

# WARNING!

BLANK ORGANIZER PAGES DO NOT INCLUDE YOUR PRIOR YEAR INFORMATION. PLEASE ONLY USE THE BLANK ORGANIZER TO PRINT ADDITIONAL PAGES OR TO PRINT PAGES THAT WERE NOT INCLUDED IN YOUR PREVIOUSLY PROVIDED ORGANIZER.

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2011	1040	US	Client Information	1
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**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2011 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2009 or 2010) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

Please add, change or delete information for 2011.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone .....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		
CA State Information	Registered domestic partner filing status (see table) .....		
	1=PMB no. in address .....		
	NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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Please add, change or delete information for 2011.

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	<p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p>
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

Please enter all pertinent 2011 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....	18		
1=electronic payment of balance due .....	34		
1=electronic payment of estimated tax .....	36		
1=direct deposit CA refund to one account, 2=split deposit between two accounts .....	103		
1=electronic payment of CA state tax balance due .....	876		
1=electronic payment of CA estimated tax .....	982		

**BANK INFORMATION**

Name of Bank		Percent to Deposit (xx.xx)	Routing Number		Account Number		Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21		22	71	
44		45	47	48		49	72	
50		51	67	68		69	73	

**2011 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010 .....	1			
1st quarter payment (due 4/18/11) .....	2	3		13
2nd quarter payment (due 6/15/11) .....	4	5		14
3rd quarter payment (due 9/15/11) .....	6	7		15
4th quarter payment (due 1/17/12) .....	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension (not later than 4/17/12)	10	11		

**State**

	Amount Paid	Date Paid	TS	2011 Voucher Amount
Overpayment applied from 2010 .....	101			
1st quarter payment (due 4/18/11) .....	102	103		113
2nd quarter payment (due 6/15/11) .....	104	105		114
3rd quarter payment (due 9/15/11) .....	106	107		115
4th quarter payment (due 1/17/12) .....	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension (not later than 4/17/12)	110	111		

**1 Type of Account**  
 1 = Savings  
 2 = Checking

**2 Type of Investment**  
 1 = Checking or savings (default)  
 2 = Taxpayer's IRA (next year limits)  
 3 = Spouse's IRA (next year limits)  
 4 = Health savings account (HSA)  
 5 = Archer MSA  
 6 = Coverdell savings account (ESA)  
 7 = Other  
 8 = Taxpayer's IRA (current year limits)  
 9 = Spouse's IRA (current year limits)  
 10 = Series I treasury bonds

2011

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2011 information.

**APPLICATION OF 2011 OVERPAYMENT (7.1)**

If you have an overpayment of 2011 taxes, do you want the excess refunded?  or applied to 2012 estimate? ...

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2012 ESTIMATED TAX INFORMATION**

Do you expect your 2012 taxable income to be different from 2011? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2012 withholding to be different from 2011? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2011</b>	<b>1040</b>	<b>US/CA</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2011 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2010 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	
		1	2		4	6	8	14	15	
	800									

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/11	2010 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE									
		1=spouse									
	800										

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2010 Winnings
				Federal (Box 2)	State (Box 14)	
	800	1	3	6	9	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2011 Amount</b>	<b>Ts</b>	<b>2010 Amount</b>
Total gambling losses .....	12		
Winnings not reported on Form W-2G .....	10		

**10, 13.1, 13.2**



<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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Please enter all pertinent 2011 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....	2	52		
Medicare premiums paid (SSA-1099) .....	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) ..	3	53		
1=lump-sum election for SS benefits .....	12	62		
Alimony received .....	5	55		
Taxable scholarships and fellowships .....	8	58		
Jury duty pay .....	28	78		
Household employee income not on W-2 .....	9	59		
Excess minister's allowance .....	24	74		
Alaska permanent fund dividends .....	21	71		
Income from rental of personal property .....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....	14	64		
State income tax withheld .....	15	65		
Local income tax withheld .....	16	66		

2011

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2011 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2011 1099-G Amount

No. <input type="text"/>	Name of payer .....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1) .....	2	
	2011 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund .....	9	
	Tax year for box 2 if not 2010 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	ATAA/RTAA payments (Box 5).....	25	
	Taxable grants:		
	Federal taxable amount (Box 6) .....	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program .....	24	
	Market gain (Box 9).....	26	
Number of farm .....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

No. <input type="text"/>	Name of payer .....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1) .....	2	
	2011 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund .....	9	
	Tax year for box 2 if not 2010 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	ATAA/RTAA payments (Box 5).....	25	
	Taxable grants:		
	Federal taxable amount (Box 6) .....	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program .....	24	
	Market gain (Box 9).....	26	
Number of farm .....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

14.2

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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Please enter all pertinent 2011 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

		2011 Amount	2010 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2011 contributions to this ESA.....	142	
	Value of this account at 12/31/11 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/10.....	165		

No. <input style="width:40px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2011 contributions to this ESA.....	142	
	Value of this account at 12/31/11 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/10.....	165		

