Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]

Mark if you were married but living apart all year ____[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	_____[4]	_____[5]
First name	_____[6]	_____[7]
Last name	_____[8]	_____[9]
Occupation	_____[10]	_____[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	_____[22]	_____[23]
Date of death	_____[24]	_____[25]
Work/daytime telephone number/ext number	_____[26] _____[27]	_____[28] _____[29]
Home/evening telephone number	_____[30]	_____[31]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[32]	

Present Mailing Address

Address _____[36]

Apartment number _____[37]

City, state postal code, zip code _____[38] ____[39] _____[40]

Foreign country name _____[42]

In care of addressee _____[45]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name [46]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____[47]

Social security number of qualifying person _____[48]

Dependent Codes

***Basic**	**1 = Child who lived with you**	****Other**	**1 = Student (Age 19 - 23)**
	2 = Child who did not live with you		**2 = Disabled dependent**
	3 = Other dependent		**3 = Dependent who is both a student and disabled**
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
***Months**	**77 = Reported on odd year return**		
	88 = Reported on even year return		
	99 = Not reported on return		

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address _____[9]

Spouse email address _____[10]

	Taxpayer	Spouse
Car telephone number	_____[11]	_____[19]
Fax telephone number	_____[12]	_____[20]
Mobile telephone number	_____[13]	_____[21]
Pager number	_____[14]	_____[22]
Other:	_____[15]	_____[23]
Telephone number	_____[16]	_____[24]
Extension	_____[17]	_____[25]
Preferred method of contact		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	_____[18]	_____[26]

NOTES/QUESTIONS:

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]

Name of financial institution _____ [2]

Your account number _____ [3]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [4]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [5]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [6]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] **or** Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]

Name of financial institution _____ [24]

Your account number _____ [25]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [26]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [27]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [28]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] **or** Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]

Name of financial institution _____ [30]

Your account number _____ [31]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [32]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [33]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [34]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] **or** Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] **or** Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar _____ [15] **or** Percent (xxx.xx) _____ [16]

Owner's name (First Last) _____ [36] _____ [37]

Co-owner or beneficiary (First Last) _____ [38] _____ [39]

Mark if the name listed above is a beneficiary __ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar _____ [19] **or** Percent (xxx.xx) _____ [20]

Owner's name (First Last) _____ [41] _____ [42]

Co-owner or beneficiary (First Last) _____ [43] _____ [44]

Mark if the name listed above is a beneficiary __ [45]

If you have an overpayment of 2011 taxes, do you want the excess:

Refunded ____[43]

Applied to 2012 estimated tax liability ____[44]

Do you expect a considerable change in your 2012 income? (Y, N) ____[45]

If yes, please explain any differences:

_____[46]

_____[47]

_____[48]

_____[49]

Do you expect a considerable change in your deductions for 2012? (Y, N) ____[50]

If yes, please explain any differences:

_____[51]

_____[52]

_____[53]

_____[54]

Do you expect a considerable change in the amount of your 2012 withholding? (Y, N) ____[55]

If yes, please explain any differences:

_____[56]

_____[57]

_____[58]

_____[59]

Do you expect a change in the number of dependents claimed for 2012? (Y, N) ____[60]

If yes, please explain any differences:

_____[61]

_____[62]

_____[63]

_____[64]

2011 Federal Estimated Tax Payments

2010 overpayment applied to 2011 estimates + _____[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ____[4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/18/11	_____[5]	+ _____[6]	_____
2nd quarter payment	6/15/11	_____[7]	+ _____[8]	_____
3rd quarter payment	9/15/11	_____[9]	+ _____[10]	_____
4th quarter payment	1/17/12	_____[11]	+ _____[12]	_____
Additional payment		_____[13]	+ _____[14]	

NOTES/QUESTIONS:

2011 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]

State postal code ___[2]

Amount paid with 2010 return + _____[3]

2010 overpayment applied to '11 estimates + _____[4]

Treat calculated amounts as paid __[8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____	[9]	+ _____ [10]	_____
2nd quarter payment	_____	[11]	+ _____ [12]	_____
3rd quarter payment	_____	[13]	+ _____ [14]	_____
4th quarter payment	_____	[15]	+ _____ [16]	_____
Additional payment	_____	[17]	+ _____ [18]	

