Name ______________________________ SSN ____________________

Wages and Retirement Income

W-2 Information

Enter "X" if spouse W-2		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

1099-R Information

		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

Name ______________________ SSN ______________________

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Payer		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
				Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1		1						
	2		2						
	3		3						
	4		4						
	5		5						
	6		6						
	7		7						
	8		8						
	9		9						
	10		10						
	11		11						
	12		12						
	13		13						
	14		14						
	15		15						
	16		16						
	17		17						
	18		18						
	19		19						
	20		20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Payer		Ordinary Dividends		Qualified Dividends		Capital Gains	
				Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1		1						
	2		2						
	3		3						
	4		4						
	5		5						
	6		6						
	7		7						
	8		8						
	9		9						
	10		10						
	11		11						
	12		12						
	13		13						
	14		14						
	15		15						
	16		16						
	17		17						
	18		18						
	19		19						
	20		20						

Name ______________________ SSN ______________

Alimony Received

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Payer		Current Year Amount	Prior Year Amount
	1		1		
	2		2		
	3		3		
	4		4		
	5		5		
	6		6		
	7		7		
	8		8		
	9		9		

Alimony Paid

* F/S - enter ownership (F)iler or (S)pouse.

F/S*		Recipient's Name	Recipient's SSN		Current Year Amount	Prior Year Amount
	1			1		
	2			2		
	3			3		
	4			4		
	5			5		
	6			6		
	7			7		
	8			8		
	9			9		

Name ______________________ SSN ______________

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

1 Employer Identification Number ______________ (do not enter Social Security Number)
2 Principal business or profession ______________
3 Business name . . . . ______________
4 Business address . . . . . . ______________
5 City . . . . ______________ State ______ Zip ______

General Check Boxes (Enter "X" where applicable)

6 Accounting Method . . . . . ☐ Cash ☐ Accrual ☐ Other - (Specify) ______________
7 Did you "materially participate" in this business? ☐ Yes ☐ No
8 Check ('X') if you started or acquired this business in 2011. ☐
9 Did you make any payments in 2011 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

			Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC	10		
11	Gross merchant card and third party network receipts and sales	11		
	Gross receipts or sales not reported on Form 1099 or Form W-2			
12	______________	12		
13	______________	13		
14	______________	14		
15	______________	15		
16	Returns and allowances	16		
17	Other income	17		

Inventory (Enter "X" where applicable)

18 Method(s) used to value closing inventory . . ☐ Cost ☐ Lower of cost or market ☐ Other
19 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

			Current Year Amount	Prior Year Amount
20	Inventory at the beginning of year	20		
21	Purchases less cost of items withdrawn for personal use	21		
22	Cost of labor	22		
23	Materials and supplies	23		
24	Other Costs	24		
25	Inventory at end of year	25		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A	______________	A		
B	______________	B		
C	______________	C		
D	______________	D		
E	______________	E		
F	______________	F		
G	______________	G		

Name ______________________________ SSN ____________________

Business ______________________________

Self-Employed Business Expenses Cont. (Schedule C)

Expenses

			Current Year Amount	Prior Year Amount
41	Advertising	41		
42	Contract labor	42		
43	Commissions and fees	43		
44	Depletion	44		
45	Employee benefit programs (other than on line 51)	45		
46	Insurance (other than health)	46		
	Interest:			
47	Mortgage (paid to banks, etc.)	47		
48	Other	48		
49	Legal and professional services	49		
50	Office expense	50		
51	Pension and profit-sharing plans	51		
	Rent or Lease:			
52	Machinery rental or lease	52		
53	Equipment rental or lease	53		
54		54		
55		55		
56		56		
	Other business property rental or lease			
57		57		
58		58		
59		59		
60	Repairs and maintenance	60		
61	Supplies (not included in inventory cost of goods sold)	61		
62	Taxes and licenses	62		
	Travel, Meals, and Entertainment:			
	Travel			
63		63		
64		64		
65		65		
66		66		
	Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	67	☐	☐
68		68		
69		69		
70		70		
71		71		
72	Utilities	72		
73	Wages	73		
	Other Expenses			
74		74		
75		75		
76		76		
77		77		
78		78		
79		79		
80		80		
81		81		
82		82		

Name ______________________ SSN ______________________

Real Estate Rentals and Royalties

Kind of Property ______________________

Address ______________________

City ______________________ State ________ Zip ____________

			Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint)	1		
2	Enter "X" If you actively participated?	2	☐	☐
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	☐	☐
3a	If entered ("X"), enter the number of days of personal use?	3a		
3b	If entered ("X"), enter the number of days rented?	3b		

Income

			Current Year Amounts	Prior Year Amounts
4	Royalty received	4		
5	Rent received	5		
5a	If rental real estate, enter the percent of ownership if less than 100%	5a		
5b	Rental use percentage for property used partially for personal use only	5b		

Property Expense

			Current Year Amounts	Prior Year Amounts
6	Advertising	6		
7	Cleaning and maintenance	7		
8	Commissions	8		
9	Insurance	9		
10	Legal and other professional fees	10		
11	Management fees	11		
12 a	Qualified mortgage interest paid to banks, etc.	12a		
b	Other mortgage interest paid to banks, etc.	12b		
13	Other interest	13		
14	Repairs	14		
15	Supplies	15		
16 a	Real estate taxes	16a		
b	Other Taxes	16b		
17	Utilities	17		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name ______________________ SSN ______________

Property ______________________

Other Expenses (Schedule E)

Other Expense

			Current Year	Prior Year
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		

Travel Expenses

			Current Year	Prior Year
26		26		
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		

Meals and Entertainment Expense

			Current Year	Prior Year
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		

Name ______________________________ SSN ______________________

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
	12			12	
	13			13	
	14			14	
	15			15	
	16			16	
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	33			33	
	34			34	
	35			35	
	36			36	
	37			37	
	38			38	
	39			39	
	40			40	
	41			41	
	42			42	
	43			43	
	44			44	
	45			45	
	46			46	
	47			47	
	48			48	
	49			49	
	50			50	

Name ______________________ SSN ______________

Social Security and Railroad Retirement

Filer

			Current Year Amount	Prior Year Amount
1	Enter the total amount from box 5 of all your Forms SSA-1099	1		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	2		
3	Enter the total amount from box 5 of all your Forms RRB-1099	3		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	4		
5	Enter the total amount of Medicare B Premiums withheld.	5		
6	Enter the total amount of Medicare D Premiums withheld.	6		

Spouse

7	Enter the total amount from box 5 of all your Forms SSA-1099	7		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	8		
9	Enter the total amount from box 5 of all your Forms RRB-1099	9		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	10		
11	Enter the total amount of Medicare B Premiums withheld.	11		
12	Enter the total amount of Medicare D Premiums withheld.	12		

Name ____________________ SSN ____________________

Miscellaneous Income

		Filer Current Year Amount	Filer Prior Year Amount		Spouse Current Year Amount	Spouse Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Prizes and awards			3		
4	Scholarships and fellowships			4		
5	Bartering income			5		
6	Fees received for jury duty			6		
7	Income from rental of personal property, if not in the business of renting such property			7		
8	Precinct election board duty			8		
9	Alaska Permanent Fund Dividends			9		
10				10		
11				11		
12				12		
13	Other income not provided for in this Organizer			13		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Educator expenses	1		
	2	Student loan interest	2		
	3	Health Savings account deduction	3		
	4	Moving expenses	4		
	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
	6	Penalty on early withdrawal of savings	6		
	7	Tuition and fees	7		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Performing-arts-related expenses	1		
	2	Foreign housing deduction	2		
	3	Jury duty pay given to your employer	3		
	4	Reforestation amortization	4		
	5	Repayment of sub-pay under the Trade Act of 1974	5		
	6	Contributions to Section 501(c)(18) pension plans	6		
	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
	8	Employee business expenses of fee-basis state or local government officials	8		
	9	Expenses from the rental of personal property but were not in the business of renting such property	9		
	10	Contributions by chaplains to section 403(b) plans	10		
	11	Archer MSA deduction	11		
	12		12		
	13		13		

Name ______________________________ SSN ________________

IRA Contribution Information

Traditional IRA Contributions

			Current Year Amount	Prior Year Amount
Filer				
1	Enter total traditional IRA contributions made for 2011	**1**		
2	Enter contributions, on line 1, made after 12/31/2011 and before 04/15/2012	**2**		
3	Enter value of all traditional IRAs as of 12/31/2011	**3**		
Spouse				
4	Enter total traditional IRA contributions made for 2011	**4**		
5	Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012	**5**		
6	Enter value of all traditional IRAs on 12/31/2011	**6**		

