

General Information

Filing Status

To optimize between MFS and MFJ status and/or create separate returns based on information entered in a jointly filed return, access [Utilities > Filing Status Optimization](#)

Code (1 - 5)

1 = Single (default)

Nonresident alien single code

2 = Married filing joint

Elect to file joint return with nonresident alien spouse

3 = Married filing separate

Lived apart entire year

Claiming spouse

Nonresident alien married filing separate code

Nonresident alien spouse without ITIN

4 = Head of household

Qualifying person name

Social security number

5 = Qualifying widow(er)

Taxpayer Information

SSN

First name

Last name

Occupation

Presidential election campaign fund (1 = Yes, 2 = No, 3 = Blank, w/CP reminder)

Dependent of another

Meets certain children age 18 through 23 conditions (1 = Yes, 2 = No)

First time filing tax return

Child neither parent is alive (Under 18 or full-time student between 19 and 23)

Blind

Date of birth (mm/dd/yyyy)

Date of death

Daytime telephone/ext number

Home/evening telephone number

Authorize discussion with IRS (1 = Yes, 2 = No)

Bona fide resident of US possession

Custom paragraph first name if different

Salutation

Spouse Information

Residence Information

Address

Apartment number

City, state, zip

Foreign country code/name

Foreign province/county

Foreign postal code

Address indicator

Special processing

Combat zone deployment date

In care of addressee/name line 2 (Electronic filing only)

Dependents and General

Dependent information \$

Standard/itemized deduction

(Force) (1 = Standard, 2 = Itemized)

Earned income adjustment for:

Dependent of another

Form 8615 line 1 (Investment inc)

Dual-status code

General footnote \$

Client complexity factor:

Additional

Overall (Force)

Client Contact Information and Third Party Designee

Appointment Information

Appointment date, time, and duration

Next year appointment date, time, and duration

Other appointment information

Client Contact Information

Email address fields link to [Setup > Client Communications](#)

Tax matters person

Taxpayer email address

Spouse email address

	Taxpayer	Spouse
Car telephone number	<input type="text"/>	<input type="text"/>
Fax telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Pager telephone number	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Extension	<input type="text"/>	<input type="text"/>
Preferred method of contact	<input type="text"/>	<input type="text"/>

Client Organizer and Proforma Options

Suppress next year's proforma

Due date of completed organizer

Print blank client organizer (For clients who do not have proforma'd information)

Organizer type options (Organizer type option selected here will override global settings)

Organizer delivery method used (1 = Paper, 2 = Email PDF, 3 = PDF to file, 4 = Web, 5 = None)

Organizer delivery method used in prior year

Organizer presentation used (1 = Classic, 2 = Lite, 3 = Lite with Inc Summary, 4 = Lite with Classic detail, 5 = Lite with Classic detail and Inc Summary)

Organizer presentation used in prior year

Tax return delivery method used (1 = Paper, 2 = Email PDF, 3 = PDF to file, 4 = Web)

Tax return delivery method used in prior year

Third Party Designee

Use this section to report a third party designee other than the designee entered on the [Setup > System Configuration > Preparers](#) tab. Third party designee information will print in the return signature block area. All three fields are required.

Designee PIN (Do NOT enter all zeroes. Enter electronic filing Personal Identification Number (PIN) on Screen PIN)

Designee name

Designee telephone number

Merged Client Information

UltraTax CS supports domestic partner/civil union returns for the following states: CA, CT, DC, IA, IL, MA, NH, NJ, NY, OR, and VT.

Merged data client type Domestic partner Married filing joint

Domestic partner client in prior year

	Taxpayer/Partner #1	Spouse/Partner #2
Client IDs for merged data	<input type="text"/>	<input type="text"/>

Client merge has unresolved errors

Separately list individual returns in DPR transmittal letter

Deposit, Electronic Funds Withdrawal

Direct Deposit/Electronic Funds Withdrawal

Enter electronic funds withdrawal (EFW) account information in this section and requested payment date on **Screen ELF**. Enter the taxpayer's daytime telephone number on **Screen 1040**. UltraTax will automatically update the direct deposit information on Form 1040, page 2 when a bank product is selected on **Screen RAL**. You cannot deposit into multiple accounts when using a bank product.

Primary account:

Routing transit number _____

Name of financial institution _____

Depositor account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA (Traditional, Roth, or SEP-IRA)) _____

Joint account (MFJ only; both names are on the account) _____

Non-US financial institution (International ACH transactions) _____

Refund Allocation Information

Refund allocation (Dollar OR percent):	Dollar	Percent (xxx.xx)	Maximum all bonds \$5,000 (Multiple of \$50) Bonds for names	Dollar	Percent (xxx.xx)
Direct deposit primary	_____	_____	on tax return	_____	_____
Direct deposit secondary 1	_____	_____	Bonds other 1	_____	_____
Direct deposit secondary 2	_____	_____	Bonds other 2	_____	_____
Paper check	_____	_____			

Refund allocation order (If more than one refund allocation method is used. Methods without data will be ignored): _____

- | | | |
|--|--|--|
| 1 = Direct deposit, bond purchase, paper check | 3 = Paper check, direct deposit, bond purchase | 5 = Bond purchase, direct deposit, paper check |
| 2 = Direct deposit, paper check, bond purchase | 4 = Paper check, bond purchase, direct deposit | 6 = Bond purchase, paper check, direct deposit |

Direct deposit refund (Force) (When total tax is zero and withholding is \$10,000 or more) _____

Secondary Bank Account(s)

Secondary account #1:

Routing transit number _____

Name of financial institution _____

Depositor account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA (Traditional, Roth, or SEP-IRA)) _____

Joint account (MFJ only; both names are on the account) _____

Non-US financial institution (International ACH transactions) _____

Secondary account #2:

Routing transit number _____

Name of financial institution _____

Depositor account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA (Traditional, Roth, or SEP-IRA)) _____

Joint account (MFJ only; both names are on the account) _____

Non-US financial institution (International ACH transactions) _____

Savings Bonds Registration Information

Proforma bond information to 2012 (1 = Bonds purchased other 1, 2 = Bonds purchased other 2, 3 = Both) _____

Bonds purchased other 1:

Owner's name _____

Co-owner or beneficiary name _____

Indicate name is for beneficiary _____

Bonds purchased other 2:

Owner's name _____

Co-owner or beneficiary name _____

Indicate name is for beneficiary _____

Power of Attorney and Tax Information Authorization

POA (2011)

T, S, J

Forms 2848 and 8821 - General Information

EIN

Power of Attorney/Tax Information Authorization (1 = Form 2848, 2 = Form 8821, 3 = Both forms)

IRS Service Center for power of attorney

Specific use not recorded on Centralized Authorization File (CAF)

Authorized acts for Form 2848:

- Disclosure to third parties
- Signing a return
- Substitute or add representatives
- Other authorized acts §