2011 City Estimated Tax Payments

City #1

City name _____[28]

Amount paid with 2010 return + _____[31]

2010 overpayment applied to '11 estimates + _____[32]

Treat calculated amounts as paid __[36]

	Date Paid		Amount Paid	
1st quarter payment	_____	[37]	+ _____	[38]
2nd quarter payment	_____	[39]	+ _____	[40]
3rd quarter payment	_____	[41]	+ _____	[42]
4th quarter payment	_____	[43]	+ _____	[44]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment

City #2

City name _____[50]

Amount paid with 2010 return + _____[53]

2010 overpayment applied to '11 estimates + _____[54]

Treat calculated amounts as paid __[58]

	Date Paid		Amount Paid	
1st quarter payment	_____	[59]	+ _____	[60]
2nd quarter payment	_____	[61]	+ _____	[62]
3rd quarter payment	_____	[63]	+ _____	[64]
4th quarter payment	_____	[65]	+ _____	[66]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment

City #3

City name _____[72]

Amount paid with 2010 return + _____[75]

2010 overpayment applied to '11 estimates + _____[76]

Treat calculated amounts as paid __[80]

	Date Paid		Amount Paid	
1st quarter payment	_____	[81]	+ _____	[82]
2nd quarter payment	_____	[83]	+ _____	[84]
3rd quarter payment	_____	[85]	+ _____	[86]
4th quarter payment	_____	[87]	+ _____	[88]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment

City #4

City name _____[94]

Amount paid with 2010 return + _____[97]

2010 overpayment applied to '11 estimates + _____[98]

Treat calculated amounts as paid __[102]

	Date Paid		Amount Paid	
1st quarter payment	_____	[103]	+ _____	[104]
2nd quarter payment	_____	[105]	+ _____	[106]
3rd quarter payment	_____	[107]	+ _____	[108]
4th quarter payment	_____	[109]	+ _____	[110]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment

Wages and Salaries #1

Please provide all copies of Form W-2.

	2011 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this is your current employer		[6]	
Federal wages and salaries **(Box 1)**	+	[10]	
Federal tax withheld **(Box 2)**	+	[12]	
Social security wages **(Box 3)** (If different than federal wages)	+	[14]	
Social security tax withheld **(Box 4)**	+	[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+	[18]	
Medicare tax withheld **(Box 6)**	+	[20]	
SS tips **(Box 7)**	+	[22]	
Allocated tips **(Box 8)**	+	[24]	
Dependent care benefits **(Box 10)**	+	[26]	
Box 13 -			
Statutory employee		[28]	
Retirement plan		[29]	
Third-party sick pay		[30]	
State postal code **(Box 15)**		[31]	
State wages **(Box 16)** (If different than federal wages)	+	[33]	
State tax withheld **(Box 17)**	+	[35]	
Local wages **(Box 18)**	+	[37]	
Local tax withheld **(Box 19)**		[39]	
Name of locality **(Box 20)**		[42]	

	Control Totals +	

Wages and Salaries #2

Please provide all copies of Form W-2.

	2011 Information		Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)		[5]	
Mark if this your current employer		[6]	
Federal wages and salaries **(Box 1)**	+	[10]	
Federal tax withheld **(Box 2)**	+	[12]	
Social security wages **(Box 3)** (If different than federal wages)	+	[14]	
Social security tax withheld **(Box 4)**	+	[16]	
Medicare wages **(Box 5)** (If different than federal wages)	+	[18]	
Medicare tax withheld **(Box 6)**	+	[20]	
SS tips **(Box 7)**	+	[22]	
Allocated tips **(Box 8)**	+	[24]	
Dependent care benefits **(Box 10)**	+	[26]	
Box 13 -			
Statutory employee		[28]	
Retirement plan		[29]	
Third-party sick pay		[30]	
State postal code **(Box 15)**		[31]	
State wages **(Box 16)** (If different than federal wages)	+	[33]	
State tax withheld **(Box 17)**	+	[35]	
Local wages **(Box 18)**	+	[37]	
Local tax withheld **(Box 19)**		[39]	
Name of locality **(Box 20)**		[42]	

