

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ SSN: _____

TSJ	Property description	Activity Type
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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

Property Address _____

City _____ State _____ ZIP _____

Single Family Residence Multi-Family Residence Vacation / Short Term Rental

Commercial Land Royalties

Self-Rental Other _____

Fair Rental Days _____ Personal use days _____

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home

Some investment is NOT at risk Property was 100% disposed of in 2011 Property is a Single Member LLC

Income:	2011	2010
Enter merchant card and third party payments from Form 1099-K		
Enter "cashback" amounts, processing fees, other non-income items		
Payments not reported to you from Form 1099-K		

Expenses:	Direct expense		Indirect expense	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

Other Information: Ownership Percentage _____

Farm Rental Income and Expenses

Name: _____ SSN: _____

TSJ: _____ EIN: _____ Activity type: _____

Farm was 100% disposed of in 2011 Farm is a single member LLC

Received applicable subsidy in 2011 Some of your investment is NOT at risk

Income	2011	2010
Income from production of livestock, grains, and other crops		
Total cooperative distributions received		
Taxable amount		
Agricultural program payments received		
Taxable amount		
Commodity Credit Corporation (CCC) loans:		
CCC loans reported under election		
CCC loans forfeited or repaid with certificates		
Taxable amount		
Crop insurance proceeds and certain disaster payments:		
Amount received in 2011		
Taxable amount		
Do you elect to defer to next year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount deferred from last year		
Other income		

Expenses	2011	2010	2011	2010
Car and truck expenses			Seeds and plants purchased	
Chemicals			Storage and warehousing	
Conservation expenses			Supplies purchased	
Custom hire (machine work)			Taxes	
Employee benefit programs			Utilities	
Feed purchased			Veterinary, breeding, & medicine	
Fertilizers and lime			Other expenses (list):	
Freight and trucking				
Gasoline, fuel, and oil				
Insurance (other than health)				
Interest - mortgage (paid to banks, etc.)				
Interest - other:				
Labor hired (less jobs credit)				
Pension & profit-sharing plans				
Rent - vehicles, machinery and equipment				
Rent - other (land, animals, etc.)				
Repairs and maintenance				

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:	2011	2010
Garage rent		
Gas		
Insurance		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest		
Property tax		
Repairs		
Tires		
Tolls		
Other expenses (list): Apply Business %		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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
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Occupation	Occupation
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Daytime phone: Ext:	Daytime phone: Ext:
--	--

Evening phone: Ext:	Evening phone: Ext:
--	--

Cell:	Cell:
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E-mail	E-mail
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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.
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.
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.
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									

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

		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?

Yes No

Income Information

		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: _____

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:

- 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?	<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:

	2011	2010
TSJ <input type="checkbox"/> 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

	2011	2010
TSJ <input type="checkbox"/> 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 type="checkbox"/> 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 type="checkbox"/> 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:			MISCELLANEOUS DEDUCTIONS		
Address:			Other deductions not subject to 2% limit		
SSN/EIN:					
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

Qualifying performing artist

Fee-based state or local government official

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? 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

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		