No. <input style="width:40px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2011 contributions to this ESA.....	142	
	Value of this account at 12/31/11 (plus outstanding rollovers) ..	144	
Basis in this ESA as of 12/31/10.....	165		

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040....	803	
City, if different from Form 1040.....	804	
State, if different from Form 1040.....	828	
ZIP code, if different from Form 1040.....	829	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		
CA FTB Form 3805V:			
1=eligible small business.....	114		
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....	117		
Principle business code (SIC 1987).....	826		

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....	51	
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	

**COST OF GOODS SOLD**

Inventory at beginning of the year.....	14	
Purchases.....	15	
Cost of items for personal use.....	16	
Cost of labor.....	17	
Materials and supplies.....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year.....	20	

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2011 Amount	2010 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals and entertainment in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2011 Amount		2010 Amount	
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

**If you sold your home or moved in 2011, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.**

**SALE OF HOME (17)**

Description of property (Box 3).....	800	
Date acquired (m/d/y).....	25	
Date sold (m/d/y) (Box 1).....	26	
Sales price (Box 2).....	27	
1=sale of home.....	46	
1=owned and used property as main home for at least 2 of 5 years before sale.....	145	
1=first-time homebuyer credit was previously taken on this home.....	366	
1=business use in year of sale.....	167	
Number of days after December 31, 2008 that home was not used as principal residence.....	367	

**Adjusted Basis**

Original cost.....	
Improvements:	
_____	
_____	
_____	
Adjusted basis.....	29

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____	
_____	
_____	
Total expenses of sale.....	28

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a)** Did not meet the ownership and use tests \*, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	152	
1=sale due to change in health, employment or unforeseen circumstances.....	161	
Days used as main home - taxpayer.....	148	
Days used as main home - spouse.....	149	
Days property owned - taxpayer.....	150	
Days property owned - spouse.....	151	

**MOVING EXPENSES (27)** (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	1	
1=armed forces move due to permanent change of station.....	14	
Miles from old home to new work place.....	2	
Miles from old home to old work place.....	3	
Expenses for transportation and storage of household goods and personal effects.....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile).....	5	
Parking fees and tolls.....	15	
Gas and oil.....	16	
Miles driven to new home (1/1/11 - 6/30/11).....	17	
Miles driven to new home (7/1/11 - 12/31/11).....	20	

(\* owned and used property as main home for at least 2 of 5 years before sale)

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Description of property.....	800	
Street address.....	801	
City.....	820	
State.....	821	
ZIP code.....	822	
Type of property (see table)....	802	
Other type of property.....	803	

Percentage of ownership if not 100% (.xxxx).....	500		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Percentage of tenant occupancy if not 100% (.xxxx).....	503		
1=spouse, 2=joint.....	33		
1=qualified joint venture.....	108		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112		
1=nonpassive activity, 2=passive royalty.....	39		
1=did not actively participate.....	38		
1=real estate professional.....	32		
1=rental other than real estate.....	71		
1=investment.....	48		
1=single member limited liability company.....	418		
CA FTB Form 3805V:			
1=eligible small business.....	105		
Qualified new business year: 1, 2 or 3.....	107		
Principle business code (SIC 1987).....	826		

**INCOME**

	2011 Amount	2010 Amount
Merchant card and third party payments (Form 1099-K, Box 1) *.....	110	
Payments not reported above.....	110	
Adjustments to amounts from Form(s) 1099-K *.....	110	

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

\* NOTE: Based on late revisions to the 2011 Schedules E, Merchant card and third party payments from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**DIRECT EXPENSES (continued)**

Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

	2011 Amount	2010 Amount
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

**OIL AND GAS**

Production type (preparer use only).....	42	
Cost depletion.....	43	
Percentage depletion rate or amount.....	502	
State cost depletion, if different (-1 if none).....	76	
State % depletion rate or amount, if different (-1 if none).....	506	

**VACATION HOME**

Number of days rented at fair market value.....	34	
Number of days personal use.....	35	
Number of days owned (if optional method elected).....	53	

**INDIRECT EXPENSES**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....	204	
Association dues.....	216	
Auto and travel (not entered elsewhere).....	205	
Cleaning and maintenance.....	206	
Commissions.....	207	
Gardening.....	218	
Insurance.....	208	
Legal and professional fees.....	210	
Licenses and permits.....	223	
Management fees.....	219	
Miscellaneous.....	224	
Mortgage interest (paid to banks, etc.).....	209	
Qualified mortgage insurance premiums.....	262	
Excess mortgage interest.....	267	
Other interest (not entered elsewhere).....	229	
Painting and decorating.....	220	

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

**INDIRECT EXPENSES (continued)**

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2011 Amount	2010 Amount
Pest control .....	221	
Plumbing and electrical .....	217	
Repairs .....	211	
Supplies .....	212	
Taxes - real estate .....	213	
Taxes - other (not entered elsewhere) .....	225	
Telephone .....	222	
Utilities .....	214	
Wages and salaries .....	215	
Other:		
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product .....	800	
Employer ID number .....	801	