	Control Totals +	

Interest Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T/S/J	Type Code (**See codes below)			Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer							
			Amounts	+						
		2	Payer							
			Amounts	+						
		3	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			Amounts	+						

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

	Control Totals +		Form ID: B-1

Dividend Income

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

***Whole numbers will be treated as $ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.**

T S J	Type Code (**See codes below)			Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
			Amounts	+										
		2	Payer											
			Amounts	+										
		3	Payer											
			Amounts	+										
		4	Payer											
			Amounts	+										
		5	Payer											
			Amounts	+										
		6	Payer											
			Amounts	+										
		7	Payer											
			Amounts	+										
		8	Payer											
			Amounts	+										
		9	Payer											
			Amounts	+										
		10	Payer											
			Amounts	+										

**Dividend Codes	
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B-2

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2011? (Y, N) __[10]

Did you have any debts become uncollectible during 2011? (Y, N) __[11]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[12]

Did you exchange any securities or investments for something other than cash? (Y, N) __[14]

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
__				+ [1]	+ [2]
__				+	+
__				+	+
__				+	+

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of payer	_____[3]	
State postal code	___[5]	
Gross distributions received **(Box 1)**	+ _____[7]	_____
Taxable amount received **(Box 2a)**	+ _____[9]	_____
Federal withholding **(Box 4)**	+ _____[11]	_____
Distribution code **(Box 7)**	__[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__[14]	
State withholding **(Box 12)**	+ _____[15]	_____
Local withholding **(Box 15)**	+ _____[17]	_____
Amount of rollover	+ _____[19]	_____
Mark if distribution was due to a pre-retirement age disability	__[21]	
Mark if distribution was from an inherited IRA	__[22]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of payer	_____[3]	
State postal code	___[5]	
Gross distributions received **(Box 1)**	+ _____[7]	_____
Taxable amount received **(Box 2a)**	+ _____[9]	_____
Federal withholding **(Box 4)**	+ _____[11]	_____
Distribution code **(Box 7)**	__[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__[14]	
State withholding **(Box 12)**	+ _____[15]	_____
Local withholding **(Box 15)**	+ _____[17]	_____
Amount of rollover	+ _____[19]	_____
Mark if distribution was due to a pre-retirement age disability	__[21]	
Mark if distribution was from an inherited IRA	__[22]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of payer	_____[3]	
State postal code	___[5]	
Gross distributions received **(Box 1)**	+ _____[7]	_____
Taxable amount received **(Box 2a)**	+ _____[9]	_____
Federal withholding **(Box 4)**	+ _____[11]	_____
Distribution code **(Box 7)**	__[13]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	__[14]	
State withholding **(Box 12)**	+ _____[15]	_____
Local withholding **(Box 15)**	+ _____[17]	_____
Amount of rollover	+ _____[19]	_____
Mark if distribution was due to a pre-retirement age disability	__[21]	
Mark if distribution was from an inherited IRA	__[22]	

	Control Totals +	

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) ___[1]

State postal code ___[2]

Social Security Benefits

		2011 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2011 (Box 3 minus Box 4) **(Box 5)**	+	_____[8]	_____
Voluntary Federal Income Tax Withheld **(Box 6)**	+	_____[10]	_____
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	_____[12]	_____
Prescription drug (Part D) premiums	+	_____[14]	

Tier 1 Railroad Benefits

		2011 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:			
Net Social Security Equivalent Benefit:			
Portion of Tier 1 Paid in 2011 **(Box 5)**	+	_____[22]	_____
Federal Income Tax Withheld **(Box 10)**	+	_____[25]	_____
Medicare Premium Total **(Box 11)**	+	_____[27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2011 or receive any prior year benefits in 2011. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____[38]

_____[39]

_____[40]

_____[41]

_____[42]

NOTES/QUESTIONS:

Other Income

	2011 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]		_____
Alimony received	+ _____ [3]	+ _____ [4]	_____
Unemployment compensation	+ _____ [8]	+ _____ [9]	_____
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	_____
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	_____
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	_____
Alaska Permanent Fund dividends	+ _____ [19]	+ _____ [20]	_____