Deletions to authorized acts for Form 2848 §

Send copies of notices to representative(s) for Form 2848 (Blank = 1st rep, 1 = 2nd rep, 2 = 1st and 2nd reps, 3 = No reps)

Send no notices to Form 8821 appointee

Prior power of attorney still in effect

Representative/Appointee Information

Representative information can be added under Setup > System Configuration > Preparers

Representative #1

New **Name**

Address

City, state, zip code

CAF number **PTIN**

Telephone number

Fax number

Designation/Jurisdiction

License, Bar, or Enrollment number

If 'X', data entry suspends Preparers tab transfer to this representative (Remove X to reinstate transfer)

Representative #2

New **Name**

Address

City, state, zip code

CAF number **PTIN**

Telephone number

Fax number

Designation/Jurisdiction

License, Bar, or Enrollment number

If 'X', data entry suspends Preparers tab transfer to this representative (Remove X to reinstate transfer)

Representative #3

New **Name**

Address

City, state, zip code

CAF number **PTIN**

Telephone number

Fax number

Designation/Jurisdiction

License, Bar, or Enrollment number

If 'X', data entry suspends Preparers tab transfer to this representative (Remove X to reinstate transfer)

Injured Spouse Allocation

Form 8379 - General Information

Select Injured spouse, go to [Utilities > Filing Status Optimization](#), mark Save off amounts for Form 8379 only, and click the Save button

Injured spouse^(T, S)

Divorced or separated, issue refund in injured spouse's name only

Print with firm data on the form (filing Form 8379 separately)

Address (to have refund mailed to an address different from [Screen 1040](#))

Address and apartment _____

City, state, zip code _____

Community property state(s) resided in during the year _____

Form 8379 - Questions

Did (or will) the injured spouse file a joint return for the tax year? (1 = Yes, 2 = No)

Did (or will) the IRS use joint overpayment to pay past-due debt(s) owed by other spouse? (1 = Yes, 2 = No)

Is the injured spouse legally obligated to pay the past-due amount? (1 = Yes, 2 = No)

Did the injured spouse make and report payments, such as withholding or estimated tax? (1 = Yes, 2 = No)

Did the injured spouse have earned income, such as wages, salaries, or self-employment? (1 = Yes, 2 = No)

Did (or will) the injured spouse claim the earned income credit or additional child tax credit? (1 = Yes, 2 = No)

Did (or will) the injured spouse claim a refundable tax credit? (1 = Yes, 2 = No)

Form 8379 - Allocation Information

	Joint amount (Force)	Amount allocated to injured spouse (Force)
Wages	_____	_____
Taxable interest	_____	_____
Ordinary dividends	_____	_____
Taxable refunds	_____	_____
Alimony received	_____	_____
Business income or (loss)	_____	_____
Capital gain or (loss)	_____	_____
Other income or (loss)	_____	_____
Taxable IRA distributions	_____	_____
Taxable pensions and annuities	_____	_____
Rental real estate, royalties, etc.	_____	_____
Farm income or (loss)	_____	_____
Unemployment compensation	_____	_____
Taxable social security benefits	_____	_____
Other income	_____	_____
Adjustments to income	_____	_____
Itemized deductions	_____	_____
Number of exemptions	_____	_____
Credits	_____	_____
Other taxes	_____	_____
Federal income tax withheld	_____	_____
Payments	_____	_____

Change of Address

Form 8822 - Change of Home Mailing Address

Establishing separate residence from spouse

Taxpayer prior name _____

Spouse prior name _____

Daytime telephone number of person to contact (If different from daytime telephone number on [Screen 1040](#)) _____

Treat mailing address on Screen 1040 as: (1 = Old mailing address, 2 = Spouse's old address 3 = New mailing address)

Old mailing address: (If different from address on [Screen 1040](#))

Address and apartment _____

City, state, zip code _____

Foreign country code/name _____

Foreign province or county/postal code _____

Spouse's old mailing address: (If different from address above)

Address and apartment _____

City, state, zip code _____

Foreign country code/name _____

Foreign province or county/postal code _____

New mailing address: (If different from address on [Screen 1040](#))

Address and apartment _____

City, state, zip code _____

Foreign country code/name _____

Foreign province or county/postal code _____

Form 8822 IRS Service Center (Based on the old mailing address) _____

Form 8822-B - Change of Business Mailing Address or Location

Change applies to:

Employment, excise, income, and other business returns

Employee plan returns

Business location

Business name / EIN _____

Old mailing address _____

City, state, zip code _____

Room or suite number _____

Foreign country code/name _____

Foreign province or county/postal code _____

New mailing address _____

City, state, zip code _____

Room or suite number _____

Foreign country code/name _____

Foreign province or county/postal code _____

New business location _____

City, state, zip code _____

Room or suite number _____

Foreign country code/name _____

Foreign province or county/postal code _____

Form 8822 IRS Service Center (Based on the old mailing address) _____

Title of owner, officer or representative _____

Daytime telephone number of person of contact (If different from daytime telephone number on [Screen 1040](#)) _____

Extension Information

Forms 4868 and 2350 Information

Extended due dates are for transmittal letters/filing instructions & penalties/interest calculations

Calculate extension (1 = Calculate first extension, 3 = Calculate Form 2350 extension)

Extended due date

Balance due on extension (Force)

Out of the country on 4/17/12

Form 1040NR filer wages not subject to federal withholding (Force) (1 = Yes, 2 = No)

Previous extension not requested this year

Address for extension correspondence

Form 2350: Additional time is required to allocate moving expenses

Date first arrived in the foreign country

Date qualifying period begins

Date qualifying period ends

Date expected to return to the United States

Interest, Dividends, Capital Gain and Losses, REMICs

Schedule B - Interest and Dividend Income

Interest income (Including foreign amounts) \$ _____
Seller-financed mortgage interest income \$ _____

	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202
Dividend income (Including foreign amounts)	\$ _____	_____	_____	_____	_____

Name of foreign country or possession _____
Elect exemption from foreign tax credit limitation _____
Amount exempt from foreign tax credit limitation (Force) _____

Schedule B - Miscellaneous Information

See [Screen 9022](#) or [Screen 8938](#) for data entry related to the reporting of foreign accounts and assets

Interest in or signature/authority over foreign account in a foreign country? (1 = Yes, 2 = No) _____
If yes, is Form TD F 90-22.1 required to be filed to report the interest or signature/authority? (1 = Yes, 2 = No) _____
If yes, enter name of foreign country _____
Receive distribution from or a grantor/transferor to foreign trust? (1 = Yes, 2 = No) _____
Elect to determine fund basis using average basis (1 = Single category method, 2 = Double category method) _____
Elect to recognize current income on noninterest-bearing discount bonds _____