Agricultural activity code .....	1		
Accounting method: 1=cash, 2=accrual .....	2		
1=spouse, 2=joint .....	5		
1=farm rental (Form 4835) .....	84		
1=crop insurance proceeds election .....	64		
Received applicable subsidy this year: 1=yes, 2=no .....	18		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..	112		
1=did not "materially participate" (Schedule F only) .....	65		
1=did not actively participate (Form 4835 only) .....	85		
1=real estate professional (Form 4835 only) .....	3		
1=single member limited liability company .....	418		
% of ownership if not 100% (.xxxx) (Form 4835 only) .....	504		
CA FTB Form 3805V:			
1=eligible small business .....	113		
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....	103		
Principle business code (SIC 1987) .....	826		

**FARM INCOME**

		2011 Amount	2010 Amount
<b>Cash method:</b>			
Specified sales of livestock and other resale items (1099-K, Box 1) * .....	6		
Sales of livestock and other resale items not included above .....	6		
Cost or basis of livestock or other resale items .....	7		
Specified sales of products raised (1099-K, Box 1) * .....	8		
Sales of products raised not included above .....	8		
<b>Accrual method:</b>			
Specified sales of livestock, produce, etc. (1099-K, Box 1) * .....	116		
Sales of livestock, produce, etc. not included above .....	17		
Beginning inventory of livestock, etc. ....	23		
Cost of livestock, etc. purchased .....	24		
Ending inventory of livestock, etc. ....	25		
<b>Other farm income:</b>			
Total cooperative distributions .....	9		
Taxable cooperative distributions .....	10		
Total agricultural program payments (other than CRP) .....	11		
Taxable agricultural program payments (other than CRP) .....	12		
Total conservation reserve program payments .....	141		
Taxable conservation reserve program payments .....	142		
Commodity credit loans reported under election .....	13		
Total commodity credit loans forfeited or repaid .....	73		
Taxable commodity credit loans forfeited or repaid .....	74		
Total crop insurance proceeds received in 2010 .....	14		
Taxable crop insurance proceeds received in 2010 .....	75		
Taxable crop insurance proceeds deferred from 2009 .....	76		
Specified custom hire (machine work) income (1099-K, Box 1) * .....	15		
Custom hire (machine work) income not included above .....	15		
Adjustments to amounts from Form(s) 1099-K * .....	15		

\* NOTE: Based on late revisions to the 2011 Schedules F, income from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**FARM INCOME (continued)**

Specified other income (1099-K, Box 1) \*

	2011 Amount	2010 Amount
_____	16	
_____	16	
_____	16	
_____	16	

Other income not included above:

_____	16	
_____	16	
_____	16	
_____	16	

**FARM EXPENSES**

Car and truck expenses (not entered elsewhere).....	60	
Chemicals.....	27	
Conservation expenses.....	28	
Custom hire (machine work).....	40	
Employee benefit programs.....	31	
Feed purchased.....	32	
Fertilizers and lime.....	33	
Freight and trucking.....	34	
Gasoline, fuel, and oil.....	35	
Insurance (other than health).....	36	
Mortgage interest (paid to banks, etc.).....	41	
Other interest (not entered elsewhere).....	42	
Labor hired.....	37	
Pension and profit sharing - contributions.....	43	
Pension and profit sharing plans - admin. and education costs.....	57	
Rent - vehicles, machinery, and equipment (not entered elsewhere).....	39	
Rent - other.....	44	
Repairs and maintenance.....	45	
Seeds and plants purchased.....	46	
Storage and warehousing.....	47	
Supplies purchased.....	48	
Taxes (not entered elsewhere).....	49	
Utilities.....	50	
Veterinary, breeding, and medicine.....	51	
Capitalized preproductive period expenses (also enter below).....	77	

Other expenses:

_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

\* NOTE: Based on late revisions to the 2011 Schedules F, income from Form 1099-K, Box 1 will not be reported separately (for 2011 only).

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
-------------	-------------	-----------	--	------------------

Please add, change or delete 2011 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	800	801	802	161

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

<b>2011</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
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Please add, change or delete 2011 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number
	800	801

	<b>20.3,20.4</b>
--	------------------

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2011 Amount	2010 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months your job required a vehicle (if not 12 months).....	333	

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....	36	
Business mileage (from 1/1/11 to 6/30/11).....	37	
Business mileage (from 7/1/11 to 12/31/11).....	403	
Commuting mileage (for the tax year).....	38	
Average daily round-trip commute.....	334	

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	1	51		
Contributions made to date .....	3	53		
1=covered by plan, 2=not covered.....	5	55		
2011 payments from 1/1/12 to 4/17/12.....	8	58		

**ROTH IRA CONTRIBUTIONS**

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	27	77		
Contributions made to date .....	30	80		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....	11	61		
Defined benefit contributions you expect to make.....	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....	12	62		
Plan contribution rate if not .25 (.xxxx).....	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...	44	94		
Individual 401k: SE designated Roth contributions (1=max.)...	144	194		

