

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **4/17/2012**

## 2012 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2012 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,697.

REV 11/22/11 TTMAC

1555

123-45-6789  
JOHN POULOS  
MARY POULOS  
9 ARCHANGELS HIGHWAY  
HEAVENS GATE PA 31240

123-12-3498

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-0007

123456789 JP POUL 30 0 201212 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **6/15/2012**

## 2012 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2012 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order . . . . . ▶	<b>3,697.</b>
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REV 11/22/11 TTMAC 1555

123-45-6789                      123-12-3498  
JOHN POULOS  
MARY POULOS  
9 ARCHANGELS HIGHWAY  
HEAVENS GATE PA 31240

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 9/17/2012

## 2012 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2012 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,697.

REV 11/22/11 TTMAC

1555

123-45-6789  
JOHN POULOS  
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123456789 JP POUL 30 0 201212 430

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 1/15/2013

## 2012 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2012 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

3,697.

REV 11/22/11 TTMAC

1555

123-45-6789  
JOHN POULOS  
MARY POULOS  
9 ARCHANGELS HIGHWAY  
HEAVENS GATE PA 31240

123-12-3498

INTERNAL REVENUE SERVICE  
PO BOX 37007  
HARTFORD CT 06176-0007

123456789 JP Poul 30 0 201212 430

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning

, 2011, ending

, 20

See separate instructions.

Your first name and initial	Last name	<b>Your social security number</b>
John	Poulos	123-45-6789
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Mary	Poulos	123-12-3498
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
9 Archangels Highway		▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		<b>Presidential Election Campaign</b>
Heavens Gate PA 31240		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
Foreign country name	Foreign province/county	Foreign postal code
		<input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b ☒ Spouse . . . . .

Boxes checked on 6a and 6b 2

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 2

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed . . . . .

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .

8a **Taxable** interest. Attach Schedule B if required . . . . .

b **Tax-exempt** interest. Do not include on line 8a . . . . .

8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends . . . . .

9b

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

15a IRA distributions . . . . .

15a

b Taxable amount . . . . .

15b

16a Pensions and annuities . . . . .

16a

b Taxable amount . . . . .

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation . . . . .

20a Social security benefits . . . . .

20a

b Taxable amount . . . . .

20b

21 Other income. List type and amount . . . . .

21

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

22

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

EXCESS ALLOWANCE 4000.

7 63,540.

8a 500.

9a

10

11

12

13

14

15b

16b

17

18

19

20b

21

22 64,040.

Adjusted Gross Income

23 Educator expenses . . . . .

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889 . . . . .

25

26 Moving expenses. Attach Form 3903 . . . . .

26

27 Deductible part of self-employment tax. Attach Schedule SE . . . . .

27 6,678.

28 Self-employed SEP, SIMPLE, and qualified plans . . . . .

28

29 Self-employed health insurance deduction . . . . .

29

30 Penalty on early withdrawal of savings . . . . .

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction . . . . .

32

33 Student loan interest deduction . . . . .

33

34 Tuition and fees. Attach Form 8917 . . . . .

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35 . . . . .

36 6,678.

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶

37

6,678.

57,362.

Form **1040** (2011)

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

**2011**Attachment  
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

John &amp; Mary Poulos

Your social security number

123-45-6789

**Medical  
and  
Dental  
Expenses****Caution.** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>	4,600.	
<b>2</b>	Enter amount from Form 1040, line 38 <b>2</b> 57,362.			
<b>3</b>	Multiply line 2 by 7.5% (.075) . . . . .	<b>3</b>	4,302.	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>		298.

**Taxes You  
Paid****5** State and local **(check only one box):**

- a** ☐ Income taxes, or  
**b** ☐ General sales taxes

<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>	1,500.	
<b>7</b>	Personal property taxes . . . . .	<b>7</b>		
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>		
<b>9</b>	Add lines 5 through 8 . . . . .	<b>9</b>		1,500.

**Interest  
You Paid****Note.**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	15,000.	
<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>11</b>		
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>		
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>		
<b>14</b>	Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>		
<b>15</b>	Add lines 10 through 14 . . . . .	<b>15</b>		15,000.