Schedule D / Form 8949 Sales of Capital Assets

Schedule for detail \$ _____
Unrecaptured section 1250 gain from sale/exchange of Partnership interest _____
Unrecaptured section 1250 gain reported on line 11 of section 1250 worksheet _____
Unrecaptured section 1250 gain (Other than on K-1s) (AMT amounts, see [Screen AMT](#)) _____
1202 Corp reported on 1099-DIV _____
Field not applicable _____

Schedule E - REMICs Information

Schedule for detail \$ _____

Pension and Annuity Information

1099R (2011)

EIN _____
 Payer's name _____

T, S _____
 State _____

1099R Facsimile			
Payer's address, and ZIP code _____ _____ Account number (optional) _____	1 Gross distribution _____		
	2a Taxable amount _____		
Payee's address, and ZIP code (If different from <u>Screen 1040</u>) _____ _____	2b Taxable amount not determined	Total distribution _____	
	3 Capital gain (included in box 2a) _____	4 Fed W/H _____	
State use _____	5 Employee contributions/designated Roth basis _____	6 Net unrealized appreciation _____	
Amount of rollover _____	7 Distribution code _____ IRA/SEP/SIMPLE	8 Other (xx.xx) % _____	
Qual. charitable distribution _____	9a Percentage of total distribution (xx.xx) %	9b Total employee contributions _____	
Qual. HSA funding distribution _____	10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib. _____	
Qual. PSO exclusion _____	12 State W/H State Amount	13 Payer's state ID no. _____	14 State taxable amount If different _____
Not from IRA or elective deferral plan (8880) _____	15 Local W/H	16 City code Name of locality	17 Local distribution (SDE reporting only) _____
Death benefit exclusion _____	OH code	School dist W/H	Health ins premiums _____
Pre-retirement age disability _____	Name of OH school district _____		
Inherited IRA _____			
Loss on annuity _____			
RR tier 2 benefits _____			
Standard/Non-standard _____			
Corrected _____			
Election history \$ _____			
Foreign employer pension _____			
Ministerial pension with housing allowance _____			
Form RRB-1099-R _____			
Delete on next year's proforma _____			

Pension/Annuity Information	Roth IRA
Pension code (1 = General rule, 2 = Simplified method) _____	Conversion to Roth _____
Investment/cost in contract _____	Amount of minimum required distribution with Roth conv _____
Annuity starting date _____	Recharacterization type _____
Combined ages at annuity starting date _____	Original conversion or contribution amount _____
No. of payments expected (Force) _____	Contributions (or conversion) made 5 or more years ago _____
No. of months covered this year if not 12 _____	
Amts rec'd tax free post 1986 _____	Designated Roth
Expected return _____	Rollover to Roth IRA _____
First periodic payment amount _____	
No. of payments received this year _____	
Investment recovered in past _____	
Elect to recompute variable annuity exclusion \$ _____	

Form RRB-1099-R	
RRB-1099-R Box 8 Repayments _____	Treatment for repayments of more than \$3,000 _____

Social Security, Tier 1 Railroad Retirement Benefits

SSA-1099 (2011)

T, S

State

SSA-1099 Facsimile

Box 3 Benefits Paid in 2011+

Box 4 Benefits Repaid to SSA in 2011+

Box 5 Net Benefits for 2011 (Box 3 minus Box 4)

DESCRIPTION OF AMOUNT IN BOX 3

Medicare premiums *

Prescription drug (Part D) premiums *

State use

Enter prior year information in Lump sum social security benefits field below

DESCRIPTION OF AMOUNT IN BOX 4

Box 6 Voluntary Federal Income Tax Withheld

+Available for UltraTax CS data mining, not used in tax return preparation

*** Defaults to Schedule A. Enter self-employed activity identification information below, if applicable.**

RRB-1099 Facsimile

	3 Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2011+	
1 Claim Number and Payee Code+	4 Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2011+	
2 Recipient's Identification Number	5 Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2011	
	6 Workers' compensation Offset in 2011+	
	7 Social Security Equivalent Benefit Portion of Tier 1 Paid for 2010	Enter in Lump sum social security benefits field below
	8 Social Security Equivalent Benefit Portion of Tier 1 Paid for 2009	Enter in Lump sum social security benefits field below
	9 Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2009	Enter in Lump sum social security benefits field below
	10 Federal Income Tax Withheld	
	11 Medicare Premium Total *	

+Available for UltraTax CS data mining, not used in tax return preparation

*** Defaults to Schedule A. Enter self-employed activity identification information below, if applicable.**

Other Information

Lump sum social security benefits \$

SSA-1099 State withholding

RRB-1099 State withholding

Taxable SS/Tier 1 RR benefits (Force)

Self-employed activity identification (For Medicare amounts entered above) **Form/Schedule** **Unit**

Other Income

Alimony, Unemployment, Other Income

	Taxpayer	Spouse	Fed W/H	State W/H
Alimony received	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Unemployment compensation received	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Unemployment compensation repaid	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Other income	\$ <input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other income from Form 1099-K	\$ <input style="width: 100%;" type="text"/>			
Election to include value of restricted property in income in year of transfer				\$ <input style="width: 50%;" type="text"/>

Alaska Permanent Fund Dividends

	Taxpayer	Spouse
Alaska Permanent Fund dividends	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Do not include Alaska Permanent Fund dividends on Form 8615		<input style="width: 50%;" type="text"/>

Form 1040-SS

Adjustment to Puerto Rico income <small>(For 1040-SS Only)</small>	<input style="width: 100%;" type="text"/>
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Miscellaneous Income

1099M (2011)

FIN _____
 Payer's name _____

Unit _____
 Form _____
 T, S, J* _____
 State* _____

General Information

Items marked with asterisk (*) are only applicable when Form field equals "Blank"

Fed/State, Federal code, Subject to self employment tax and State use codes will be applied to boxes 1 through 3, 5 through 8 and 14
 All other form types will use the equivalent information on the applicable form/schedule's main screen

- Report income on Schedule C as Gross receipts (Default is Schedule C Other income)
- Corrected 1099-Misc+
- Federal/State* (Blank = Both, F = Federal, S = State) (Applied to boxes 1 - 3, 5 - 8, 14)
- Federal code* (Applied to boxes 1 - 3, 5 - 8, 14)
- Subject to self employment tax* (1 = Yes, 2 = No) (Applied to boxes 1 - 3, 5 - 8, 14)
- Royalties qualify for capital gain treatment (Box 2 amount)
- Taxable crop insurance proceeds received in current year (Box 10 amount) _____
- Do not include box 14 proceeds as other income (Taxable amount is entered elsewhere in the return)
- State use* (Applied to boxes 1 - 3, 5 - 8, 14)
- Delete on next year's proforma