**SIMPLE contributions:**

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....	22	72		
Employer matching rate if not .03 (.xxxx).....	502	552		
1=nonelective contributions (2%).....	24	74		
Contributions made to date .....	14	64		

**ADJUSTMENTS TO INCOME**

<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care)....	16	66		
Long-term care premiums.....	26	76		
Student loan interest paid (1098-E, box 1).....	23	73		
Educator expenses (kindergarten thru grade 12)...	28	78		
Jury duty pay given to employer.....	43	93		
Expenses from rental of personal property.....	37	87		
<b>Other adjustments to income:</b>				
_____	19	69		
_____	19	69		
_____	19	69		

**Alimony paid:**

	<b>Taxpayer</b>	<b>Spouse</b>
Recipient's first name....	39.____	89.____
Recipient's last name....	40.____	90.____
Recipient's SSN.....	41.____	91.____
Amount paid .....	18.____	68.____
	<b>2010 amt:</b>	<b>2010 amt:</b>

Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2011 Amount	TS	2010 Amount
Prescription medicines and drugs.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Medical miles driven (1/1/11 - 6/30/11).....	52		
Medical miles driven (7/1/11 - 12/31/11).....	59		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

**TAXES PAID** (State and local withholding and 2011 estimates are automatic.)

State income taxes - 1/11 payment on 2010 state estimate.....	11		
State income taxes - paid with 2010 state extension.....	12		
State income taxes - paid with 2010 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/11 payment on 2010 city/local estimate.....	211		
City/local income taxes - paid with 2010 city/local extension.....	212		
City/local income taxes - paid with 2010 city/local return.....	213		

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items).....	91		
Use taxes paid on 2011 purchases.....	92		
Use taxes paid with 2010 state return.....	96		
Sales tax on autos not included above.....	349		
Sales tax on boats, aircraft, other special items.....	93		

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____	15		
_____	15		
_____	15		
Real estate taxes - property held for investment.....	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..	18		
Foreign income taxes.....	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

	2011 Amount	TS	2010 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	85.____		
Payee's SSN or FEIN . .	86.____		
Payee's street address .	87.____		
Payee's city, state, ZIP .	88.____		
Amount paid . . . . .	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .	39		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest . . . . .

	27		
--	----	--	--

Certain home mortgage interest included above (6251) . . . . .

	30		
--	----	--	--

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		

Volunteer expenses (out-of-pocket) . . . . .

	31		
--	----	--	--

Number of charitable miles . . . . .

	53		
--	----	--	--

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		

Volunteer expenses (out-of-pocket) . . . . .

	40		
--	----	--	--

Number of charitable miles . . . . .

	54		
--	----	--	--

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2011 Amount	TS	2010 Amount
33			
33			
33			
33			

30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

34			
34			
34			
34			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

35			
35			
35			
35			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36			
36			
36			
36			

**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....

42			
----	--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

43			
43			
43			
43			

Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

44			
44			
44			
44			

Tax return preparation fee .....

45			
----	--	--	--

Safe deposit box rental .....

46			
----	--	--	--

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

47			
47			
47			
47			

Federal only:

\_\_\_\_\_  
 \_\_\_\_\_

109			
109			

State only:

\_\_\_\_\_  
 \_\_\_\_\_

110			
110			



If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2011 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2011 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2011 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2011 Amount	TS	2010 Amount
Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured	494		

**LOAN INFORMATION**

Loan #1

Lender's name	820		
Form (see table)	416		
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2011	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2011	411		
Grandfather debt balance - beginning of year	413		

Loan #2

Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2011	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2011	431		
Grandfather debt balance - beginning of year	433		

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

**If your total noncash contributions are in excess of \$500 in 2011, please complete the information below for each donee using the following guidelines:**

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee).....	800		
	Street address .....	801		
	City .....	802		
	State .....	831		
	ZIP code .....	832		
	1=spouse, 2=joint .....	1		
	Property description (other than vehicle).....	803		
	Vehicle	Year (yyyy) .....	14	
		Make and model .....	829	
		Condition and mileage .....	830	
	Date of contribution (m/d/y) * .....	5		
	Date acquired by donor (m/y) * .....	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis .....	7		
	Fair market value .....	8		
Method used to determine FMV (Table 2 or describe).....	805			

No. <input style="width: 40px;" type="text"/>	Name of charitable organization (donee).....	800		
	Street address .....	801		
	City .....	802		
	State .....	831		
	ZIP code .....	832		
	1=spouse, 2=joint .....	1		
	Property description (other than vehicle).....	803		
	Vehicle	Year (yyyy) .....	14	
		Make and model .....	829	
		Condition and mileage .....	830	
	Date of contribution (m/d/y) * .....	5		
	Date acquired by donor (m/y) * .....	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis .....	7		
	Fair market value .....	8		
Method used to determine FMV (Table 2 or describe).....	805			

<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1 = Purchase</td> <td style="width:50%;">3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1 = Appraisal</td> <td style="width:50%;">3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