**Gifts to  
Charity**If you made a  
gift and got a  
benefit for it,  
see instructions.

<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .	<b>16</b>	3,500.	
<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>		
<b>18</b>	Carryover from prior year . . . . .	<b>18</b>		
<b>19</b>	Add lines 16 through 18 . . . . .	<b>19</b>		3,500.

**Casualty and  
Theft Losses**

<b>20</b>	Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	<b>20</b>		
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**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

<b>21</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ Deductible expenses from Form 2106	<b>21</b>	4,000.	
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>		
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>		
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	4,000.	
<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> 57,362.			
<b>26</b>	Multiply line 25 by 2% (.02) . . . . .	<b>26</b>	1,147.	
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>		2,853.

**Other  
Miscellaneous  
Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>		
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**Total  
Itemized  
Deductions**

<b>29</b>	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 . . . . .	<b>29</b>		23,151.
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .			

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► **Attach to Form 1040 or Form 1040NR.**

► **See separate instructions.**

OMB No. 1545-0074

**2011**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)

John Poulos

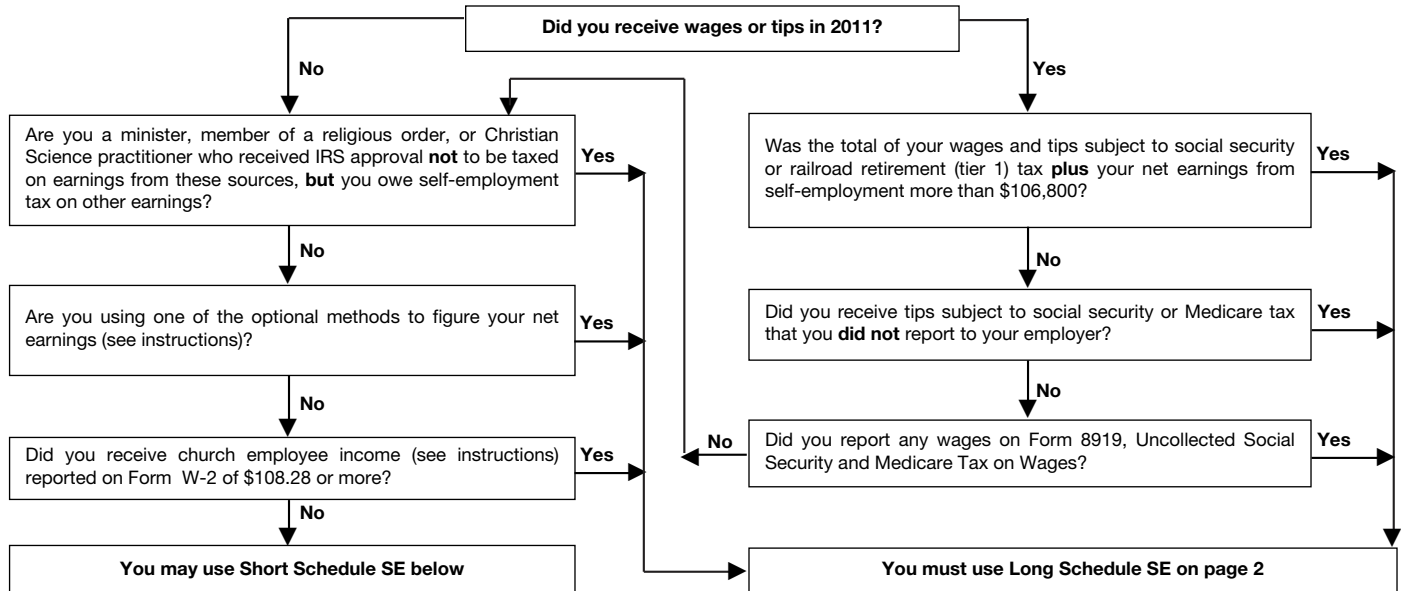
Social security number of person  
with **self-employment** income ►

123-45-6789

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y . . . . .	<b>1b</b> (	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	94,540.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	94,540.
<b>4</b> Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; <b>do not</b> file this schedule unless you have an amount on line 1b . . . . . ►	<b>4</b>	87,308.
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on <b>Form 1040, line 56</b> , or <b>Form 1040NR, line 54</b> • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on <b>Form 1040, line 56</b> , or <b>Form 1040NR, line 54</b> . . . . .	<b>5</b>	11,612.
<b>6 Deduction for employer-equivalent portion of self-employment tax.</b> If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1,067 to the result. Enter the result here and on <b>Form 1040, line 27</b> , or <b>Form 1040NR, line 27</b> . . . . .	<b>6</b>	6,678.



