Federal income tax withheld			State wages			
Social Security wages			State income tax			
Social Security tax withheld			Locality name			
Medicare wages and tips			Local wages			
Medicare tax withheld			Local income tax			
Social Security tips			State	State I.D.		
Allocated tips			State wages			
Dependent care benefits			State income tax			
			Locality name			
Are you a statutory employee?	<input type="checkbox"/>	<input type="checkbox"/>	Local wages			
Are you covered by a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax			
Did you receive third-party sick pay?	<input type="checkbox"/>	<input type="checkbox"/>				

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:				SSN:			
TS				Payer's name:			
				Payer's Federal ID Number:			
Address:							
City, State, Zip						2011	2010
	2011	2010	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Name of locality				
Taxable amount			Local income tax withheld				
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Name of locality				
IRA/SEP/SIMPLE Roth: Y/N	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

TS				Payer's name:			
				Payer's Federal ID Number:			
Address:							
City, State, Zip						2011	2010
	2011	2010	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Name of locality				
Taxable amount			Local income tax withheld				
Total distribution	<input type="checkbox"/>	<input type="checkbox"/>	Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Name of locality				
IRA/SEP/SIMPLE Roth: Y/N	<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld				
Your percentage of total distribution			Local distribution				

Social Security Benefit Statement

	2011	2010		2011	2010		2011	2010
TS	Net benefits		Medicare premiums			Income tax withheld		
TS	Net benefits		Medicare premiums			Income tax withheld		

Moving Expenses

Name:

SSN:

TSJ <input style="width: 30px;" type="text"/>	2011	2010
Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move? <input type="checkbox"/> Yes		

Self-Employed Health Insurance

TSJ <input style="width: 30px;" type="text"/>	2011	2010
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
Enter the qualified long term care amount		
Enter your medicare wages from an S corporation		

Self-Employed Pensions

TSJ <input style="width: 30px;" type="text"/>		
Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2011		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

Noncash Charitable Contributions

TSJ <input style="width: 30px;" type="text"/>	Donee I.D.
Name of donee organization	
Address of donee organization	
City, State, & ZIP of donee organization	
Description of donated property	PROPERTY TYPE (if over \$5,000)
Physical condition of donated property	Art valued more than \$20,000
Valuation method used	Art valued less than \$20,000
How was it acquired?	Collectibles
Date acquired	Qualified Conservation Contribution
Date contributed	Other Real Estate
Donor's cost or adjusted basis	Intellectual Property
Fair market value	Equipment
Bargain sale price	Securities
Average security price	Other

Other Income and Adjustments

Name:		SSN:			
Income					
	Taxpayer		Spouse		
	2011	2010	2011	2010	
Taxable scholarships received					
Interest income (If over \$1,500 report only on Interest and Dividend sheet)					
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)					
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)					
Taxable refunds: State taxes					
Local taxes					
Alimony received					
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension distributions received					
Unemployment compensation received					
Unemployment repaid in 2011					
Total Social Security received					
Lump sum benefits - earlier years					
Railroad Tier One benefits received					
Other income (please list):					
Adjustments					
Educator Expenses					
Self-employed SEP, SIMPLE and qualified plans					
Keogh contributions to defined contribution plan					
Keogh contributions to defined benefit plan					
Self-employed health insurance premium payments					
Penalty on early withdrawal of savings					
Alimony paid Name: SSN:					
Alimony paid Name: SSN:					
IRA contributions for 2011					
Student loan interest					
Jury duty pay given to employer					
Other adjustments (please list):					

Itemized Deductions

Name: _____ SSN: _____

MEDICAL and DENTAL	2011	2010	GIFTS TO CHARITY (attach receipts)	2011	2010
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles before 7/1			Charitable miles		
Number of medical miles after 6/30			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
			Unreimbursed employee expenses		
TAXES YOU PAID					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
			OTHER EXPENSE (list):		
INTEREST YOU PAID					
Home mortgage interest & points on Form 1098					
Home mortgage interest not on Form 1098					
Name:					
Address:			MISCELLANEOUS DEDUCTIONS		
SSN/EIN:			Other deductions not subject to 2% limit		
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Employee Business Expense

Name:

SSN:

TS Occupation

Part I - Employee Business Expense and Reimbursements

	2011	2010
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2011	2010	2011	2010
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2011				
Business miles before 7/1 included above				
Business miles after 6/30 included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2011, and before July 1, 2011, was a binding contract signed before May 1, 2011, to purchase the home before July 1, 2011?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on your 2010 return?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

Residential Energy Credits

Name:

SSN:

TSJ

Were improvements or costs made to your main home located in the US?

Yes No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2009	2010

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior doors that meet or exceed Energy Star requirements

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain

Exterior windows and skylights that meet or exceed Energy Star requirements

Enter the amount of window expense you claimed in:

2006	2007	2009	2010

Residential energy property costs

Energy efficient building property costs

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Was qualified fuel cell property installed on or in your main home in US?

Yes No

Address of main home

City, State, ZIP

Qualified fuel cell property costs

Kilowatt capacity of property on line 22

Amount of unused credit from 2010 Form 5695, line 28

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

TSJ	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
Cost of vehicle		
Business/investment use percentage		
Section 179 expense deduction		
Credits from passive activities		

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
Tentative Credit		
Business/Investment use percentage		

Form 8908 - Energy Efficient Home Credit

TSJ		
1a	Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year	
2a	Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year	

Form 8910 - Alternative Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2
Year of vehicle		
Make of vehicle		
Model of vehicle		
Vehicle Identification Number		
Date vehicle was placed in service		
Maximum credit allowable		
Cost of converting vehicle to plug-in electric drive motor		
Section 179 expense deduction		
Business/investment use percentage		