T/S/J	Self-Employment Income ? (Y, N)		2011 Information	Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
			+ _____ [14]	
			+	
			+	
			+

Schedule C - General Information

Preparer use only

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[11]	
Business address, if different from home address on Organizer Form ID:1040		
Address	[14]	
City/State/Zip	[15] [16] [17]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[18]	
If other:	[20]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[21]	
If other enter explanation:	[23]	
Enter an explanation if there was a change in determining your inventory:	[24]	
Did you "materially participate" in this business? (Y, N)	[25]	
If not, number of hours you did significantly participate	[27]	
Mark if you began or acquired this business in 2011	[29]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N)	[30]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[31]	
Mark if this business is considered related to qualified services as a minister or religious worker	[32]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[34]	
Medical insurance premiums paid by this activity	+ [37]	
Long-term care premiums paid by this activity	+ [39]	
Amount of wages received as a statutory employee	+ [42]	

Business Income

	2011 Information	Prior Year Information
Merchant card and third party network receipts and sales (from Form 1099-K)		
	+ [47]	
	+	
	+	
Gross receipts and sales not from merchant cards and third party networks	+ [49]	
Returns and allowances	+ [52]	
Other income:		
	+ [54]	
	+	
	+	
	+	

Cost of Goods Sold

	2011 Information	Prior Year Information
Beginning inventory	+ [56]	
Purchases	+ [58]	
Labor:		
	+ [60]	
	+	
Materials	+ [62]	
Other costs:		
	+ [64]	
	+	
	+	
	+	
Ending inventory	+ [66]	

Schedule C - Expenses

Preparer use only

Principal business or profession _____

	2011 Information		Prior Year Information
Advertising	+	[6]	
Car and truck expenses	+	[8]	
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Small Employer Health Insurance Premiums credit):			
_____	+	[18]	
_____	+		
Insurance (Other than health):			
_____	+	[20]	
_____	+		
Interest:			
Mortgage (Paid to banks, etc.)	+	[22]	
Other:			
_____	+	[24]	
_____	+		
Legal and professional services	+	[26]	
Office expense	+	[28]	
Pension and profit sharing:			
_____	+	[30]	
_____	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[32]	
Other business property	+	[34]	
Repairs and maintenance	+	[36]	
Supplies	+	[38]	
Taxes and licenses:			
_____	+	[40]	
_____	+		
_____	+		
_____	+		
_____	+		
Travel, meals, and entertainment:			
Travel	+	[42]	
Meals and entertainment	+	[44]	
Meals (Enter 100% subject to DOT 80% limit)	+	[46]	
Utilities	+	[50]	
Wages (Less employment credit):			
_____	+	[52]	
_____	+		
Other expenses:			
_____	+	[54]	
_____	+		
_____	+		
_____	+		
_____	+		

Preparer use only

Carryovers	Regular		AMT	
Operating	+	[61]	+	[62]
Schedule D - Short-term	+	[63]	+	[64]
Schedule D - Long-term	+	[65]	+	[66]
Schedule D - 28% rate	+	[67]	+	[68]
Form 4797 - Part I	+	[69]	+	[70]
Form 4797 - Part II	+	[71]	+	[72]
Section 179	+	[75]		

Rent and Royalty Property - General Information

Preparer use only	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[3]	
Description	[2]	
Address	[8]	
State postal code	[4]	
Type (1 = Single-family, 2 = Multi-family, 3 = Vacation/short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other)	[9]	
Description of other type (Type code #8)	[10]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)	[11]	
Percentage of ownership if not 100%	[13]	
Business use percentage, if not 100% (Not vacation home percentage)	[15]	

Rent and Royalty Income

	2011 Information	Prior Year Information
Merchant card and third party payments (from Form 1099-K)	+ [23]	
Rents and royalties NOT from merchant cards/third party payments	+ [25]	