**Unreimbursed Employee Business Expenses****2011**Attachment  
Sequence No. **129A**▶ **Attach to Form 1040 or Form 1040NR.**

Your name <b>John Poulos</b>	Occupation in which you incurred expenses <b>Priest</b>	Social security number <b>123-45-6789</b>
---------------------------------	--	--

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2011.

**Caution:** You can use the standard mileage rate for 2011 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b>	Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven <b>before</b> July 1, 2011, and by 55.5¢ (.555) for miles driven <b>after</b> June 30, 2011. Add the amounts, then enter the result here . . .	<b>1</b>	
<b>2</b>	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b>	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	<b>4,000.</b>
<b>5</b>	Meals and entertainment expenses: \$ _____ × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	<b>5</b>	
<b>6</b>	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	<b>4,000.</b>

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ \_\_\_\_\_
- 8** Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
- a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_
- 9** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes** ☐ **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ **Yes** ☐ **No**
- 11a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**
- b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

# Charitable Organization Worksheet

2011

► Keep for your records

Name(s) Shown on Return

John & Mary Poulos

Social Security Number

123-45-6789

Charity Name . . . Holy Trinity Greek Orthodox Church

Address . . . . .

City . . . . . Heavens Gate State . . . . PA ZIP code . .

## Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	3,500.00
			Total:	3,500.00
			Prior Year Total:	3,500.00

## ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

John &amp; Mary Poulos

123-45-6789

**Other Item Donations Worksheet****Note:** Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

**Detail of Money Donations Worksheet**

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2011 Amount
1	Various	3,500.00	1	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/>	Recur	3,500.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

**Detail of Mileage and Transportation Costs Worksheet**

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs		Value of Miles			
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

John &amp; Mary Poulos

123-45-6789

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

## Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? . . . . . ☒ **Yes** ☐ **No**
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► ☐ **Yes** ☐ **No**
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► ☐ **Yes** ☐ **No**
- 4 What Type of charitable organization was it? Check one:  
☒ **(a)** 50% charity ☐ **(b)** Other than 50% charity

# Federal Information Worksheet

► Keep for your records

2011

## Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

### Taxpayer:

First name . . . . . John  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . Poulos  
 Social security no. . . . . 123-45-6789  
 Occupation . . . . . Priest  
 Date of birth . . . . . 01/01/1950 (mm/dd/yyyy)  
 or age as of 1-1-2012 . . . . . 62  
 Daytime phone . . . . . (123) 456-7890 Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

### Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

### Spouse:

First name . . . . . Mary  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last name . . . . . Poulos  
 Social security no. . . . . 123-12-3498  
 Occupation . . . . . Teacher  
 Date of birth . . . . . 02/01/1950 (mm/dd/yyyy)  
 or age as of 1-1-2012 . . . . . 61  
 Daytime phone . . . . . (123) 456-7890 Ext \_\_\_\_\_  
 Legally blind . . . . . ☐  
 Date of death . . . . . \_\_\_\_\_

### Dependent of Someone Else:

**Can** spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☐ No

### Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

### Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

## Part II – Address and Federal Filing Status (enter information in this section)

Address . . . . . 9 Archangels Highway Apt no. . . . . \_\_\_\_\_  
 City . . . . . Heavens Gate State . . . . . PA ZIP code . . . . . 31240  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

Home phone . . . . . \_\_\_\_\_  
 Check to print phone number on Form 1040 . . . ☐ Home ☐ Taxpayer daytime ☐ Spouse daytime  
 Check if you were affected by a natural disaster in 2011 . . . . . ☐

### Federal filing status:

☐ 1 Single  
☒ 2 Married filing jointly  
☐ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year . . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . . \_\_\_\_\_ Child's social security number . . . . . \_\_\_\_\_  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2009 ☐  
 . . . . . 2010 ☐