**Please enter 2011 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2011 Amount	2010 Amount
Form .....	45	
Number of form (e.g., enter 2 for Schedule C number 2) .....	46	
Business use area (square footage) .....	2	
Total area of home (square footage) .....	1	
Total hours facility used (for daycare facilities only) .....	3	
Total hours available (if not 8,760) .....	9	
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....	503	

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....	11	
Real estate taxes .....	12	
Qualified mortgage insurance premiums .....	51	
Casualty losses .....	13	
Insurance .....	14	
Miscellaneous .....	15	
Rent .....	16	
Repairs and maintenance .....	17	
Utilities .....	18	
Excess mortgage interest .....	19	
Other indirect expenses:		
_____	20	
_____	20	
_____	20	
_____	20	

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....	21	
Real estate taxes .....	22	
Qualified mortgage insurance premiums .....	52	
Casualty losses .....	23	
Insurance .....	24	
Miscellaneous .....	25	
Rent .....	26	
Repairs and maintenance .....	27	
Utilities .....	28	
Excess mortgage interest .....	29	
Excess casualty losses .....	30	
Allowable casualty losses .....	31	
Other direct expenses:		
_____	32	
_____	32	
_____	32	
_____	32	

2011

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....	800	
Form .....	13	
Number of form (1=first Schedule C, 2=second, etc.) .....	14	
1=spouse .....	1	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	8	

**EMPLOYEE BUSINESS EXPENSES**

	2011 Amount	2010 Amount
Meal and entertainment expenses .....	44	
Reimbursements for meals and entertainment not on W-2, box 1 .....	45	
1=Department of Transportation (80% meal allowance) .....	50	
Local transportation (bus, taxi, train, etc.).....	7	
Travel expenses while away from home overnight .....	9	
Reimbursements not included on Form W-2, box 1.....	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

30

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

**VEHICLE INFORMATION**

	2011 Amount	2010 Amount
1=vehicle used primarily by more than 5% owner.....	11	
1=vehicle is available for off-duty personal use.....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	

**VEHICLE 1**

Description of vehicle.....	801	
Date placed in service (m/d/y).....	15	
Total mileage (for the tax year).....	16	
Business mileage (from 1/1/11 to 6/30/11).....	17	
Business mileage (from 7/1/11 to 12/31/11).....	113	
Commuting mileage (for the tax year).....	19	
Average daily round-trip commute.....	18	
Number of months of vehicle business use (if not 12).....	80	
Parking fees and tolls (business portion only).....	70	

Actual expenses:

Gasoline, lube, oil.....	51	
Repairs.....	52	
Tires.....	53	
Insurance.....	54	
Miscellaneous.....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	

**VEHICLE 2**

Description of vehicle.....	802	
Date placed in service (m/d/y).....	29	
Total mileage (for the tax year).....	30	
Business mileage (from 1/1/11 to 6/30/11).....	31	
Business mileage (from 7/1/11 to 12/31/11).....	114	
Commuting mileage (for the tax year).....	33	
Average daily round-trip commute.....	32	
Number of months of vehicle business use (if not 12).....	112	
Parking fees and tolls (business portion only).....	71	

Actual expenses:

Gasoline, lube, oil.....	61	
Repairs.....	62	
Tires.....	63	
Insurance.....	64	
Miscellaneous.....	36	
Auto license (other than personal property taxes).....	65	
Personal property taxes (based on car's value).....	66	
Interest (car loan) (for Schedule C, E and F).....	67	
Vehicle rent or lease payments.....	37	
Inclusion amount (enter as positive).....	34	
Value of employer-provided vehicle on Form W-2 (2106).....	38	

2011

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2011 information.

**GENERAL INFORMATION**

1=spouse .....	1		
Foreign address of taxpayer, if different from Form 1040:			
Street address .....	800		
City .....	821		
Region .....	822		
Postal code .....	823		
Country .....	824		
Employer:			
Name .....	801		
U.S. street address .....	802		
U.S. city .....	825		
U.S. state .....	826		
U.S. ZIP code .....	827		
Foreign street address .....	803		
Foreign city .....	828		
Foreign region .....	829		
Foreign postal code .....	830		
Foreign country .....	831		
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other .....	11		
Employer type, if other .....	804		

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective
806.____	12.____
806.____	12.____
806.____	12.____

Country of citizenship .....	807
------------------------------	-----

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)
808.____	13.____
808.____	13.____
808.____	13.____

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)
809.____	14.____
809.____	14.____
809.____	14.____

31.1

**Please enter all pertinent 2011 information.**

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2011 as well as travel for 2012 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y).....	24		
Ending date for bona fide residence (m/d/y).....	25		
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	26		

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad
811.____	813.____
811.____	813.____
811.____	813.____

1=submitted statement to country of bona fide residence.....	27	
1=required to pay income tax to country of bona fide residence.....	28	
Contractual terms relating to length of employment abroad.....	814	
Type of visa you entered foreign country under.....	815	
Explanation why visa limited stay or employment in country (if applicable).....	816	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
817.____	29.____	818.____	819.____
817.____	29.____	818.____	819.____
817.____	29.____	818.____	819.____

Principal country of employment.....	820	
--------------------------------------	-----	--

**FOREIGN HOUSING EXPENSES**

	2011 Amount	2010 Amount
Qualified housing expenses.....	41	

Location of housing expenses:	Qualifying days in location (multiple locations only)
46.____	47.____
46.____	47.____
46.____	47.____

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

**Please enter all pertinent 2011 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

**FOREIGN WAGES, SALARIES, TIPS**

	2011 Amount	2010 Amount
Name or number .....	157	
1=spouse .....	178	
1=retirement plan (Box 13) .....	2	
Name of employer (Box c) .....	818	
Wages, tips, other compensation (Box 1) .....	179	
Federal income tax withheld (Box 2) .....	180	
Social security tax withheld (Box 4) .....	182	
Medicare tax withheld (Box 6) .....	184	
State income tax withheld (Box 17) .....	185	
Local income tax withheld (Box 19) .....	186	

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....	135	
Meals .....	136	
Car .....	137	
Other properties or facilities:		
38.____	138.____	
38.____	138.____	
38.____	138.____	
38.____	138.____	

**Allowances and Reimbursements**

Cost of living and overseas differential .....	139	
Family .....	140	
Education .....	141	
Home leave .....	142	
Quarters .....	143	
Other purposes:		
44.____	144.____	
44.____	144.____	
44.____	144.____	
44.____	144.____	

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....	145	
---	-----	--

**Other Foreign Earned Income**

32.____	132.____	
32.____	132.____	
32.____	132.____	
32.____	132.____	

**2011 Days Worked Allocation Information**

Total number of days worked (if not 240) .....	131	
Total days worked before and after foreign assignment .....	155	
Foreign days worked before and after foreign assignment .....	156	

**Please enter all pertinent 2011 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2011, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.....	3	53		
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....	5	55		
Contributions included above that were made after you became eligible for Medicare.....	32	82		
Contributions made to date .....	39	89		

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1)...	15	65		
Distributions included above that were rolled over to another HSA .....	16	66		
Total unreimbursed qualified medical expenses...	17	67		

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

<b>DEPENDENT CARE EXPENSES (33.1)</b>	2011 Amount		2010 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2011...	3	53		
Employer-provided benefits forfeited in 2011.....	6	56		

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name.....	17	
	Last name.....	18	
	Date of birth (m/d/y).....	22	
	Social security number.....	19	
	Qualified dependent care expenses incurred and paid in 2011.....	20	<b>2010 amt:</b>
	1=disabled.....	23	
	1=spouse, 2=joint.....	21	

No. <input style="width:40px;" type="text"/>	First name.....	17	
	Last name.....	18	
	Date of birth (m/d/y).....	22	
	Social security number.....	19	
	Qualified dependent care expenses incurred and paid in 2011.....	20	<b>2010 amt:</b>
	1=disabled.....	23	
	1=spouse, 2=joint.....	21	

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider.....	10	
	Street address.....	11	
	City, state, ZIP code.....	12	
	Address where care provided (if different):		
	Street address.....	107	
	City, state, ZIP code.....	108	
	Telephone number.....	103	
	Identification number (SSN or EIN).....	13	
	1=organization is tax-exempt.....	104	
	1=care provider is a person.....	106	
	Amount paid to care provider in 2011.....	14	<b>2010 amt:</b>
1=spouse, 2=joint.....	15		
No. <input style="width:40px;" type="text"/>	Name of provider.....	10	
	Street address.....	11	
	City, state, ZIP code.....	12	
	Address where care provided (if different):		
	Street address.....	107	
	City, state, ZIP code.....	108	
	Telephone number.....	103	
	Identification number (SSN or EIN).....	13	
	1=organization is tax-exempt.....	104	
	1=care provider is a person.....	106	
	Amount paid to care provider in 2011.....	14	<b>2010 amt:</b>
1=spouse, 2=joint.....	15		

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2011 Amount

2010 Amount

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1994 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2011.....	22		
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011.....		23
		Prior years for adoption of foreign child finalized in 2011.....		26
		2010 and 2011 for adoption finalized in 2011.....		20
		2011 for adoption finalized before 2011.....		24
	1=spouse, 2=joint.....	21		

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1994 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2011.....	22		
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011.....		23
		Prior years for adoption of foreign child finalized in 2011.....		26
		2010 and 2011 for adoption finalized in 2011.....		20
		2011 for adoption finalized before 2011.....		24
	1=spouse, 2=joint.....	21		

No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 1994 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2011.....	22		
	Qualified Adoption Expenses Paid in	2010 for adoption not finalized by end of 2011.....		23
		Prior years for adoption of foreign child finalized in 2011.....		26
		2010 and 2011 for adoption finalized in 2011.....		20
		2011 for adoption finalized before 2011.....		24
	1=spouse, 2=joint.....	21		

Please complete the information below if you paid qualified education expenses in 2011 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.  
Last year's amounts are provided for your reference.

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2011 Amount		2010 Amount	
No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=American opportunity credit, 2=lifetime learning credit .....		15		
	Number of years hope credit claimed .....		23		
	Number of years American opportunity credit claimed .....		35		
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no ..		32		
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) .....		16		
	Books and supplies required to be purchased from institution ...		27		
	Books and supplies not entered above .....		28		
	Amount of prior year refund or assistance * .....		20		

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=American opportunity credit, 2=lifetime learning credit .....		15		
	Number of years hope credit claimed .....		23		
	Number of years American opportunity credit claimed .....		35		
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no ..		32		
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) .....		16		
	Books and supplies required to be purchased from institution ...		27		
	Books and supplies not entered above .....		28		
	Amount of prior year refund or assistance * .....		20		

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	17		
		First name .....	12		
		Last name .....	13		
		Social security number .....	14		
	1=American opportunity credit, 2=lifetime learning credit .....		15		
	Number of years hope credit claimed .....		23		
	Number of years American opportunity credit claimed .....		35		
	Student completed 1st 4 years of post-secondary edu. before 2011: 1=yes, 2=no ..		32		
	Qualified tuition and fees paid in 2011 (net of refund or assistance and not entered elsewhere) .....		16		
	Books and supplies required to be purchased from institution ...		27		
	Books and supplies not entered above .....		28		
	Amount of prior year refund or assistance * .....		20		

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2011 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,700 or more in 2011; withheld federal income tax during 2011 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2011 to household employees, please complete the following:

Employer identification number.....	1	
1=spouse, 2=joint.....	2	

Social security, Medicare and income taxes:	2011 Amount	2010 Amount
1=paid any one employee cash wages of \$1,700 or more.....	4	
1=withheld federal income tax for household employee.....	5	
Total cash wages subject to social security taxes.....	6	
Total cash wages subject to Medicare taxes.....	7	
Federal income tax withheld.....	8	
Advance earned income credit payments.....	9	
Taxes withheld from state disability payments.....	33	

Federal unemployment tax:	2011 Amount	2010 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2010 or 2011.....	10	
Total cash wages subject to FUTA tax.....	11	
1=paid unemployment contributions to only one state.....	12	
1=paid all state unemployment contributions by 4/15/12.....	13	
1=all wages taxable for FUTA were also taxable for state unemployment.....	14	
Name of state.....	15	
Contributions paid to state unemployment fund.....	17	

**Please enter all pertinent 2011 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name .....	800	
Last name .....	803	
Social security number.....	801	
Date of birth (m/d/y).....	26	
1=nontaxable to federal.....	19	
1=nontaxable to state.....	18	

**INTEREST INCOME (Form 1099-INT)**

	2011 Amount	2010 Amount
Banks, credit unions, etc. (Box 1):		
_____	3	
_____	3	
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		
_____	17	
_____	17	
Tax-exempt interest:		
Total municipal bonds.....	16	
In-state municipal bonds .....	4	
Adjustments:		
Nominee distribution .....	5	
Accrued interest .....	6	
Tax-exempt interest (1099-INT in error) .....	22	
OID adjustment.....	7	
ABP adjustment .....	8	
Foreign:		
1=interest in or authority over foreign account .....	9	
Name of foreign country.....	802	
1=grantor/transferee or received distribution from foreign trust .....	10	
Post 8/7/86 private activity bond interest (included above) (6251).....	20	

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):		
_____	11	
_____	11	
Qualified dividends (Box 1b).....	29	
Total capital gain distributions (Box 2a):		
_____	13	
_____	13	
Unrecaptured section 1250 gain (Box 2b).....	24	
Section 1202 gain (Box 2c).....	2	
Collectibles (28%) gain (Box 2d).....	23	
Nontaxable distributions (Box 3).....	12	
Tax-exempt interest:		
Total municipal bonds.....	15	
In-state municipal bonds .....	21	
Nominee distributions:		
Ordinary dividends.....	14	
Qualified dividends.....	31	
Capital gain distributions .....	25	
Alaska permanent fund dividends included above.....	27	

2011

1040

CA

Other Credits

53.013

Please enter all pertinent 2011 information.

**RENTER'S CREDIT**

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter.....	1	
1=filing separate, claiming spouse's credit.....	2	
1=filing jointly and one spouse claimed homeowner's property tax exemption.....	137	
Number of months in California, if part-year resident.....	51	

53.013

<b>2011</b>	<b>1040</b>	<b>CA</b>	<b>California Use Tax</b>	<b>54.012</b>
-------------	-------------	-----------	---------------------------	---------------

**Please enter all pertinent 2011 information.**

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....	1		
	Use county (see table) .....	2		
	Total purchases subject to use tax .....	3		
	Sales or use tax already paid .....	5		

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....	1		
	Use county (see table) .....	2		
	Total purchases subject to use tax .....	3		
	Sales or use tax already paid .....	5		