1099-MISC Facsimile

Payer's address, and ZIP code+ _____ _____ _____		1 Rents _____	
		2 Royalties _____	
Telephone number+ _____		3 Other income _____	4 Federal income tax withheld _____
Recipient's federal identification number+ _____		5 Fishing boat proceeds _____	6 Medical and health care payments _____
Recipient's street address+ _____		7 Nonemployee compensation _____	8 Substitute pymts in lieu of dividends/ interest _____
Recipient's City, state, and ZIP code+ _____ _____		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale+ _____	
		10 Crop insurance proceeds _____	11 _____
Account number (see instructions)+ _____		12 _____	13 Excess golden parachute payments _____
14 Gross proceeds paid to an attorney _____	15a Section 409A deferrals _____	15b Section 409A income _____	16 State W/H State Amount _____ _____
17 State/Payer's state no. _____	18 State income _____		

+Available for UltraTax CS data mining and various state reporting purposes, not used in federal tax return preparation

Cancellation of Debt, Abandonment

1099C (2011)

T, S, J
 State
 Form
 Unit

FIN+
Creditor's or Lender's name

1099-C Facsimile			
Creditor's address, ZIP code, and telephone number+ <input type="text"/> <input type="text"/>	1 Date canceled <input type="text"/>		
Debtor's federal identification number+ <input type="text"/>	2 Amount of debt canceled <input type="text"/>		
Debtor's street address+ <input type="text"/> Debtor's city, state, and ZIP code+ <input type="text"/>	3 Interest if included in box 2 <input type="checkbox"/> Deductible		
Account number+ <input type="text"/> +Available for UltraTax CS data mining, not used in tax return preparation	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">6 Bankruptcy (if checked) <input type="checkbox"/></td> <td style="width: 50%;">7 Fair market value of property <input type="text"/></td> </tr> </table>	6 Bankruptcy (if checked) <input type="checkbox"/>	7 Fair market value of property <input type="text"/>
6 Bankruptcy (if checked) <input type="checkbox"/>	7 Fair market value of property <input type="text"/>		

Cancellation of Debt	
Exclude 100% of canceled debt from income	<input type="checkbox"/>
Box 2 amount excluded from gross income, if not 100%	<input type="text"/>
Treat canceled debt income as investment income	<input type="checkbox"/>
Reason Box 2 amount is excluded from gross income	<input type="checkbox"/>
Description of other reason (If Reason Box 2 amount is not included in gross income is 5 = Other)	<input type="text"/>

1099-A Facsimile			
Lender's address, city, state, and Zip code+ <input type="text"/> <input type="text"/>	1 Date of lender's acquisition or knowledge of abandonment <input type="text"/>		
Borrower's federal identification number+ <input type="text"/>	2 Balance of principal outstanding <input type="text"/>		
Borrower's address+ <input type="text"/> Borrower's city, state, and ZIP code+ <input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">3</td> <td style="width: 50%;">4 Fair market value of property <input type="text"/></td> </tr> </table>	3	4 Fair market value of property <input type="text"/>
3	4 Fair market value of property <input type="text"/>		
Account number+ <input type="text"/>	5 Check here if the borrower was personally liable for repayment of the debt <input type="checkbox"/>		
	6 Description of property+ <input type="text"/>		

Abandoned, Foreclosed, Repossessed Property	
Date acquired	<input type="text"/>
Date property abandoned, repossessed, or disposed	<input type="text"/>
Outstanding debt before transfer of property (If not reported on Box 2 of 1099-A)	<input type="text"/>
Proceeds received from foreclosure sale	<input type="text"/>
Basis of transferred property	<input type="text"/>
Depreciation allowed or allowable	<input type="text"/>
Alternative minimum tax gain/loss adjustment	<input type="text"/>
Treatment	<input type="checkbox"/>
Section 1250 property	<input type="checkbox"/>
Additional section 1250 depreciation after 1975	<input type="text"/>
Applicable percentage (Defaults to 100%) (xxx.xx)	<input type="text"/>
Business use percentage of property (Defaults to 100% if business form/schedule selected)	<input type="text"/>
Property in asset module, do not report Source Data Entry data	<input type="checkbox"/>

Gambling Winnings

W2G (2011)

EIN _____
 Payer's name _____

T, S _____
 State _____

General Information

Standard/Non-standard W-2G (S = Standard, N = Nonstandard) _____

Corrected _____

State use _____

Professional gambler _____

Community property designation (Blank = Community property, N = Non-community property) _____

Delete on next year's proforma _____

W-2G Facsimile

Payer's address, and ZIP code _____ _____ _____ Telephone number _____	1 Gross winnings _____	2 Fed W/H _____
Payee's name, address, and ZIP code (If different from Screen 1040) _____ _____ _____ _____	3 Type of wager _____	4 Date won _____
_____ _____	5 Transaction _____	6 Race _____
_____	7 Identical wager winnings _____	8 Cashier _____
_____	9 TIN _____	10 Window _____
_____	11 First ID _____	12 Second ID _____
_____	13 Payer's state ID no. _____	14 State W/H _____
_____	City Code Name of locality _____	Local W/H _____

Profit or Loss From Business

C (2011)

Unit T, S, J State EIN Business name Principal business or profession

Schedule C - General Information

State use code \$ City code/name State allocation Business code Business address (If different from home address on [Screen 1040](#)) City, state, zip code Accounting method (1 = Cash, 2 = Accrual, 3 = Other) If other: Inventory method (1 = Cost, 2 = LCM, 3 = Other) If other, attach explanation \$ Change in inventory \$ Material participation? (1 = Yes, 2 = No) Began/acquired business this year Payments were made that require filing Form(s) 1099 (1 = Yes, 2 = No) If yes, all required Forms 1099 were or will be filed (1 = Yes, 2 = No) Minister, clergy or religious worker Self-employment code (Blank = Subject to SE tax, 1 = Statutory employee, 2 = Minister (exempt), 3 = Not SE taxable) Processes a farm commodity (Enter prior year income/-loss on [Screen FarmLoss](#)) Health insurance premiums Long-term care premiums \$ Screen W2 unit# for statutory employee Statutory employee wages (Force) Form 2555 allowable % of foreign income (xx.xx) Form 2555 allocation code Community property designation (1 = Community property, tp's business; 2 = Community property, sp's business; N = Non-community property) Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold on installment basis)

Income

Merchant card and third party network receipts and sales (per Form 1099-K) \$ Gross receipts and sales not from merchant cards and third party networks (non-Form 1099-K) Returns and allowances Other income \$ Other income from recapture:

Section 179

Section 280F (Force)

Expense deduction allowable in prior years Recomputed depreciation

Cost of Goods Sold

Beginning inventory Purchases Labor \$ Materials Other costs \$ Ending inventory

Profit or Loss From Business - Expenses, Passive, Other

C-2 (2011)