Rent and Royalty Expenses

	2011 Information	Percent if not 100%	Prior Year Information
Advertising	+ [28]	[29]	
Auto	+ [31]	[32]	
Travel	+ [34]	[35]	
Cleaning and maintenance	+ [37]	[38]	
Commissions:			
	+ [40]	[42]	
	+		
Insurance:			
	+ [43]	[45]	
	+		
Legal and professional fees	+ [46]	[47]	
Management fees:			
	+ [49]	[51]	
	+		
Mortgage interest paid to banks, etc (Form 1098)	+ [52]	[53]	
Other mortgage interest	+ [55]	[57]	
Qualified mortgage insurance premiums	+ [58]	[59]	
Other interest:			
	+ [61]	[63]	
	+		
Repairs	+ [64]	[65]	
Supplies	+ [67]	[68]	
Taxes:			
	+ [70]	[72]	
	+		
	+		
Utilities	+ [73]	[74]	
Depreciation	+ [76]	[77]	
Depletion	+ [79]	[80]	
Other expenses:			
	+ [82]		
	+		
	+		
	+		
	+		
Refinancing points paid this year:			
Description	[86]		
Total points paid/Current amort **(Prep use only)**	+		
Date of Refinance	Total # Payments	Reported on 1098 in 2011	

Rent and Royalty Properties - Vacation Home, Passive and Other Information

Preparer use only

Description _____

Vacation Home Information

	2011 Information	Prior Year Information
Number of days home was used personally	_____[6]	_____
Number of days home was rented	_____[8]	_____
Number of day home owned, if not 365	_____[10]	_____
Carryover of disallowed operating expenses into 2011	+ _____[20]	
Carryover of disallowed depreciation expenses into 2011	+ _____[21]	

Passive and Other Information

Preparer use only

Carryovers	Regular	AMT
Operating	+ [27]	+ [28]
Schedule D - Short-term	+ [29]	+ [30]
Schedule D - Long-term	+ [31]	+ [32]
Schedule D - 28% rate	+ [33]	+ [34]
Form 4797 - Part I	+ [35]	+ [36]
Form 4797 - Part II	+ [37]	+ [38]
Comm revitalization	+ [39]	+ [40]
Section 179	+ [41]	

NOTES/QUESTIONS:

Farm Income - General Information

Please provide all Forms 1099-K

☐ **Preparer use only**

	2011 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Description	[4]	
Principal Product	[5]	
State postal code	[6]	
Accounting method (1 = Cash, 2 = Accrual)	[7]	
Agricultural activity code	[9]	
Did you "materially participate" in this business? (Y, N)	[12]	
Did you make any payments in 2011 that require you to file Form(s) 1099? (Y, N)	[14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[15]	
Mark if Schedule F net income or loss should be excluded from self employment income	[16]	
Medical insurance premiums paid by this activity	+ [19]	
Long-term care premiums paid by this activity	+ [21]	

Schedule F Income

Sales Code**		2011 Information	Prior Year Information
	Specified income (from Form 1099-K)		
		+ [31]	
		+	
		+	
		+	
		+	
	Non-specified income (not from Form 1099-K)		
		+ [33]	
		+	
		+	
		+	
		+	

** Sales Codes
1 = Cash sales of items bought for resale
2 = Cash sales of items raised
3 = Accrual sales
4 = Custom hire (machine work)
5 = Other income

Cash Income Items

	2011 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale	+ [35]	
Taxable crop insurance proceeds received in 2011	+ [37]	
Mark if electing to defer crop insurance proceeds to 2012	[39]	
Crop insurance proceeds deferred from 2010	+ [41]	

Accrual Income Items

	2011 Information	Prior Year Information
Beginning inventory of livestock and other items	+ [43]	
Accrual cost of livestock, produce, grains, and other products purchased	+ [45]	
Ending Inventory of livestock and other items	+ [47]	

Farm Income and Expenses

Preparer use only

Description _____

Cash and Accrual Income Items

		2011 Information		Prior Year Information
Total cooperative distributions you received	+		[5]	
Taxable cooperative distributions you received	+		[7]	
Total agricultural program payments	+		[9]	
Taxable agricultural program payments	+		[11]	
CRP payments received while enrolled to receive social security or disability benefits	+		[13]	
Commodity credit loans reported under election:				
	+		[15]	
	+			
Total commodity credit loans forfeited	+		[17]	
Taxable commodity credit loans forfeited	+		[19]	
Total crop insurance proceeds you received in 2011	+		[21]	