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2011	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	N o t qual for child tax cr					
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No  
Was the taxpayer's (and spouse's if married filing jointly) home in the United States  
for more than half of 2011? . . . . . ☐ Yes ☐ No  
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to  
get a federally funded benefit, such as Medicaid, and the Social Security card  
contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐  
Check if you are filing head of household **and** your spouse is a nonresident alien  
**and** you lived with your spouse during the last six months of 2011 . . . . . ☐  
Was EIC disallowed or reduced in a previous year and are you required to file  
Form 8862 this year? . . . . . ☐ Yes ☐ No  
Check if you were notified by the IRS that EIC cannot be claimed in 2011 . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☐ Yes ☐ No  
Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ☐  
Check the appropriate box . . . . . ☐ Checking ☐ Savings ☐  
Routing number . . . . . ☐ Account number . . . . . ☐

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ☐  
Balance-due amount from this return . . . . . ☐

**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized  
deductions are less than your standard deduction . . . . . ☐  
Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐  
Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for  
taxpayers in real property business? (see Help) . . . . . ☐ Yes ☐ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No  
Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐  
Resident country . . . . . ☐ USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the  
Commonwealth of the Northern Mariana Islands . . . . . ☐  
Excludable income from Puerto Rico . . . . . ☐

**Dual Status Alien Return:**

Check this box if you are a dual-status alien . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ☐

Third party designee phone number . . . ☐

Personal Identification number (enter any 5 numbers) . . . ☐

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS,  
enter the appropriate information (see Help) . . . . . ☐

**Part VII – State Filing Information****Taxpayer:**Enter the taxpayer's state of residence as of December 31, 2011 . . . . . ▶ PA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☒Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☐

Date the taxpayer established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ \_\_\_\_\_

**Spouse:**Enter the spouse's state of residence as of December 31, 2011 . . . . . ▶ PA

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☒Spouse is a resident of the state above for only part of year . . . . . ▶ ☐

Date the spouse established residence in state above . . . . . ▶ \_\_\_\_\_

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ \_\_\_\_\_

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

**Personal Information Worksheet  
For the Taxpayer**

**2011**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Taxpayer's Personal Information**

First name . . . John Middle initial . . .      Last name . . . Poulos  
Suffix . . . . .     

Social security no. . . 123-45-6789 Member of U.S. Armed Forces in 2011? . . ☐ Yes ☒ No

Date of birth . . . . . 01/01/1950 (mm/dd/yyyy) age as of 1-1-2012 . . . . . 62

Occupation . . . Priest Daytime phone . . . (123) 456-7890 Ext     

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► ☐ 2011 ► ☐ 2010 ► ☐ 2009 ► ☐ Before 2009 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy)     

Were you under the age of 16 as of 1-1-2012 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☐ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☐ Yes ☒ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2011? . . . . . ► ☐ Yes ☐ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☐ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2011? . . . . . ► ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2011 . . . . . PA

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ►     

In which state (or foreign country) did this person reside before this change? . . . . . ►     

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2011 . . . . .



**Personal Information Worksheet  
For the Spouse**

**2011**

► Keep for your records

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

**Part I – Spouse's Personal Information**

First name . . . Mary Middle initial . . .    Last name . . . Poulos  
Suffix . . . . .   

Social security no. . . 123-12-3498 Member of U.S. Armed Forces in 2011? . . ☐ Yes ☒ No

Date of birth . . . . . 02/01/1950 (mm/dd/yyyy) age as of 1-1-2012 . . . . . 61

Occupation . . . Teacher Daytime phone . . . (123) 456-7890 Ext   

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► ☐ 2011 ► ☐ 2010 ► ☐ 2009 ► ☐ Before 2009 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) . . . . . ► ☐ Yes ☐ No

Check if this person is legally blind . . . . . ► ☐

If deceased, enter the date of death . . . . . ► (mm/dd/yyyy)   

Were you under the age of 16 as of 1-1-2012 and this is the first year you  
are filing a tax return? . . . . . ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ► ☐ Yes ☐ No

**Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer**

**1** Can someone (such as your parent) claim you as a dependent? . . . . . ► ☐ Yes ☒ No

**2** If you answered 'Yes' to question 1, are you actually claimed as a dependent  
on that person's tax return? . . . . . ► ☐ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the  
American Opportunity Credit.*

**3** Were you a full-time student during any part of five months during 2011? . . . . . ► ☐ Yes ☐ No

**4** Did your earned income exceed one-half of your support? . . . . . ► ☐ Yes ☐ No

**5** Was at least one of your parents alive on December 31, 2011? . . . . . ► ☐ Yes ☐ No

**Part III – Spouse's State Residency Information**

Enter this person's state of residence as of December 31, 2011 . . . . . PA

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☒

This person is a resident of the state above for only part of year . . . . . ☐

Date this person established residence in state above . . . . . ►   

In which state (or foreign country) did this person reside before this change? . . . . . ►   

**Part IV – Dependent Care Expenses**

Qualified dependent care expenses incurred and paid for this person in 2011 . . . . .

► Keep for your records

Name(s) Shown on Return

John &amp; Mary Poulos

Social Security Number

123-45-6789

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	59,540.		59,540.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .			
<b>2</b>	Total federal tax withheld . . . . .	0.		0.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .			
<b>4</b>	Total social security tax withheld . . . . .			
<b>5</b>	Total Medicare wages and tips . . . . .			
<b>6</b>	Total Medicare tax withheld . . . . .			
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10</b>	Total dependent care benefits . . . . .			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contributions to 401(k) & 403(b) plans . .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan . .			
<b>g</b>	Income 409A nonqual deferred comp plan . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Tier 1 wages . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RRTA tips. . . . .			
<b>h</b>	Total other items from box 14 . . . . .	35,000.		35,000.
<b>16</b>	Total state wages and tips . . . . .			
<b>17</b>	Total state tax withheld . . . . .			
<b>19</b>	Total local tax withheld. . . . .			

Name  
**John Poulos**Social Security Number  
**123-45-6789**☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No. 123-45-6789  
**b** Employer's ID number . . . . 09-3124556  
**c** Employer's name, address, and ZIP code  
Holy Trinity Greek Orthodox Church  
 Street 12 Apostles Circle  
 City Heavens Gate  
 State PA ZIP Code 31240  
 Foreign Country \_\_\_\_\_

**d** Control number . \_\_\_\_\_☒**Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First John M.I. \_\_\_\_\_  
 Last Poulos Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street 9 Archangels Highway  
 City Heavens Gate  
 State PA ZIP Code 31240  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation  
59,540.00

**3** Social security wages**5** Medicare wages and tips**7** Social security tips**9** **11** Nonqualified plans**12** Enter box 12 below

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld  
0.00

**4** Social security tax withheld**6** Medicare tax withheld**8** Allocated tips

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans  
*(Important, see Help)*

**Box 12**  
Code**Box 12**  
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**  
State

Employer's state I.D. no.

**Box 16**  
State wages, tips, etc.**Box 17**  
State income taxPA 89088902841**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated  
State**Box 14**Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).HOUSING ALLOWANCE 35,000.00 Other (not classified)

Name

John Poulos

Employer's Name

Holy Trinity Greek Orthodox Church

123-45-6789 Page 2

**ADDITIONAL INFORMATION****Part I Foreign Income**

- 1 ☐ The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

**Part II Electronic Filing***Complete if you are filing this return electronically.*

- 2 a ☐ This W-2 is 'non-standard' (handwritten, typewritten, or altered in any way)  
b ☐ This W-2 is a corrected W-2

**Part III Statutory Employees***Complete if box 13 Statutory employee box is checked.*

- 3 Will you be deducting any expenses in connection with this income? . . . . . Yes ☐ No ☐  
4 If so, select the copy of Schedule C you want to report this income on (double-click) . . . . . \_\_\_\_\_

**Part IV Dependent Care Benefits***Complete if box 10 of this W-2 has an entry.*

- 5 Did this employer hire an on-staff care provider or furnish dependent care at your workplace? . . . . . Yes ☐ No ☐  
6 Enter any amounts forfeited from a flexible spending account . . . . . \_\_\_\_\_

**Part V Clergy, Church Employees, Members of Recognized Religious Sects***Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.***Clergy only:**

- 7 a Enter your designated housing or parsonage allowance . . . . . 35,000.00  
b Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . 31,000.00  
If no FICA was withheld, check box c, d, e, or f below as appropriate