Principal business or profession _____

Unit _____
 T, S, J _____
 State _____

Schedule C - Expenses

Advertising	_____
Car and truck (Force)	_____
Commissions/fees	_____
Contract labor	_____
Depletion (Force)	_____
Depreciation (Force)	_____
Employee benefits (Include premiums qualified for Small Health Insurance Premiums credit)	\$ _____
Insurance (Other than health)	\$ _____
Mortgage interest	_____
Interest - other	\$ _____
Legal/professional fees	_____
Office expenses	_____
Pension/profit sharing	\$ _____
Rent - machinery	_____
Rent - other	_____
Repairs/maintenance	_____
Supplies	_____
Taxes/licenses	\$ _____
Travel	_____
Meals and entertainment (100% Subject to 50% limit)	_____
Meals and entertainment (100% Subject to DOT 80% limit)	_____
Meals and entertainment (Fully deductible)	_____
Utilities	_____
Wages (Less employment credit)	\$ _____
Other expenses	\$ _____
Expenses not includible in the excess farm loss calculation	_____
Elect to capitalize carrying charges	\$ _____
Suppress carry of Form 8829 interest, qualified mortgage insurance and taxes to Schedule A	_____
Net income for home office #1	_____
Net income for home office #2	_____

Passive Activity, Other Carryover and Other Information

Other Information	Passive Activity Carryovers	Regular	AMT
State allocation _____	Operating _____	_____	_____
Passive activity code _____	Sch D - Short-term _____	_____	_____
1 = Other passive activity	Sch D - Long-term _____	_____	_____
3 = No limitation applied	Sch D - 28% rate _____	_____	_____
Aggregation group _____	Form 4797 - Part I _____	_____	_____
Significant participation hours _____	Form 4797 - Part II _____	_____	_____
Preference items \$ _____	Comm revitalization _____	_____	_____
Election history \$ _____	Other Carryovers _____	_____	_____
	Section 179 carryover _____	_____	_____
	Section 179 carryover - QRP _____	_____	_____
	Excess farm loss _____	_____	_____

Rent and Royalty Property

Rent (2011)

Property description _____

Unit _____

T, S, J _____

State _____

Rent and Royalty Property - General Information

Payments were made that require filing Form(s) 1099 (1 = Yes, 2 = No) _____

If yes, all required Forms 1099 were or will be filed (1 = Yes, 2 = No) _____

Physical address (Street, city, state, zip) _____

Type (1 = Single family residence, 2 = Multi-family residence, 3 = Vacation/Short-term, 4 = Commercial, 5 = Land, 6 = Royalties, 7 = Self-rental, 8 = Other (describe)) _____

Description of other rental type _____

Fair rental days (If not full year) (For types 1, 2, 4, 5, 7, and 8 only) (Use screen Screen Rent-2 for type 3) _____

Qualified joint venture _____

Ownership percentage, if not 100 (xxx.xx) _____

Business use percentage, if not 100 (Not vacation home percentage) (xxx.xx) _____

Suppress carry of interest, qualified mortgage insurance and taxes to Schedule A _____

State use code \$ _____

City code/name _____

State allocation _____

Community property designation (Blank = Community property, N = Non-community property) _____

Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold on installment basis) _____

Income

Merchant card and third party payments (per Form 1099-K) \$ _____

Rent and royalties not from merchant cards _____

Prior year Section 179 _____

Recomputed Section 179 _____

Prior year Section 280F _____

Recomputed Section 280F _____

Expenses

	Amount	Percentage (xxx.xx)		Amount	Percentage (xxx.xx)
Advertising	_____	_____	Qualified mtg insurance	_____	_____
Auto (Force)	_____	_____	Other interest	\$ _____	_____
Travel	_____	_____	Repairs	_____	_____
Cleaning & maintenance	_____	_____	Supplies	_____	_____
Commissions	\$ _____	_____	Taxes	\$ _____	_____
Insurance	\$ _____	_____	Utilities	_____	_____
Legal & professional	_____	_____	Depreciation (Force)	_____	_____
Management fees	\$ _____	_____	Depletion (Force)	_____	_____
Mortgage interest (Form 1098)	_____	_____	Other	\$ _____	_____
Other mortgage interest	\$ _____	_____	Refinancing points paid	\$ _____	_____

Explanation of mortgage interest exceeding Form 1098 amount \$ _____

Other interest - information of others receiving Form 1098 statement \$ _____

Elect to capitalize carrying charges \$ _____

Carry non-business expenses to indicated home office: Form/Schedule _____ **Unit** _____ **Home ID** _____

Suppress carry of home office interest, qualified mortgage insurance and taxes to Schedule A _____

Net income for home office #1 _____

Net income for home office #2 _____

Rent and Royalty Property - Vacation Home and Passive

Property kind/location _____

Unit _____

T, S, J _____

State _____

Vacation Home, Personal Use Information

Use the Asset tab to enter vacation home percentage information applicable to this activity.
 Select the Vacation Home Percentage button on the Setup > Activity dialog in the Asset listing.

- Allocate interest, qualified mortgage insurance and taxes by the tax court method
- Number of days home used personally (When using asset module, go to Asset listing, select Setup on menu, then choose Activity for Vacation Home Percentage entry) _____
- Number of days home rented (When using asset module, go to Asset listing, select Setup on menu, then choose Activity for Vacation Home Percentage entry) _____
- Number of days home owned (If not 365) _____
- Personal use percentage (Force) (xxx.xx) _____
- Rental portion of casualty and theft losses (Enter total amount after limitations) _____
- Other direct rental expenses \$ _____
- Excess mortgage interest and qualified insurance premiums _____
- Rental portion of excess casualty and theft losses (Enter total amount before limitation) _____
- Carryover of disallowed vacation home operating expenses to 2011 _____
- Carryover of disallowed vacation home casualty and depreciation expenses to 2011 _____

Passive Activity and Other Information

Other Information	Passive Activity Carryovers	Regular	AMT
State allocation <input type="checkbox"/>	Operating _____	_____	_____
Passive activity code <input type="checkbox"/>	Sch D - Short-term _____	_____	_____
1 = Other passive activity	Sch D - Long-term _____	_____	_____
2 = Rental real estate with active participation	Sch D - 28% rate _____	_____	_____
3 = No limitation applied	Form 4797 - Part I _____	_____	_____
4 = Real estate professional	Form 4797 - Part II _____	_____	_____
Aggregation group <input type="checkbox"/>	Form 4797 - Part II _____	_____	_____
Include rental with active participation in	Comm revitalization _____	_____	_____
Section 179 business income <input type="checkbox"/>	Other Carryovers		
Preference items \$ _____	Section 179 carryover _____	_____	_____
Election history \$ _____	Section 179 carryover - QRP _____	_____	_____

Sale of Personal Residence

Home (2011)

Description _____

T, S, J

State

Sale of Principal Residence - Sale Information

Electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)

Report on Schedule D if not required

Date former home was acquired _____

Date former home was sold _____

Selling price of home _____

Expense of sale _____

Basis of home sold _____

Surviving spouse that qualifies for full exclusion

Buyer's part of real estate tax code/amount (Form 1099-S Box 5) _____

1099-S property in asset detail, do not report Source Data Entry data

State use

Exclusion Information

Information in this section will be ignored if the election to pay tax on entire gain is marked in the Sale Information tab section