Farm Expenses

		2011 Information		Prior Year Information
Car and truck expenses	+		[23]	
Chemicals	+		[25]	
Conservation expenses	+		[27]	
Custom hire (machine work)	+		[29]	
Depreciation	+		[31]	
Employee benefit programs (Include Small Employer Health Insurance Premiums credit)	+		[33]	
Feed purchased	+		[35]	
Fertilizers and lime	+		[37]	
Freight and trucking	+		[39]	
Gasoline, fuel, and oil	+		[41]	
Insurance (Other than health)	+		[43]	
Mortgage interest (Paid to banks, etc.)	+		[45]	
Other interest	+		[47]	
Labor hired (Less employment credit)	+		[49]	
Pension and profit sharing	+		[51]	
Rent - vehicles, machinery, and equipment	+		[53]	
Rent - other	+		[55]	
Repairs and maintenance	+		[57]	
Seed and plants purchased	+		[59]	
Storage and warehousing	+		[61]	
Supplies purchased	+		[63]	
Taxes:				
	+		[65]	
	+			
	+			
Utilities	+		[67]	
Veterinary, breeding, and medicine	+		[69]	
Other expenses:				
	+		[71]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
Preproductive period expenses	+		[73]	

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number _____[3]
Name of entity _____[4]
State postal code ____[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number _____[3]
Name of entity _____[4]
State postal code ____[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number _____[3]
Name of entity _____[4]
State postal code ____[5]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[12]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[48]	[49]
	Schedule D - Short-term	[50]	[51]
	Schedule D - Long-term	[52]	[53]
	Schedule D - 28% rate	[54]	[55]
	Form 4797 - Part I	[56]	[57]
	Form 4797 - Part II	[58]	[59]
	Other losses - 1040 pg.1	[60]	[61]
	Comm revitalization	[62]	[63]
	Section 179	[64]	
	Excess farm loss	[68]	[69]

Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of activity [4]
State postal code [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of activity [4]
State postal code [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of activity [4]
State postal code [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Taxpayer/Spouse/Joint (T, S, J) [2]
Employer identification number [3]
Name of activity [4]
State postal code [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[66]	[67]
	Schedule D - Short-term	[68]	[69]
	Schedule D - Long-term	[70]	[71]
	Schedule D - 28% rate	[72]	[73]
	Form 4797 - Part I	[74]	[75]
	Form 4797 - Part II	[76]	[77]
	Comm revitalization	[78]	[79]

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__[1]	__[2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__[3]	__[4]
Enter the total traditional IRA contributions made for use in 2011	+ _____[5]	+ _____[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2011	+ _____[11]	+ _____[12]
Enter the nondeductible contribution amount made in 2012 for use in 2011	+ _____[13]	+ _____[14]
Traditional IRA basis	+ _____[15]	+ _____[16]
Value of all your traditional IRA's on December 31, 2011:		
_____	+ _____[17]	+ _____[18]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2010 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[27]	__[28]
Enter the total Roth IRA contributions made for use in 2011	+ _____[29]	+ _____[30]
Enter the total amount of Roth IRA conversion recharacterizations for 2011	+ _____[37]	+ _____[38]
Enter the total contribution Roth IRA basis on December 31, 2010	+ _____[45]	+ _____[46]
Enter the total Roth IRA contribution recharacterizations for 2011	+ _____[47]	+ _____[48]
Enter the Roth conversion IRA basis on December 31, 2010	+ _____[49]	+ _____[50]
Value of all your Roth IRA's on December 31, 2011:		
_____	+ _____[51]	+ _____[52]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		_____[4]	
State postal code		___[2]	
Archer MSA contributions made in 2011 and 2012 for 2011 **(Box 1)**	+	_____[6]	_____
Total contributions made in 2011 **(Box 2)**	+	_____[8]	_____
Total HSA or Archer MSA contributions made in 2012 for 2011 **(Box 3)**	+	_____[10]	_____
Rollover contribution **(Box 4)**	+	_____[13]	_____
Fair market value of HSA, Archer MSA, or MA MSA **(Box 5)**	+	_____[15]	
Box 6 -			
HSA		__[17]	
Archer MSA		__[18]	
MA (Medicare Advantage) MSA		__[19]	