- c ☐ Pay self-employment tax on housing or parsonage allowance only  
d ☐ Pay self-employment tax on W-2 income only  
e ☒ Pay self-employment tax on both W-2 income and housing allowance  
f ☐ Exempt from SE tax and have an approved exemption Form 4361

**Non-clergy:***If no FICA was withheld, check box a or b below as appropriate*

- 8 a ☐ Pay self-employment tax on this W-2 income  
b ☐ Exempt from SE tax and have an approved exemption Form 4029

**Part VI Military**

- 9 a ☐ Active duty military pay  
b **Non-taxable** combat pay (From box 12, Code Q) . . . . . \_\_\_\_\_

**Part VII Unreported Tip Income**

- 10 a Tips \$20 or more in a month which were not reported to employer . . . . . \_\_\_\_\_  
b Tips less than \$20 in a month which were not required to be reported . . . . . \_\_\_\_\_  
c Value of non-cash tips, such as tickets or passes, not reported to employer . . . . . \_\_\_\_\_  
d Actual amount of allocated tips if different than the amount in box 8 . . . . . \_\_\_\_\_  
e Tips paid out by you through a tip-sharing arrangement . . . . . \_\_\_\_\_  
f ☐ Employer is a federal, state, or local government and tips only subject to Medicare tax

**Part VIII Inmate In a Penal Institution**

- 11 a Pay from work performed while an inmate in a penal institution . . . . . ☐

**Part IX Paid Family Leave**

- 12 a Income from Paid Family Leave . . . . . ☐

# Form 1099-INT Worksheet

2011

► Keep for your records

Name(s) Shown on Return John & Mary Poulos	Social Security Number 123-45-6789
---	---------------------------------------

**Ownership:** Check if Spouse ☐  
(defaults to taxpayer) Check if Joint ☒

**Payer's name** . . . . . Saintly Bank and Trust

<b>Box 1</b>	Interest income for 2011 (not included in box 3) . . . . . 500.00 Choose type if special state handling (State Use Only — see Help).																								
<b>Box 2</b>	Early withdrawal penalty . . . . .																								
<b>Box 3</b>	Interest on U.S. Savings Bonds and Treasury obligations . . . . .																								
<b>Box 4</b>	Federal income tax withheld . . . . . State income tax withheld . . . . . State ID																								
<b>Box 5</b>	Investment expenses . . . . .																								
<b>Box 6</b>	Foreign tax paid (All interest is considered passive. See Help) . . . . . a Check to deduct foreign taxes on Schedule A. . . . . <input type="checkbox"/> OR b <b>DoubleClick</b> to link to a copy of Form 1116. . . . . c For Form 1116, select which column. . . . . A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> d Foreign source amount included in interest . . . . .																								
<b>Box 7</b>	Foreign country or U.S. possession . . . . . Check this box if foreign tax is from a mutual fund or a registered investment company. See Tax Help for additional information. . . . . <input type="checkbox"/>																								
<b>Box 8</b>	Tax-exempt interest-Total . . . . .																								
<b>Tax-exempt Interest State Allocation</b> For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c). <table border="1"> <thead> <tr> <th></th><th>(a) State or Territory ID</th><th>(b) Percent of total interest for state</th><th>(c) Amount of interest for state</th></tr> </thead> <tbody> <tr> <td>Enter resident state ID . . . . . ►</td><td></td><td></td><td></td></tr> <tr> <td>Enter XX for all nonresident states (recommended) . . . . . ►</td><td></td><td></td><td></td></tr> <tr> <td>or</td><td></td><td></td><td></td></tr> <tr> <td>Enter each nonresident state on separate row</td><td></td><td></td><td></td></tr> <tr> <td>Total . . . . . ►</td><td></td><td></td><td></td></tr> </tbody> </table>			(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state	Enter resident state ID . . . . . ►				Enter XX for all nonresident states (recommended) . . . . . ►				or				Enter each nonresident state on separate row				Total . . . . . ►			
	(a) State or Territory ID	(b) Percent of total interest for state	(c) Amount of interest for state																						
Enter resident state ID . . . . . ►																									
Enter XX for all nonresident states (recommended) . . . . . ►																									
or																									
Enter each nonresident state on separate row																									
Total . . . . . ►																									
State ID where exempt interest was earned. If more than 1 state, see Help . . . . .																									
<b>Box 9</b>	Specified private activity bond included in Box 8 subject to AMT, if any OR . . . . . Private activity bond interest percentage of Box 8, if any . . . . . %																								
<b>Box 10</b>	Tax-exempt bond CUSIP number . . . . .																								