Roth Contributions

			Current Year Amount	Prior Year Amount
Filer				
1	Enter 2011 Roth IRA contributions	**1**		
2	Enter value of all Roth IRAs on 12/31/2011	**2**		
Spouse				
3	Enter 2011 Roth IRA contributions	**3**		
4	Enter value of all Roth IRAs on 12/31/2011	**4**		

SIMPLE IRA

			Current Year Amount	Prior Year Amount
Filer				
1	Enter value of all SIMPLE IRAs on 12/31/2011	**1**		
Spouse				
2	Enter value of all SIMPLE IRAs on 12/31/2011	**2**		

Education IRA (Coverdell ESA)

			Current Year Amount	Prior Year Amount
Filer				
1	Enter 2011 Coverdell ESA contributions	**1**		
2	Enter value of the Coverdell ESA on 12/31/2011	**2**		
Spouse				
3	Enter 2011 Coverdell ESA contributions	**3**		
4	Enter value of the Coverdell ESA on 12/31/2011	**4**		

Name ______________________ SSN ______________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
	January 1 to June 30			
	July 1 to December 31			
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to $50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________ SSN ______________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	**23**		
	Real Estate Not Held For Investment			
24		**24**		
25		**25**		
26		**26**		
27		**27**		
28		**28**		
	Real Estate Held For Investment			
29		**29**		
30		**30**		
31		**31**		
32		**32**		
33		**33**		
34	Personal property taxes	**34**		
	Other Taxes			
35		**35**		
36		**36**		
37		**37**		

Name ______________________________ SSN ____________________

Interest - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098			
38	Lender	**38**		
39	Lender	**39**		
40	Lender	**40**		
41	Lender	**41**		
	Home Mortgage Interest Not Reported on Form 1098			
42	Name:	**42**		
	Address:			
	SSN:			
43	Mortgage insurance paid on 2011 acquisition indebtedness for principal residence	**43**		
	Refinancing Points			
44	Description	**44**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2011			
45	Description	**45**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2011			
46	Description	**46**		
	Points paid			
	Date of loan			
	Total number of scheduled loan payments			
	Number of payments made in 2011			
47	Investment interest paid	**47**		

Name ______________________________ SSN ________________

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

			Current Year Amount	Prior Year Amount
48	Union dues	48		
49	Professional journals and subscriptions	49		
50	Uniform and protective clothing costs and cleaning	50		
51	Job search costs (resumes, travel, postage, etc.)	51		
52		52		
53		53		
54		54		
55		55		
56		56		
57		57		
58		58		

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"		Current Year Amount	Prior Year Amount
59	Certain attorney and accounting fees		59		
60	Safe deposit box rental		60		
61	IRA Custodial fees		61		
62	Investment counsel and advisory fees		62		
63			63		
64			64		
65			65		
66			66		
67			67		
68			68		
69			69		
70			70		
71			71		
72			72		
73			73		
74			74		

Other Miscellaneous Deductions

			Current Year Amount	Prior Year Amount
75	Tax preparation fees	75		
76	Gambling losses (if gambling income)	76		
77	Amortizable bond premiums on bonds acquired before 10/23/86	77		
78	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	78		
79		79		
80		80		
81		81		
82		82		
83		83		
84		84		
85		85		

Name ______________________________ SSN ______________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
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36		36		
37		37		
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40		40		
41		41		
42		42		
43		43		
44		44		
45		45		
46		46		
47		47		

Name ______________________ SSN ______________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________________ SSN ______________________

Employee Business Expenses

Enter "X" in one box:
☐ Filer
☐ Spouse

Occupation in which you incurred the expenses --

			Current Year Amount	Prior Year Amount
Meals and Entertainment				
1	Meals and entertainment expenses	1		
2	Enter "X" in the box if subject to DOT hours of service limits	2	☐	☐
Travel Expenses				
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	4		
Other Employment Related Expenses				
5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8		8		
9		9		
10		10		
11		11		
12		12		

Vehicle Information			Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
13	Date vehicle was placed in service	13				
14	Cost of vehicle	14				
15	Total miles driven for the year	15				
16	Business miles driven during the year	16				
	January 1 to June 30					
	July 1 to December 31					
17	Commuting miles (included in total miles driven for the year)	17				
18	Average daily roundtrip commuting miles	18				
19	Vehicle Interest	19				
20	Vehicle Personal Property tax	20				
If claiming actual expenses continue:						
21	Gasoline, oil, repairs and vehicle insurance	21				
22	Vehicle lease or rental	22				
23	Value of employer-provided vehicle (if 100% is included in W-2)	23				