Additional Information

		2011 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		__[20]	
Number of months in qualified high deductible health plan in 2011		___[21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount		__[22]	
Total HSA/MSA contribution to be made for 2011	+	_____[23]	
Excess contributions for 2010 taken as constructive contributions for 2011	+	_____[25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+	_____[32]	_____
Enter compensation from employer maintaining high deductible health plan	+	_____[35]	_____
If self-employed, enter earned income from business under which plan was established	+	_____[39]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2011? (Y, N)		__[41]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+	_____[43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+	_____[45]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2011 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received **(Box 1)**	+	[7]	
Earnings on excess contributions **(Box 2)**	+	[9]	
Distribution code **(Box 3)**		[11]	
Fair Market Value on date of death **(Box 4)**	+	[12]	
Box 5 -			
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
Unreimbursed qualified medical expenses for 2011	+	[17]	
Withdrawal of excess contributions by the due date of the return	+	[19]	
Amount of distribution rolled over for 2011	+	[21]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	[24]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/10	+	[25]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2010 and in effect for the month of December 2010? (Y, N)		[31]	
Was the high deductible health plan coverage ended before 12/31/11? (Y, N)		[32]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2011 Information	Prior Year Information
Name of the insured chronically ill individual		[42]	
Social security number of insured		[43]	
Gross long-term care (LTC) benefits paid **(Box 1)**	+	[45]	
Accelerated death benefits paid **(Box 2)**	+	[47]	
Check one **(Box 3)**			
Per diem		[49]	
Reimbursed amount		[50]	
Qualified contract **(Box 4)**		[51]	
Check, if applicable **(Box 5)**			
Chronically ill		[52]	
Terminally ill		[53]	
Are there other individuals who received LTC payments during 2011? (Y, N)		[55]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		[56]	
Number of days during the long-term care period		[57]	
Cost incurred for qualified long-term care services during the long-term care period	+	[58]	

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2011 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid	2011 Information	Prior Year Information
__	_____	+ _____ [1]	_____
__	_____	+ _____	_____
__	_____	+ _____	_____
__	_____	+ _____	_____

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2011.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
__	__	_____	_____	_____	+ _____ [7]	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____
__	__	_____	_____	_____	+ _____	_____

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit

- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- **be enrolled at least half-time**
- **be in a program leading to degree, certificate, or recognized credential**
- **not have completed first 4 years of post-secondary education**
- **have no felony drug convictions on record**

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J		2011 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
__[1]		+ _____[2]	
__		+	
__		+	
__		+	
__		+	
__		+	
	Medical insurance premiums you paid*:		
__[4]		+ _____[5]	
__		+	
__		+	
__		+	
	Long-term care premiums you paid*:		
__[7]		+ _____[8]	
__		+	
	Prescription medicines and drugs:		
__[10]		+ _____[11]	
__		+	
__		+	
__[13]	Miles driven for medical items (1/1/11 to 6/30/11) _____[14]	(7/1/11 to 12/31/11) _____[17]	

*Not entered elsewhere

Schedule A - Tax Expenses

T/S/J		2011 Information	Prior Year Information
	State/local income taxes paid:		
__[18]		+ _____[19]	
__		+	
__		+	
__		+	
__		+	
	2010 state and local income taxes paid in 2011:		
__[21]		+ _____[22]	
__		+	
__		+	
	Real estate taxes paid:		
__[24]		+ _____[25]	
__		+	
__		+	
	Personal property taxes:		
__[27]		+ _____[28]	
__		+	
	Other taxes, such as: foreign taxes and State disability taxes		
__[30]		+ _____[31]	
__		+	
__		+	
	Sales tax paid on major purchases:		
__[36]		+ _____[37]	
__		+	
	Sales tax paid on actual expenses:		
__[39]		+ _____[40]	
__		+	
__		+	

Interest Expenses

T/S/J		2011 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098					
[1]		+	[2]		+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	
		+			+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
1 = Not used to buy, build, improve home or investment
2 = Used to pay off previous mortgage
3 = Used to pay off previous mortgage, excess proceeds invested
4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2011 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+ [5]	
Address				
			+	
Address				
			+	
Address				
			+	
Address				