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....	1		
	Use county (see table) .....	2		
	Total purchases subject to use tax .....	3		
	Sales or use tax already paid .....	5		

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....	1		
	Use county (see table) .....	2		
	Total purchases subject to use tax .....	3		
	Sales or use tax already paid .....	5		

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....	1		
	Use county (see table) .....	2		
	Total purchases subject to use tax .....	3		
	Sales or use tax already paid .....	5		

**County**

- |   |   |   |  |
|---|---|---|--|
| 1 = Alameda<br>2 = Alpine<br>3 = Amador<br>4 = Butte<br>5 = Calaveras<br>6 = Colusa<br>7 = Colusa (Williams)<br>8 = Contra Costa<br>9 = Contra Costa (El Cerrito)<br>10 = Contra Costa (Pinole)<br>11 = Contra Costa (Richmond)<br>12 = Del Norte<br>13 = El Dorado<br>14 = El Dorado (So. Lake Tahoe)<br>15 = El Dorado (Placerville)<br>16 = Fresno<br>17 = Fresno (Clovis)<br>18 = Fresno (Reedley)<br>19 = Fresno (Sanger)<br>20 = Fresno (Selma)<br>21 = Glenn<br>22 = Humboldt<br>23 = Humboldt (Trinidad)<br>24 = Imperial<br>25 = Imperial (Calexico)<br>26 = Inyo<br>27 = Kern<br>28 = Kern (Delano)<br>29 = Kings<br>30 = Lake<br>31 = Lake (Lakeport)<br>32 = Lake (Clearlake) | 33 = Lassen<br>34 = Los Angeles<br>35 = Los Angeles (Avalon)<br>36 = Los Angeles (Inglewood)<br>37 = Los Angeles (South Gate)<br>38 = Madera<br>39 = Marin<br>40 = Marin (San Rafael)<br>41 = Mariposa<br>42 = Mendocino<br>43 = Mendocino (Fort Bragg)<br>44 = Mendocino (Ukiah)<br>45 = Mendocino (Point Arena)<br>46 = Mendocino (Willits)<br>47 = Merced<br>48 = Merced (Los Banos)<br>49 = Merced (Merced)<br>50 = Modoc<br>51 = Mono<br>52 = Mono (Mammoth Lakes)<br>53 = Monterey<br>54 = Monterey (Del Ray Oaks)<br>55 = Monterey (Pacific Grove)<br>56 = Monterey (Seaside)<br>57 = Monterey (Salinas)<br>58 = Monterey (Sand City)<br>59 = Napa<br>60 = Nevada<br>61 = Nevada (Nevada City)<br>62 = Nevada (Truckee)<br>63 = Orange<br>64 = Orange (Laguna Beach) | 65 = Placer<br>66 = Plumas<br>67 = Riverside<br>68 = Riverside (Cathedral City)<br>69 = Sacramento<br>70 = San Benito<br>71 = San Benito (Hollister)<br>72 = San Benito (San Juan Bautista)<br>73 = San Bernardino<br>74 = San Bernardino (Montclair)<br>75 = San Bernardino (San Bernardino)<br>76 = San Diego<br>77 = San Diego (El Cajon)<br>78 = San Diego (National City)<br>79 = San Diego (Vista)<br>80 = San Francisco<br>81 = San Joaquin<br>82 = San Joaquin (Manteca)<br>83 = San Joaquin (Stockton)<br>84 = San Luis Obispo<br>85 = San Luis Obispo (Arroyo Grande)<br>86 = San Luis Obispo (Grover Beach)<br>87 = San Luis Obispo (Morro Bay)<br>88 = San Luis Obispo (Pismo Beach)<br>89 = San Luis Obispo (San Luis Obispo)<br>90 = San Mateo<br>91 = San Mateo (San Mateo)<br>92 = Santa Barbara<br>93 = Santa Clara<br>94 = Santa Cruz<br>95 = Santa Cruz (Capitola)<br>96 = Santa Cruz (Santa Cruz) | 97 = Santa Cruz (Scotts Valley)<br>98 = Santa Cruz (Watsonville)<br>99 = Shasta<br>100 = Sierra<br>101 = Siskiyou<br>102 = Solano<br>103 = Sonoma<br>104 = Sonoma (Cotati)<br>105 = Sonoma (Rohnert Park)<br>106 = Sonoma (Santa Rosa)<br>107 = Sonoma (Sebastopol)<br>108 = Stanislaus<br>109 = Stanislaus (Ceres)<br>110 = Sutter<br>111 = Tehama<br>112 = Trinity<br>113 = Tulare<br>114 = Tulare (Dinuba)<br>115 = Tulare (Farmersville)<br>116 = Tulare (Porterville)<br>117 = Tulare (Tulare)<br>118 = Tulare (Visalia)<br>119 = Tuolumne<br>120 = Tuolumne (Sonora)<br>121 = Ventura<br>122 = Yolo<br>123 = Yolo (Davis)<br>124 = Yolo (West Sacramento)<br>125 = Yolo (Woodland)<br>126 = Yuba |
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