## Adjustments to Interest

Check the box that identifies the type of adjustment being made:

**N** ☐ Nominee distribution      **A** ☐ Accrued interest  
**O** ☐ Original issue discount (OID)      **H** ☐ Other  
**B** ☐ Amortizable bond premium (ABP)      **U** ☐ U.S. savings bond interest previously reported

Enter adjustment amount (enter as positive if subtracting/negative if adding) . . . . .

# Wages, Salaries, & Tips Worksheet

**2011**

► Keep for your records

Name(s) Shown on Return <u>John &amp; Mary Poulos</u>	Social Security Number <u>123-45-6789</u>
--	--

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	59,540.		59,540.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137. . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$1,700 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income <u>Form W-2 unused clergy housing</u>	4,000.		4,000.
<b>10 Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	63,540.		63,540.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .			
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2. . . . .			
<b>14</b> Other non-earned income			
<b>15 Total of lines 10 through 14. . . . .</b>	63,540.		63,540.

**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

► Keep for your records

**2011**

Name(s) Shown on Return  
**John & Mary Poulos**

Social Security Number  
**123-45-6789**

<b>1</b>	Prescription medications . . . . .	<b>1</b>	<b>3,000.00</b>
<b>2</b>	Health insurance premiums:		
<b>a</b>	From Form(s) 1099-R . . . . .	<b>2 a</b>	
<b>b</b>	For medical care, other than self-employed health insurance . . . . .	<b>b</b>	
<b>c</b>	Medicare premiums . . . . .	<b>c</b>	
	<b>NOTE:</b> If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, <b>not</b> on lines 2d - 2i below.		
<b>d</b>	Taxpayer's gross long-term care premiums . . . . .	<b>2 d</b>	
<b>e</b>	Taxpayer's allowable long-term care premiums . . . . .	<b>e</b>	
<b>f</b>	Spouse's gross long-term care premiums . . . . .	<b>f</b>	
<b>g</b>	Spouse's allowable long-term care premiums . . . . .	<b>g</b>	
<b>h</b>	Dep or child under 27 gross long-term care premiums . . . . .	<b>h</b>	
<b>i</b>	Dep or child under 27 allowable long-term care prem. . . . .	<b>i</b>	
<b>j</b>	Total allowable long-term care premiums, sum of lines 2e, 2g, and 2i . . . . .	<b>j</b>	
<b>k</b>	Taxpayer's long-term care premiums not deducted as an adjustment to income. . . . .	<b>k</b>	
<b>l</b>	Spouse's long-term care premiums not deducted as an adjustment to income. . . . .	<b>l</b>	
<b>m</b>	Dependent's long-term care premiums not deducted as an adj to income . . . . .	<b>m</b>	
<b>n</b>	Self-employed health insurance not deducted as an adjustment to income . . . . .	<b>n</b>	
<b>3</b>	Fees for doctors, dentists, etc . . . . .	<b>3</b>	<b>1,600.00</b>
<b>4</b>	Fees for hospitals, clinics, etc. . . . .	<b>4</b>	
<b>5</b>	Lab and x-ray fees . . . . .	<b>5</b>	
<b>6</b>	Expenses for qualified long-term care . . . . .	<b>6</b>	
<b>7</b>	Eyeglasses and contact lenses . . . . .	<b>7</b>	
<b>8</b>	Medical equipment and supplies . . . . .	<b>8</b>	
<b>9</b>	Medical transportation expenses:		
<b>a</b>	Medical miles driven 01/01/11 thru 06/30/11 . . . . .	<b>9 a</b>	
<b>b</b>	Multiply the number of miles on line 9a by 19 cents per mile . . . . .	<b>b</b>	
<b>c</b>	Medical miles driven 7/01/11 thru 12/31/11 . . . . .	<b>c</b>	
<b>d</b>	Multiply the number of miles on line 9c by 23.5 cents per mile . . . . .	<b>d</b>	
<b>e</b>	Other medical transportation costs not included above for example: ambulance fees . . . . .	<b>e</b>	
<b>f</b>	Total medical transportation expenses (add lines 9b and 9d and 9e) . . . . .	<b>9 f</b>	
<b>10</b>	Lodging for medical purposes (up to \$50 per night per person) . . . . .	<b>10</b>	
<b>11</b>	Other medical and dental expenses:		
<b>a</b>		<b>11 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>	
<b>h</b>		<b>h</b>	
<b>i</b>		<b>i</b>	
<b>j</b>		<b>j</b>	
<b>12</b>	Total of medical and dental expenses (add lines 1 through 11j) . . . . .	<b>12</b>	<b>4,600.00</b>
<b>13 a</b>	Less: insurance reimbursement for any expenses listed . . . . .	<b>13 a</b>	
<b>b</b>	Less: medical savings account (MSA) or health savings account (HSA) distributions . . . . .	<b>b</b>	
<b>14</b>	<b>Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	<b>14</b>	<b>4,600.00</b>