T/S/J **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name [7]
Street Address
City/State/Zip code

Refinancing Points paid in 2011 -

Taxpayer/Spouse/Joint (T, S, J) [11]
Description
Total points paid
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points paid in 2011 **(Preparer use only)** + [12]
Date of refinance
Total number of payments
Reported on Form 1098 in 2011
Taxpayer/Spouse/Joint (T, S, J)
Description
Total points paid
Percentage of principal exceeding original mortgage (For AMT adjustment)
Points paid in 2011 **(Preparer use only)** +
Date of refinance
Total number of payments
Reported on Form 1098 in 2011

T/S/J		2011 Information	Prior Year Information
	Investment interest expense, other than on Schedule(s) K-1:		
[14]		+ [15]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

	Control Totals +		Form ID: A-2

Charitable Contributions

T/S/J		2011 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
[2]		+ [3]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
[5]	Volunteer miles driven	[6]	
	Noncash items, such as: Goodwill/Salvation Army/Other clothing or household goods		
[8]		+ [9]	
		+	
		+	
		+	
		+	
		+	

Miscellaneous Deductions

T/S/J		2011 Information	Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
[11]		+ [12]	
		+	
		+	
		+	
		+	
	Union dues:		
[14]		+ [15]	
		+	
[17]	Tax preparation fees	+ [18]	
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, custodial fees		
[20]		+ [21]	
		+	
		+	
		+	
[23]	Safe deposit box rental	+ [24]	
	Investment expenses, other than on Schedule(s) K-1:		
[26]		+ [27]	
		+	
		+	
	Other expenses, not subject to the 2% AGI limitation:		
[30]		+ [31]	
		+	
		+	
		+	
	Gambling losses: (Enter only if you have gambling income)		
[33]		+ [34]	
		+	

Michigan General Information

School district name _____[1]
School district code _____[2]
Mark if 2/3 income from seafaring ____[3]

	Taxpayer	Spouse
Do you want $3.00 to go to the state campaign fund? (Y, N)	____[4]	____[5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____[6]	____[7]
Totally and permanently disabled	____[8]	____[9]
Deaf	____[10]	____[11]
Qualified disabled veteran	____[12]	____[13]

Use Tax

Purchases subject to use tax:
Total all purchases less than $1000 per purchase _____[14]
Total all purchases exceeding $1000 per purchase _____[15]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of $5, $10 or any amount greater than $10

Animal Welfare Fund _____[16]
Children of Veteran's Tuition Grant Program _____[17]
Children's Trust Fund _____[18]
Girl Scouts of Michigan Fund _____[19]
Military Family Relief Fund _____[20]
United Way Fund _____[21]

Public Contributions

Name of Organization	Amount
_____[22]	_____[23]
_____[24]	_____[25]

Homeless Shelter/Food Bank cash contributions

Name of Organization	Amount
_____[26]	_____[27]
_____[28]	_____[29]

Community Foundations

Name of Organization	Amount
_____[30]	_____[31]
_____[32]	_____[33]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	_____[34]	_____[36]
To	_____[35]	_____[37]

Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident) ____[38]

NOTES/QUESTIONS:

Form ID: MI2

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year: Taxable value _____ [1] Special Assessments _____ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ ___ Description _____ Amount _____ [4]

___ _____ _____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5] Taxable value _____ [9]

City _____ [6] Number of days occupied _____ [10]

State _____ [7] Zip code _____ [8] Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12] Taxable value _____ [16]

City _____ [13] Number of days occupied _____ [17]

State _____ [14] Zip code _____ [15] Property taxes levied for the year _____ [18]

Rental Information

[19]

Rental #1 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name/Address	City/Zip code				
Rental #2 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name/Address	City/Zip code				

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments _____ [20]

Worker's compensation and Veteran's benefits _____ [21]

Family Independence Agency and other public assistance payments _____ [22]

Other nontaxable income (Gifts and expenses paid on your behalf, inheritances, etc):

_____ _____ [23]

_____ _____

_____ _____

College Tuition Tax Credit Information

Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person

[24]

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

NOTES/QUESTIONS: