

# General Information

## Taxpayer

## Spouse

First Name . . . . .

Middle Initial . . . . .

Last Name . . . . .

Suffix . . . . .

Social Security Number . . . . .

Date of Birth . . . . .

Check ("X") which phone number to list on return.

Home Phone . . . . .

Work Phone . . . . .

Cell Phone . . . . .

Fax Number . . . . .

Legally Blind . . . . .

Totally Disabled . . . . .

Claimed as a Dependent . . . . .

Presidential Election Fund (\$3) . . . . .

Occupation . . . . .

E-mail address . . . . .

State of Residence as of 12/31 . . . . .

County of Residence as of 12/31 . . . . .

School District as of 12/31 . . . . .

Sales tax rate of locality in 2011 . . . . . %

If Part Year, Period of Residency . . . . . to

## Filing Status

Status on 2010 return :

Status as of 12/31/2011 :  
Enter ("X") in the box

- 1** Single
- 2** Married filing joint
- 3** Married filing separately  
(Enter spouse's name and SSN above)
- 4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_
- 5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If address is in a foreign country, enter that country . . . . . \_\_\_\_\_

If a bona fide resident of a U.S. territory, enter territory . . . . . \_\_\_\_\_











Name \_\_\_\_\_

SSN \_\_\_\_\_

### Wages and Retirement Income

#### W-2 Information

Enter "X"  
if spouse

W-2	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

#### 1099-R Information

	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
<input type="checkbox"/>	1 .....				
<input type="checkbox"/>	2 .....				
<input type="checkbox"/>	3 .....				
<input type="checkbox"/>	4 .....				
<input type="checkbox"/>	5 .....				
<input type="checkbox"/>	6 .....				
<input type="checkbox"/>	7 .....				
<input type="checkbox"/>	8 .....				
<input type="checkbox"/>	9 .....				
<input type="checkbox"/>	10 .....				
<input type="checkbox"/>	11 .....				
<input type="checkbox"/>	12 .....				
<input type="checkbox"/>	13 .....				
<input type="checkbox"/>	14 .....				
<input type="checkbox"/>	15 .....				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

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

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

**Dividend Income**

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

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

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



Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
41 Advertising . . . . .	41		
42 Contract labor . . . . .	42		
43 Commissions and fees . . . . .	43		
44 Depletion . . . . .	44		
45 Employee benefit programs (other than on line 51) . . . . .	45		
46 Insurance (other than health) . . . . .	46		

**Interest:**

47 Mortgage (paid to banks, etc.) . . . . .	47		
48 Other . . . . .	48		

49 Legal and professional services . . . . .	49		
50 Office expense . . . . .	50		
51 Pension and profit-sharing plans . . . . .	51		

**Rent or Lease:**

52 Machinery rental or lease . . . . .	52		
53 Equipment rental or lease . . . . .	53		
54 . . . . .	54		
55 . . . . .	55		
56 . . . . .	56		
Other business property rental or lease			
57 . . . . .	57		
58 . . . . .	58		
59 . . . . .	59		

60 Repairs and maintenance . . . . .	60		
61 Supplies (not included in inventory cost of goods sold) . . . . .	61		
62 Taxes and licenses . . . . .	62		

**Travel, Meals, and Entertainment:**

Travel

63 . . . . .	63		
64 . . . . .	64		
65 . . . . .	65		
66 . . . . .	66		

Meals and entertainment

67 Enter "X" in the box if subject to DOT hours of service limits . . . . .	67	<input type="checkbox"/>	<input type="checkbox"/>
68 . . . . .	68		
69 . . . . .	69		
70 . . . . .	70		
71 . . . . .	71		

72 Utilities . . . . .	72		
73 Wages . . . . .	73		

**Other Expenses**

74 . . . . .	74		
75 . . . . .	75		
76 . . . . .	76		
77 . . . . .	77		
78 . . . . .	78		
79 . . . . .	79		
80 . . . . .	80		
81 . . . . .	81		
82 . . . . .	82		





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

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

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
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38					
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40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Real Estate Rentals and Royalties

Kind of Property .....  
Address .....  
City ..... State ..... Zip .....