Meet use and ownership test without exceptions (2 years use within 5 year period preceding sale date)

Depreciation claimed for periods after May 6, 1997 _____

Aggregate number of days of nonqualified use after December 31, 2008 _____

Number of days property was owned _____

Enter reduced exclusion days ONLY if sale qualifies to claim a reduced maximum exclusion

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____	_____
Number of days each person owned property used as main home	_____	_____
Number of days between date of sale of the other home and this home	_____	_____
Maximum exclusion amount (Force)	_____	

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed _____

Total current year payments received _____

Related party name _____

Address _____

City, state, zip code _____

Taxpayer identifying number _____

Was the property sold a marketable security? (1 = Yes, 2 = No)

Date of second sale _____

Indicate special condition if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)

Explanation if no tax avoidance purpose §

Selling price of property sold by related party _____

Moving Expenses

3903 (2011)

Description _____

Unit _____

T, S, J _____

State _____

Form 3903 - Moving Expenses

City code _____

Form 2555 allocation code _____

Armed forces move _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Miles driven to new home (When not using actual out-of-pocket expenses for gas and oil) _____

1/1/11 - 6/30/11 (.19) _____

7/1/11 - 12/31/11 (.235) _____

Total amount reimbursed for moving expenses (Force) _____

Student Loan, Tuition and Fees Deduction, Education Credits

Form 8815 - Exclusion of Interest from Series EE and I Bonds

Enrollee and institution information:	Qualified expenses	\$	_____
	Nontaxable benefits		_____
Total proceeds from Series EE and I bonds issued after 1989 and cashed in 2011			_____
Interest income from Series EE and I bonds (Force)			_____

Student Loan Interest Deduction

		T/S	
Qualified education loan interest paid in 2011	\$	_____	_____
Adjustment to modified adjusted gross income			_____
Dependent of another but claiming student loan interest deduction			<input type="checkbox"/>

Tuition and Fees Deduction and Education Credits

To optimize between the education deduction or credits, enter eligible student information here. The optimization will occur during a print preview or when selecting [File > Print Returns](#).

	T/S	Qualified Expenses
Eligible student information	\$	_____
Exclude state(s) net due/-overpayment in education expense optimization		<input type="checkbox"/>
Adjustment to modified adjusted gross income		_____
Tax from recapture of prior year education credits		_____
Dependent of another claiming education credit <small>(Parent not claiming dependent even though eligible)</small>		<input type="checkbox"/>

Itemized Deductions

Medical Expenses

	TSJ	Amount		TSJ	Amount
Medical and dental expenses	\$		Prescription drugs	\$	
Insurance premiums <small>Other than items entered elsewhere</small>	\$		Medical miles driven:		
			1/1/11 - 6/30/11 <small>(.19)</small>	\$	
Long-term care premiums <small>Other than items entered elsewhere</small>	\$		7/1/11 - 12/31/11 <small>(.235)</small>	\$	
			Elect to deduct decedent's medical expenses	\$	

Tax Expenses

	TSJ	Amount		TSJ	Amount
State and local income tax <small>Other than amounts entered elsewhere</small>	\$		Sales Tax Information		
			Resident state/rate <small>(For IRS table value)</small>	\$	
'10 income taxes paid in '11	\$		Additional state/locality information	\$	
Real estate	\$		Major purchases	\$	
Personal property	\$		Actual expenses	\$	
Other taxes	\$		Non-taxable income	\$	
			<small>Other than amounts entered elsewhere</small>		
			Force st/local income or sales tax deduction	\$	
Do not include refundable portion of refundable tax credits allowed per Notice 2005-31				\$	

Interest Expenses

	TSJ	Amount		TSJ	Amount
Home mortgage interest:					
From Form 1098	\$		Prepaid mortg insurance	\$	
Other	\$		Refinancing points paid	\$	
Other person(s) who received Form 1098		\$	Investment interest	\$	
			<small>Other than on K-1s</small>		

Charitable Contributions

	TSJ	Amount		TSJ	Amount
Cash or check	\$		Noncash contributions	\$	
Miles driven <small>(.14)</small>	\$		Goodwill	\$	
			Salvation Army	\$	

Miscellaneous Expenses

Subject to 2% Limitation			Not Subject to 2% Limitation		
	TSJ	Amount		TSJ	Amount
Unreimbursed employee exp	\$		Other expenses	\$	
Union dues (Force)	\$		Bond premium amort	\$	
Tax preparation	\$		Gambling losses	\$	
Other expenses	\$				
Hobby expenses	\$		Elect to capitalize carrying charges	\$	
Safe deposit box rental	\$				
Investment expenses	\$				
Suppress carry of home office interest, qualified mortgage insurance, and taxes to Schedule A					
Net income for home office #1				\$	
Net income for home office #2				\$	

Home Mortgage Interest

MortgInt (2011)

Unit

T, S, J

Description of loan/property

Home Mortgage Interest Limitations

Enter mortgage information from Form 1098 EITHER here or on Screen A, but NOT in both places.
 Complete a separate screen for each loan secured by the residence.
 For more information on all debt types, see IRS Publication 936, Home Mortgage Interest Deduction.

Loan origination date

Fair market value of home(s) (As of date last debt secured; if multiple loans exist for the same home, enter FMV only once)

No. of months loan was outstanding in 2011 (If not 12)

Principal payments made in 2011

Interest payments made in 2011

Points reported on Form 1098

Home mortgage interest not reported on Form 1098

Recipient name

Recipient SSN or EIN

Recipient address

Recipient city, state, zip

Beginning Balance (As of 12/31/10 or first day mortgage was outstanding)	Ending Balance (As of 12/31/11 or last day mortgage was outstanding)
--	--

Grandfather debt
Taken out before 10/14/87

Home acquisition/improvement debt
Taken out after 10/13/87; proceeds used to buy, build, or substantially improve home

Home equity debt
Taken out after 10/13/87; proceeds NOT used to buy, build or substantially improve home

Average balance calculation method (Force) (1 = Average of first and last balance, 2 = Average monthly balance)

Average balance for 2011 grandfather debt (Force)

Average balance for 2011 home acquisition/improvement debt (Force)

Average balance for 2011 all types of debt (Force)

Allocation of home mortgage interest: Form/Schedule **Activity** **Unit** **Home ID**
For home office or vacation home

Elect out of treatment as debt secured by qualified residence \$

Election history \$

Delete on next year's proforma

Information for AMT Home Mortgage Interest Adjustment

Note: Any interest amounts entered above, that are omitted from the fields below, will be treated as eligible mortgage interest paid on home acquisition/improvement debt for purposes of calculating the AMT home mortgage interest adjustment on Form 6251.

