

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

- | <input type="checkbox"/> | <input type="checkbox"/> | 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

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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: \_\_\_\_\_  
 \_\_\_\_\_

## 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**

## 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

<b>Federal</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Resident State</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Local</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 18, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 17, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

## Dependents

<b>Name:</b>				<b>SSN:</b>			
First name/MI		Last name			Suffix		
SSN/ITIN		Relationship		Number of months lived with you			
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		
				<b>2011</b>		<b>2010</b>	
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?			<input type="checkbox"/>		
				<b>2011</b>		<b>2010</b>	
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?			<input type="checkbox"/>		
				<b>2011</b>		<b>2010</b>	
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?			<input type="checkbox"/>		
				<b>2011</b>		<b>2010</b>	
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?			<input type="checkbox"/>		
				<b>2011</b>		<b>2010</b>	
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							

## 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	

# 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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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 <input type="checkbox"/> State I.D. <input type="checkbox"/>		
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"/>			







## Profit or Loss From Business

### Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code	
Employer I.D. number				
Business name				
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity type				You disposed of this property during 2011 <input type="checkbox"/>
You started or acquired this business during 2011 <input type="checkbox"/>				
Did you make any payments in 2011 that would require you to file Form(s) 1099?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Information**

**2011**      **2010**

Family Health Coverage		
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**Income** **2011**      **2010**

Merchant Card and third party payments from Form 1099-K		
Gross receipts or sales		
Statutory Employee Earnings that were not reported on Form W-2		
Returns and allowances		
Other income (list on detail worksheet)		

**Cost of Goods Sold**

**2011**      **2010**

Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

## Profit or Loss From Business

### Schedule C General Information

Name:

SSN:

Expenses		2011	2010
TS	Business name	Profession or product	
	Advertising		
	Car and truck expenses		
	Commissions and fees		
	Contract labor		
	Depletion		
	Employee benefit programs		
	Insurance (other than health)		
	Mortgage interest (paid to banks etc.)		
	Other interest		
	Legal and professional services		
	Office expense		
	Pension and profit sharing plans		
	Rent or lease (vehicles, machinery, and equipment)		
	Rent (other business property)		
	Repairs and maintenance		
	Supplies		
	Taxes and licenses (including real estate taxes)		
	Travel		
	Total meals and entertainment		
	Utilities		
	Wages		
	Other expenses (list):		
	Other (Detail)		

## 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 \_\_\_\_\_

# Profit or Loss From Farming

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		Principal product	Activity code
Accounting method, if not cash <input type="checkbox"/> Accrual		Employer ID number	
You did NOT materially participate in the operation of this business during 2011 <input type="checkbox"/>			
Did you make any payments in 2011 that would require you to file Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Some investment is NOT at risk <input type="checkbox"/> Farm was 100% disposed of in 2011 <input type="checkbox"/> Farm was a Single Member LLC			

Income	2011	2010	2011	2010
Specified sales of livestock & other items for resale			Crop insurance received	
Sales of livestock & other items not reported in the line above			Taxable amount	
Cost of items bought for resale			Do you elect to defer to 2012? <input type="checkbox"/> Yes	
Specified sales of products you raised			Amount deferred last year	
Sale of products you raised not reported on the line above			Custom hire (machine work) income	
Total cooperative distributions			Custom hire income not reported in line above	
Taxable amount			Specified other income	
Total agricultural payments			Other income not reported in the line above	
Taxable amount			Transaction fees, certain taxes, tips, and "cash back"	
Commodity Credit Corp (CCC) loans reported			Beginning inventory for accrual	
Forfeited amount			Ending inventory for accrual	
Taxable amount			Did you use another method of valuing inventory? <input type="checkbox"/> Yes	

Expenses	2011	2010	2011	2010
Car and truck expenses			Repairs and maintenance	
Chemicals			Seeds and plants purchased	
Conservation expenses			Storage and warehousing	
Custom hire (machine work)			Supplies purchased	
Employee benefit programs			Taxes	
Feed purchased			Utilities	
Fertilizers and lime			Veterinary, breeding, & medicine	
Freight and trucking			Other expenses (list):	
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.)			Family health coverage payments	

## 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"/>	<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"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution			Local distribution					

## Social Security Benefit Statement

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



## 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. <b>Do Not</b> include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were <b>not</b> 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			