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

### Income

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

### Property Expense

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

### Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
<b>A</b> .....	<b>A</b>	
<b>B</b> .....	<b>B</b>	
<b>C</b> .....	<b>C</b>	
<b>D</b> .....	<b>D</b>	
<b>E</b> .....	<b>E</b>	
<b>F</b> .....	<b>F</b>	
<b>G</b> .....	<b>G</b>	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

### Other Expenses (Schedule E)

#### Other Expense

18 .....  
19 .....  
20 .....  
21 .....  
22 .....  
23 .....  
24 .....  
25 .....

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

#### Travel Expenses

26 .....  
27 .....  
28 .....  
29 .....  
30 .....  
31 .....  
32 .....  
33 .....

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

#### Meals and Entertainment Expense

34 .....  
35 .....  
36 .....  
37 .....  
38 .....  
39 .....  
40 .....  
41 .....

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

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

**Vehicle 1 -**

**Vehicle 2 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . 3				
4 Business miles driven during the year . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ..... 13				

**Vehicle 3 -**

**Vehicle 4 -**

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1 Date vehicle was placed in service . . . 1				
2 Cost of vehicle . . . . . 2				
3 Total miles driven for the year . . . . 3				
4 Business miles driven during the year . 4				
January 1 to June 30 . . . . .				
July 1 to December 31 . . . . .				
5 Commuting miles included on line 3 . . . 5				
6 Parking fees and tolls . . . . . 6				
7 Vehicle Interest . . . . . 7				
8 Vehicle Personal Property tax . . . . . 8				

**Actual Expenses**

9 Gasoline, oil and repairs . . . . . 9				
10 Vehicle Insurance . . . . . 10				
11 Vehicle registration fees . . . . . 11				
12 Vehicle lease or rental . . . . . 12				
13 ..... 13				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### K-1 Income

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

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

*F/S/J	Entity Name
1	.....
2	.....
3	.....
4	.....
5	.....
6	.....
7	.....
8	.....
9	.....
10	.....
11	.....
12	.....
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42	.....
43	.....
44	.....
45	.....
46	.....
47	.....
48	.....
49	.....
50	.....

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

	Unreimbursed Partnership Exp. Current Year
1	
2	
3	
4	
5	
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48	
49	
50	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Miscellaneous Income**

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

**Adjustments to Income**

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

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

**Miscellaneous Deductions**

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

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

Name \_\_\_\_\_

SSN \_\_\_\_\_

### IRA Contribution Information

#### Traditional IRA Contributions

**Filer**

- 1 Enter total traditional IRA contributions made for 2011 . . . . . 1
- 2 Enter contributions, on line 1, made after 12/31/2011 and before 04/15/2012 . . . . . 2
- 3 Enter value of all traditional IRAs as of 12/31/2011 . . . . . 3

Current Year Amount	Prior Year Amount

**Spouse**

- 4 Enter total traditional IRA contributions made for 2011 . . . . . 4
- 5 Enter contributions, on line 4, made after 12/31/2011 and before 04/15/2012 . . . . . 5
- 6 Enter value of all traditional IRAs on 12/31/2011 . . . . . 6


#### Roth Contributions

**Filer**

- 1 Enter 2011 Roth IRA contributions . . . . . 1
- 2 Enter value of all Roth IRAs on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Roth IRA contributions . . . . . 3
- 4 Enter value of all Roth IRAs on 12/31/2011 . . . . . 4


#### SIMPLE IRA

**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 1

Current Year Amount	Prior Year Amount

**Spouse**

- 2 Enter value of all SIMPLE IRAs on 12/31/2011 . . . . . 2

--	--

#### Education IRA (Coverdell ESA)

**Filer**

- 1 Enter 2011 Coverdell ESA contributions . . . . . 1
- 2 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 2