Portion of interest entered above paid on home equity debt not used to build or improve home

Portion of interest entered above paid on refinanced debt

Interest from above paid on excess refinanced debt reinvested

Portion of interest entered above paid on loan originating prior to July 1, 1982 (Qualified grandfather debt for AMT purposes)

Employee Business Expenses

Occupation _____

Unit _____

T, S _____

State _____

Form 2106 / SBE - General Information

Special occupations (2106 only) (1 = Qualified artist, 2 = Handicapped employee, 3 = Fee-basis official, 4 = Nonfarm Sch SE, 5 = Reserve component) _____

Amount for Schedule A - unreimbursed employee business expenses (Force) _____

Minister, clergy or religious worker _____

State use code _____

City code/name _____

Form 2555 allocation code _____

Net income for home office deduction: Home office #1 (Force) (2106 only) _____

Home office #2 (Force) (2106 only) _____

Suppress carry of home office interest, qualified mortgage insurance and taxes to Schedule A _____

Employee Business Expenses and Other Information

Enter additional vehicle expense information on Screen 2106-2

Parking fees and tolls _____

Local transportation _____

Travel expense _____

Other business expenses \$ _____

Nonvehicle depreciation _____

Section 179 carryover _____

Section 179 carryover, State if different _____

Meals and entertainment (Subject to 50% limitation only) _____

Meals for individuals subject to DOT hours of service limitation (80% allowance) _____

Section 280F expense deduction allowable in prior years (Force) _____

Section 280F recomputed depreciation (Force) _____

Supplemental Business Expenses (SBE)

		Allocation percentage		Allocation percentage	
Form/Schedule	Unit	Bus % (xxx.xx)	Auto % (xxx.xx)	Bus % (xxx.xx)	Auto % (xxx.xx)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Suppress carry of excess supplemental business expenses to 2106 _____

Reimbursements:

Other amounts _____

Meals & entertainment _____

Meals for DOT service limitation _____

Employer Reimbursements Not Included in Box 1 of W-2

All fields in this section are for 2106 only and for reimbursements not entered on Screen W2 in Box 12 with code L

Other amounts (Reimbursements not entered as code L in Screen W2 Box 12) _____

Meals & entertainment (Reimbursements not entered as code L in Screen W2 Box 12) _____

Meals for DOT service limitation (Reimbursements not entered as code L in Screen W2 Box 12) _____

Employee Vehicle Expenses

2106-2 (2011)

Occupation _____

Unit _____

T, S _____

State _____

Form 2106 - Continued

City code/name _____

Vehicle Expenses - General Information

Off duty hours vehicle use permitted? (1 = Yes, 2 = No) _____

Is another vehicle available for personal purposes? (1 = Yes, 2 = No) _____

Evidence to support deduction? (1 = Yes-written, 2 = Yes-not written, 3 = No) _____

Description vehicle 1 _____

Description vehicle 2 _____

Description vehicle 3 _____

Description vehicle 4 _____

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Method (1 = Optimize, 2 = Actual costs only, 3 = Standard mileage only)	_____	_____	_____	_____
Date placed in service	_____	_____	_____	_____
Total mileage	_____	_____	_____	_____
Business miles from 1/1/11 through 6/30/11 (51 cents)	_____	_____	_____	_____
Business miles from 7/1/11 through 12/31/11 (55.5 cents)	_____	_____	_____	_____
Average daily round trip commuting miles	_____	_____	_____	_____
Commuting mileage	_____	_____	_____	_____

Actual Expenses

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Gasoline, oil, repairs, insurance, etc.	_____	_____	_____	_____
Vehicle rentals	_____	_____	_____	_____
Inclusion amount	_____	_____	_____	_____
Interest (SBE only)	_____	_____	_____	_____
Property taxes (SBE only)	_____	_____	_____	_____
Value of employer-provided vehicle	_____	_____	_____	_____
Cost or other basis	_____	_____	_____	_____
Section 179 expense	_____	_____	_____	_____
Table/Depreciation method	_____	_____	_____	_____
Business use percentage (xxx.xx)	_____	_____	_____	_____
Depreciation	_____	_____	_____	_____
Property received from like-kind exchange	_____	_____	_____	_____

Noncash Contributions Less Than \$5,000

8283P1 (2011)

T, S, J

State

Form 8283, Section A - General Information

Enter Form 1098-C contributions of motor vehicles, boats, and airplanes on Screen 1098C

Contribution type (1 = 50%, 2 = 20%, 3 = 30%, 4 = 50% capital gain (30%), 5 = qual conservation, 6 = 100% qual conservation (farmers only))

Elect to apply 50% reduction rule to capital gain property contributions

State use

Description of donated property _____

Donee organization:

Name _____

Address _____

City, state, zip code _____

Date of contribution or date received by donee organization _____

Date acquired by donor _____

How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)

Donor's cost or basis _____

Fair market value _____

Contribution amount if different than FMV _____

Explanation if reduced FMV or if qualified conservation contribution \$

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)

If other: _____

Tax from recapture of fractional interest in tangible personal property _____

Partial Interest Information

Amount claimed as deduction for this tax year _____

Amount claimed as deduction for any prior tax years _____

Donee organization (If different from the donee organization name and address entered above):

Name _____

Address _____

City, state, zip code _____

Place property is located or kept _____

Person with actual possession _____

Restricted Use

Restriction on right to use or dispose? (1 = Yes, 2 = No)

If yes, explanation of restriction on right to use or dispose \$

Give rights to anyone other than donee organization? (1 = Yes, 2 = No)

If yes, explanation for giving rights to someone other than donee organization \$

Restriction for a particular use? (1 = Yes, 2 = No)

If yes, explanation of restriction for a particular use \$

Noncash Contributions Greater Than \$5,000

8283P2 (2011)

T, S, J State

Form 8283, Section B - General Information

Contribution type (1 = 50%, 2 = 20%, 3 = 30%, 4 = 50% capital gain (30%), 5 = 50% qual conservation, 6 = 100% qual conservation (farmers only))

Type of property

Donated Property Information for Properties A and B

Description of property A	<input type="text"/>	
Description of property B	<input type="text"/>	
	Property A	Property B
Overall physical condition	<input type="text"/>	<input type="text"/>
Date acquired by donor	<input type="text"/>	<input type="text"/>
How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	<input type="text"/>	<input type="text"/>
Donor's cost or basis	<input type="text"/>	<input type="text"/>
Bargain sale amount received	<input type="text"/>	<input type="text"/>
Deduction code	<input type="text"/>	<input type="text"/>
	<small>1 = Appraised FMV, 2 = Amount claimed as deduction, 3 = Average trading price</small>	
Contribution amount	<input type="text"/>	<input type="text"/>
Deduction amount for Schedule A (Force)	<input type="text"/>	<input type="text"/>
State use	<input type="text"/>	<input type="text"/>

