# MINISTER HOUSING & SS INFORMATION

TAXPAYER NAME: ___________________________________

**Housing Information (Home owned OR Rented)**

| | Home #1 | Home # 2 |
|---|---|---|
| Rent | | |
| Mortgage Interest | | |
| Principal Payments/ Down payment | | |
| Taxes | | |
| Insurance | | |
| Repairs | | |
| Furnishings | | |
| Decorator Items | | |
| Utilities | | |
| Misc. Supplies | | |
| | | |
| Housing Amount Designated | | |
| Date purchased | | |
| Current FMV | | |

**Home Owned by the Church**

What is the Fair Rental Value of the home provided?_______________

Are you exempt form Social Security? ___________

Do you get reimbursed from your employer for business expenses?? _________

If no, please include the business expenses you paid.

Did you receive any other income from your employer that is **not** included on your W-2?

If yes please list amounts and what the payment was for.

# Profit or Loss From Business
## Schedule C

Name: SSN:

| | | | |
|---|---|---|---|
| TS | Principal business or profession – Honorariums | Business code | |
| Business name | | Employer I.D. number | |
| Business address | | | |

Accounting method, if not cash ☐ Accrual ☐ Other

Activity type — You disposed of this property during 2011 ☐

You started or acquired this business during 2011 ☐

Did you make any payments in 2011 that would require you to file Form(s) 1099? ☐ Yes ☐ No

If, Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

| Income | 2011 | 2010 | | 2011 | 2010 |
|---|---|---|---|---|---|
| Payments from Form 1099-K | | | Returns and allowances | | |
| Gross receipts or sales | | | Other income | | |
| Statutory Employee Earnings | | | | | |

| Expenses | 2011 | 2010 | | 2011 | 2010 |
|---|---|---|---|---|---|
| Advertising | | | Taxes and licenses | | |
| Car and truck expenses | | | Travel | | |
| Commissions and fees | | | Total meals and entertainment | | |
| Contract labor | | | Utilities | | |
| Depletion | | | Wages | | |
| Employee benefit programs | | | Other expenses (list): | | |
| Insurance (other than health) | | | | | |
| Mortgage interest (paid to banks etc.) | | | | | |
| Other interest | | | | | |
| Legal & professional services | | | | | |
| Office expenses | | | | | |
| Pension and profit sharing plans | | | | | |
| Rent or lease (vehicles, machinery, and equipment) | | | | | |
| Rent (other business property) | | | | | |
| Repairs and maintenance | | | Other (Detail) | | |
| Supplies | | | Family Health Coverage | | |

| Cost of goods sold | 2011 | 2010 | | 2011 | 2010 |
|---|---|---|---|---|---|
| Inventory at beginning of the year | | | Materials and supplies | | |
| Purchases (less cost of items withdrawn for personal use) | | | Other costs | | |
| Cost of labor | | | Inventory at end of year | | |

Inventory method, if not Cost ☐ Lower of Cost or Market ☐ Other — There was a change of inventory method ☐

# Auto Expense Worksheet

**Name:** **SSN:**

For

Business name & Profession/Product

Description

Date placed in service

| | | |
|---|---|---|
| Do you or your spouse have another vehicle available for personal use? | ☐ Yes | ☐ No |
| Was your vehicle available for use during off-duty hours? | ☐ Yes | ☐ No |
| Do you have evidence to support your deduction? | ☐ Yes | ☐ No |
| If "Yes," is the evidence written? | ☐ Yes | ☐ No |

| Enter the number of miles your vehicle was used for: | 2011 | 2010 |
|---|---|---|
| a Business miles before 7/1 | | |
| b Business miles after 6/30 | | |
| c Commuting | | |
| d Other | | |

| Expenses: | Apply Business % | 2011 | 2010 |
|---|---|---|---|
| Garage rent | | | |
| Gas | | | |
| Insurance | | | |
| Licenses | | | |
| Oil | | | |
| Parking fees | | | |
| Lease payments | | | |
| Interest | | | |
| Property tax | | | |
| Repairs | | | |
| Tires | | | |
| Tolls | | | |
| Other expenses (list): | Apply Business % | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |

# Asset Listing for 2011

Name: SSN:

| For | Multi | Description of Property | Date Acquired | Cost/Basis | Meth | Life | Prior Depreciation | Sec 179 Exp | Date Sold | Sales Price | Expense of Sale | Prop type |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**Valid Methods:**

For assets purchased AFTER 1980
- **A** ACRS or MACRS tangible property
- **M** MACRS tangible property
- **ALT** Alternative MACRS (150 DB election)
- **ARR** Residential Rental (27.5 yrs)
- **APU** Public Utility
- **ARP** Other Real Property (15,18,19,31.5,39.5 yrs)
- **ALH** Low Income Housing Property
- **ADS** Alternative Depreciation System
- **EXP** Section 179 Expense Election

For assets purchased BEFORE 1981 ONLY
- **D** 125% Declining Balance
- **DS** 125% Declining Balance with SL switch
- **DB** 150% Declining Balance
- **DBS** 150% Declining Balance with SL switch
- **DC** 175% Declining Balance
- **DCS** 175% Declining Balance with SL switch
- **DD** 200% Declining Balance
- **DDS** 200% Declining Balance with SL switch

Misc.
- **NDA** Non-Depreciable
- **SL** Straight Line
- **AMT** Amortization
- **SFT** Software (3 yrs)
- **SYD** Sum of Years Digits
- **PTS** Amortization of Points (Sch A)

**Listed Property Types:**
- **V** Luxury Vehicle
- **T** Trucks and Vans
- **X** Computers, property generally used for entertainment, recreation, or amusement, and cellular phones.

**Property Type Codes for 4797:**
- **44** Section 1244 Stock
- **45** Section 1245 Property
- **50** Section 1250 Property
- **51** Section 1251 Property
- **52** Section 1252 Property
- **54** Section 1254 Property
- **55** Section 1255 Property
- **NL** Nonrecaptured Losses
- **18** Form 4797, line 18 entry
- **FA** Farm Animal
- **FL** Farm Land
- **FO** Farm Other Property
- **BC** Qual property under binding contract
- **QH** Qualifying housing
- **RH** Rehab Expenditures
- **SH** Subsidized Housing
- **ID** Intangible Drilling
- **RR** Residential Rental Property
- **IC** Involuntary Conversion
- **ND** Other Section 1231 gain (4797 part 1)
- **IN** Installment Sale (1245 Property)
- **IS** Installment Sale (1250 Property)
- **LK** Like Kind Exchange

# Personal Data

Filing Status: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separate ☐ 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 |
| ☐ Full time student ☐ Blind ☐ Active military | ☐ Full time student ☐ Blind ☐ Active military |
| Do you want $3 to go to the Presidential Election Camp Fund? ☐ | Does your spouse want $3 to go to the Presidential Election Camp Fund? ☐ |

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 | |
| 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 | |
| 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:

## General Information

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

## Income Information

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

Comments: ______

# Miscellaneous Information



**Name:** **SSN:**

| Yes | No | Business Information |
|---|---|---|
| | | 1. Did you start a new business or purchase any rental property during 2011? |
| | | 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. |
| | | 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. |
| | | 4. Did you own rental property? What percentage of time did you spend managing your rentals? ______________ |
| | | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

| Yes | No | Other Information |
|---|---|---|
| | | 1. Were any tuition costs paid during 2011 (even if classes were attended in another year)? |
| | | 2. Did anyone in your household attend higher education classes in 2011? |
| | | 3. Did you incur a loss due to damaged or stolen property? |
| | | 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? |
| | | 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. |
| | | 6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation. |
| | | 7. If yes to question 6 was the First-Tome Homebuyer Credit taken? |
| | | 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? |
| | | 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:

- [ ] Prescriptions, first-aid
- [ ] State/local income taxes
- [ ] Mortgage interest
- [ ] Tax preparation fees
- [ ] Gambling losses (up to amount of winnings)
- [ ] Cash donations to charity (provide all receipts)
- [ ] Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- [ ] Real estate and personal property taxes paid in 2011
- [ ] Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- [ ] Fair market value of property donated to charity
- [ ] 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? | ☐ | ☐ | Local wages | | | |
| Are you covered by a retirement plan? | ☐ | ☐ | Local income tax | | | |
| Did you receive third-party sick pay? | ☐ | ☐ | | | | |

| 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? | ☐ | ☐ | Local wages | | | |
| Are you covered by a retirement plan? | ☐ | ☐ | Local income tax | | | |
| Did you receive third-party sick pay? | ☐ | ☐ | | | | |

# Dividend Income

Please attach all 1099(s) relating to dividend income.