Current Year Amount	Prior Year Amount

**Spouse**

- 3 Enter 2011 Coverdell ESA contributions . . . . . 3
- 4 Enter value of the Coverdell ESA on 12/31/2011 . . . . . 4




Name \_\_\_\_\_

SSN \_\_\_\_\_

**Taxes - Itemized Deductions**

**Real Estate Taxes**

23 Principal residence . . . . . 23

**Real Estate Not Held For Investment**

24 ..... 24

25 ..... 25

26 ..... 26

27 ..... 27

28 ..... 28

**Real Estate Held For Investment**

29 ..... 29

30 ..... 30

31 ..... 31

32 ..... 32

33 ..... 33

---

34 Personal property taxes . . . . . 34

**Other Taxes**

35 ..... 35

36 ..... 36

37 ..... 37

---

Current Year Amount	Prior Year Amount



--	--


Name \_\_\_\_\_

SSN \_\_\_\_\_

### Interest - Itemized Deductions

#### Home Mortgage Interest and Points Reported on Form 1098

38 Lender ..... 38  
 39 Lender ..... 39  
 40 Lender ..... 40  
 41 Lender ..... 41

Current Year Amount	Prior Year Amount

#### Home Mortgage Interest Not Reported on Form 1098

42 Name: ..... 42  
 Address: .....  
 SSN: .....

--	--

43 Mortgage insurance paid on 2011 acquisition indebtedness for principal residence . . . . . 43

--	--

#### Refinancing Points

44 Description . . . . . 44  
 Points paid . . . . .  
 Date of loan . . . . .  
 Total number of scheduled loan payments . . . . .  
 Number of payments made in 2011 . . . . .


45 Description . . . . . 45  
 Points paid . . . . .  
 Date of loan . . . . .  
 Total number of scheduled loan payments . . . . .  
 Number of payments made in 2011 . . . . .


46 Description . . . . . 46  
 Points paid . . . . .  
 Date of loan . . . . .  
 Total number of scheduled loan payments . . . . .  
 Number of payments made in 2011 . . . . .


47 Investment interest paid . . . . . 47

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions**

Current Year Amount	Prior Year Amount
---------------------	-------------------

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

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

**Other Miscellaneous Expenses - Itemized Deductions**

If investment related enter "X"

Current Year Amount	Prior Year Amount
---------------------	-------------------

59	Certain attorney and accounting fees . . . . .	<input type="checkbox"/>	59		
60	Safe deposit box rental . . . . .	<input type="checkbox"/>	60		
61	IRA Custodial fees . . . . .	<input type="checkbox"/>	61		
62	Investment counsel and advisory fees . . . . .	<input type="checkbox"/>	62		
63	.....	<input type="checkbox"/>	63		
64	.....	<input type="checkbox"/>	64		
65	.....	<input type="checkbox"/>	65		
66	.....	<input type="checkbox"/>	66		
67	.....	<input type="checkbox"/>	67		
68	.....	<input type="checkbox"/>	68		
69	.....	<input type="checkbox"/>	69		
70	.....	<input type="checkbox"/>	70		
71	.....	<input type="checkbox"/>	71		
72	.....	<input type="checkbox"/>	72		
73	.....	<input type="checkbox"/>	73		
74	.....	<input type="checkbox"/>	74		

**Other Miscellaneous Deductions**

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





Name \_\_\_\_\_

SSN \_\_\_\_\_

### Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited . . . . . **1** \_\_\_\_\_
- 2 Amount of dependent care expenses incurred in 2010 and paid in 2011 . . . . . **2** \_\_\_\_\_

**Note:** Enter qualified expenses for dependents on the Organizer dependent sheet.

### Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2011
<b>3</b>	.....	.....	.....	.....	.....
<b>4</b>	.....	.....	.....	.....	.....
<b>5</b>	.....	.....	.....	.....	.....

### Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2011
<b>6</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>7</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>8</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>9</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		
<b>10</b>	First: _____	.....	SSN: _____ EIN: _____	
	Last: _____	City: _____		
	Business: _____	State: _____ Zip: _____		