Donated Property Information for Properties C and D

Description of property C	<input type="text"/>	
Description of property D	<input type="text"/>	
	Property C	Property D
Overall physical condition	<input type="text"/>	<input type="text"/>
Date acquired by donor	<input type="text"/>	<input type="text"/>
How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	<input type="text"/>	<input type="text"/>
Donor's cost or basis	<input type="text"/>	<input type="text"/>
Bargain sale amount received	<input type="text"/>	<input type="text"/>
Deduction code	<input type="text"/>	<input type="text"/>
	<small>1 = Appraised FMV, 2 = Amount claimed as deduction, 3 = Average trading pricing</small>	
Contribution amount	<input type="text"/>	<input type="text"/>
Deduction amount for Schedule A (Force)	<input type="text"/>	<input type="text"/>
State use	<input type="text"/>	<input type="text"/>

Appraiser Information

Identifying letter of appraised property or applicable 1098C property

Specific item description

Identifying number

Business address

City, state, zip code

Donee Acknowledgment

Date received by donee organization

Name **EIN**

Address

City, state, zip code

Does the organization intend to use the property for an unrelated use? (1 = Yes, 2 = No)

Identifying letter or number of property requiring donee acknowledgement

Home Office Expenses

8829 (2011)

Description _____

Unit _____

Form _____

T, S, J _____

State _____

Home Office General Information

Home identification _____
 Home description _____

Part I - Business Use of Home

Total area of home _____
 Area used exclusively for business _____
 Information for day-care facilities only:
 Total hours used _____
 Total hours in year, if less than 8760 _____
 Special computation for certain day-care facilities:
 Area used regularly and exclusively for day-care business _____
 Area used partly for day-care business _____

Part II - Allowable Deductions

	Direct	Indirect
Casualty losses (Force)	_____	_____
Deductible mortgage interest	_____	_____
Deductible qualified mortgage insurance premiums	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest and qualified mortgage insurance	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs and maintenance	_____	_____
Utilities	_____	_____
Other expenses	\$ _____	_____
Excess casualty losses		_____
Carryovers from 2010 to 2011:	Operating expenses	_____
	Casualty losses	_____
	Casualty loss CO holding period	_____
	Depreciation	_____
Business expenses not from business use of home		_____

Part III - Depreciation

Depreciation percentage (xx.xxx) _____
 Depreciation \$ _____

Auto Expenses

Unit

Description

Form

Vehicles 1 - 3

Veh 1- Date Description
 Veh 2- Date Description
 Veh 3- Date Description

	Vehicle 1	Vehicle 2	Vehicle 3
Method (1 = Optimize, 2 = Actual costs, 3 = Standard mileage)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commuting miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business miles (51.0 / 55.5 cents)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle questions for Schedule C only:

Vehicle available during off-duty hours? (1 = Yes, 2 = No)
Another vehicle for personal use? (1 = Yes, 2 = No)
Supporting evidence for business use? (1 = Yes, 2 = No)
Is this evidence written? (1 = Yes, 2 = No)

Parking, fees and tolls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gasoline, oil, repairs, insurance, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle rentals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inclusion amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depreciation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicles 4 - 6

Veh 4- Date Description
 Veh 5- Date Description
 Veh 6- Date Description

	Vehicle 4	Vehicle 5	Vehicle 6
Method (1 = Optimize, 2 = Actual costs, 3 = Standard mileage)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commuting miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business miles (51.0 / 55.5 cents)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle questions for Schedule C only:

Vehicle available during off-duty hours? (1 = Yes, 2 = No)
Another vehicle for personal use? (1 = Yes, 2 = No)
Supporting evidence for business use? (1 = Yes, 2 = No)
Is this evidence written? (1 = Yes, 2 = No)

Parking, fees and tolls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gasoline, oil, repairs, insurance, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle rentals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inclusion amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Depreciation	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Energy Credit

Cr-3 (2011)

T, S, J

Form 5695 - Energy Credit Information

Attach additional units for married filing joint returns where more than one home was used as a home during the year for the Residential Energy Efficient Property Credit.

Costs incurred to main home located in the United States? (1 = Yes, 2 = No)

Costs incurred related to construction of main home? (1 = Yes, 2 = No)

Address of main home (If different from [Screen 1040](#)) \$

Nonbusiness Energy Property Credit:

Insulation material or system	<input type="checkbox"/>	Energy-eff building prop	<input type="checkbox"/>
Exterior windows	<input type="checkbox"/>	Boiler or furnace	<input type="checkbox"/>
Exterior doors	<input type="checkbox"/>	Circulating fan	<input type="checkbox"/>
Qual metal roof	<input type="checkbox"/>		

Residential Energy Efficient Property Credit:

Qual solar electric prop	<input type="checkbox"/>	Qual geothermal pump prop	<input type="checkbox"/>
Qual solar water heating prop	<input type="checkbox"/>	Qual fuel cell prop	<input type="checkbox"/>
Qual small wind energy prop	<input type="checkbox"/>		
Kilowatt capacity of the qualified fuel cell property			<input type="checkbox"/>
Home office unit	<input type="checkbox"/>	<input type="checkbox"/>	
Home office business percentage (Force) (xxx.xx)			<input type="checkbox"/>

Nonbusiness Energy Property - Limitations

Enter credit amounts taken on one unit of Screen Cr-3 only.

Enter window cost amounts for each unit of Screen Cr-3.

2006 Form 5695, line 12	<input type="checkbox"/>	2006 Form 5695, line 2b	<input type="checkbox"/>
2007 Form 5695, line 15	<input type="checkbox"/>	2007 Form 5695, line 2d	<input type="checkbox"/>
2009 Form 5695, line 11	<input type="checkbox"/>	2009 Form 5695, line 2b	<input type="checkbox"/>
2010 Form 5695, line 11	<input type="checkbox"/>	2010 Form 5695, line 2b	<input type="checkbox"/>

Joint Occupancy

Enter amounts in this section if you owned the home jointly with someone or for MFJ returns using FSO processing. Enter the total amount paid by you and all other owners.

Nonbusiness Energy Property Credit:

Insulation material or system	<input type="checkbox"/>	Energy-eff building prop	<input type="checkbox"/>
Exterior windows	<input type="checkbox"/>	Boiler or furnace	<input type="checkbox"/>
Exterior doors	<input type="checkbox"/>	Circulating fan	<input type="checkbox"/>
Qual metal roof	<input type="checkbox"/>		

Residential Energy Efficient Property Credit:

Qual solar electric prop	<input type="checkbox"/>	Qual fuel cell prop	<input type="checkbox"/>
Qual solar water heating prop	<input type="checkbox"/>	Qual geothermal pump prop	<input type="checkbox"/>
Qual small wind energy prop	<input type="checkbox"/>		

Filing Status Optimization

Enter credit amounts to be allocated to the owner for FSO processing purposes when additional units are attached to take the Residential Energy Credit for more than one home.

2006 Form 5695, line 12	<input type="checkbox"/>
2007 Form 5695, line 15	<input type="checkbox"/>
2009 Form 5695, line 11	<input type="checkbox"/>
2010 Form 5695, line 11	<input type="checkbox"/>