Name: SSN:

| TSJ | Name of payer | Ordinary | Qualified | Capital Gains | Federal Income Tax | Foreign Tax Paid | Other Description | Other Amount |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Please attach additional sheets if necessary.

# 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 | ☐ | ☐ | State income tax withheld | | |
| Report as wages on 1040 | ☐ | ☐ | State distribution | | |
| Gross distribution | | | Name of locality | | |
| Taxable amount | | | Local income tax withheld | | |
| Total distribution | ☐ | ☐ | 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 __ | ☐ | ☐ | 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 | ☐ | ☐ | State income tax withheld | | |
| Report as wages on 1040 | ☐ | ☐ | State distribution | | |
| Gross distribution | | | Name of locality | | |
| Taxable amount | | | Local income tax withheld | | |
| Total distribution | ☐ | ☐ | 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 __ | ☐ | ☐ | 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 | 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? | ☐ Yes | |

# Self-Employed Health Insurance

| TSJ | 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 | | |
|---|---|---|
| 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 Donee I.D.

Name of donee organization

Address of donee organization

City, State, & ZIP of donee organization

| | | PROPERTY TYPE (if over $5,000) |
|---|---|---|
| Description of donated property | | |
| 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? ☐ Yes ☐ 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

| | Taxpayer 2011 | Taxpayer 2010 | Spouse 2011 | Spouse 2010 |
|---|---|---|---|---|
| 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): | | | | |
| | | | | |
| | | | | |
| | | | | |

# 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 | |

# Itemized Deductions

Name: SSN:

| MEDICAL and DENTAL | 2011 | 2010 |
|---|---|---|
| Health insurance premiums | | |
| Long term care premiums | | |
| Number of Medical miles before 7/1 | | |
| Number of medical miles after 6/30 | | |
| Other medical and dental expenses (list): | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **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): | | |
| | | |
| | | |
| **INTEREST YOU PAID** | | |
| Home mortgage interest & points on Form 1098 | | |
| Home mortgage interest not on Form 1098 | | |
| Name: | | |
| Address: | | |
| SSN/EIN: | | |
| Points not reported on Form 1098 | | |
| Qualified mortgage insurance premiums | | |
| Investment interest | | |

| GIFTS TO CHARITY (attach receipts) | 2011 | 2010 |
|---|---|---|
| Total gifts by cash or check | | |
| 30% limitation | | |
| Charitable miles | | |
| Other than by cash or check | | |
| Carryover from prior year subject to: | | |
| 50% limitation | | |
| 30% limitation | | |
| 30% limitation capital gain property | | |
| 20% limitation | | |
| **JOB EXPENSES** (list): | | |
| Unreimbursed employee expenses | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Tax preparation fees | | |
| OTHER EXPENSE (list): | | |
| | | |
| | | |
| | | |
| | | |
| **MISCELLANEOUS DEDUCTIONS** | | |
| Other deductions not subject to 2% limit | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# 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 | | |

☐ Qualifying performing artist ☐ Fee-based state or local government official ☐ Pastor

# Business Vehicle Expenses

| Vehicle Description | Vehicle 1 2011 | Vehicle 1 2010 | Vehicle 2 2011 | Vehicle 2 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? ☐ Yes ☐ No

Do you or your spouse have another vehicle available for personal use? ☐ Yes ☐ No

Do you have evidence to support your deduction? ☐ Yes ☐ No

If "Yes", is the evidence written? ☐ Yes ☐ 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 |
| Addres 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 | | |