## 2011

Name(s) Shown on Return  
John & Mary Poulos

Social Security Number  
123-45-6789

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/11	4,000.	04/18/11			04/18/11		
2	06/15/11	4,000.	06/15/11			06/15/11		
3	09/15/11	4,000.	09/15/11			09/15/11		
4	01/17/12	4,000.	01/17/12			01/17/12		
5								
Tot Estimated Payments . . .		16,000.						

## ID

6	Overpayments applied to 2011 . . . .
7	Credited by estates and trusts . . . .
8	<b>Totals</b> Lines 1 through 7 . . . . .
9	2011 extensions . . . . .

---

16,000.

## Local

10	Forms W-2 . . . . .				
11	Forms W-2G . . . . .				
12	Forms 1099-R . . . . .				
13	Forms 1099-MISC and 1099-G . . . . .				
14	Schedules K-1 . . . . .				
15	Forms 1099-INT, DIV and OID . . . . .				
16	Social Security and Railroad Benefits . . . . .				
17	Form 1099-B . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
18 a	Other withholding . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
b	Other withholding . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
c	Other withholding . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
d	Positive Adjustment . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
e	Negative Adjustment . . . . .	St	<input type="text"/>	Loc	<input type="text"/>
19	<b>Total Withholding</b> Lines 10 through 18e . . . . .				

0.

**19 Total Withholding** Lines 10 through 18e . . . . .

0.

20 Total Tax Payments for 2011 . . . . .

---

16,000.

## ID

(If multiple states or localities, see Tax Help)

21	Tax paid with 2010 extensions . . . . .	
22	2010 estimated tax paid after 12/31/10 . . . . .	
23	Balance due paid with 2010 return . . . . .	
24	Other (amended returns, installment payments, etc) . . . . .	



**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2011**

► Keep for your records

Name(s) Shown on Return <b>John &amp; Mary Poulos</b>	Social Security Number <b>123-45-6789</b>
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . .	57,362.00
(2) Nontaxable income entered elsewhere on return . . . . .	31,000.00
(3) Available income: 2010 refundable credits in excess of tax. . . . .	0.00
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	88,362.00

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, California, Colorado, New Jersey, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . .

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . .

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . . ☐ Greater amount . ☒

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . . 1,500.00

<b>b</b>	Real estate taxes paid on principal residence entered on Form 1098 . . . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	<u>1,500.00</u>
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2010 Amount	Enter 2011 description:
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	
<b>b</b>	Foreign taxes from interest and dividends . . . . .	
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit) . . . . .	
<b>e</b>	Other taxes.	
	2010 Amount	Enter 2011 description:
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

**Interest Deductions**

<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	<u>15,000.00</u>
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above . . . . .	<u>15,000.00</u>
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	_____

**Schedule A**  
**Lines 10 - 12**

**Home Mortgage Interest Worksheet**

**2011**

► Keep for your records

Name(s) Shown on Return <u>John &amp; Mary Poulos</u>	Social Security Number <u>123-45-6789</u>
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**Note:** Use this worksheet to report home mortgage interest you paid on your main home or second home.  
Enter mortgage interest you paid for business property other than a home office on the appropriate  
schedule or form for the business activity (Schedule C, Schedule E, etc.).

- 1 Was the mortgage interest reported to you on Form 1098? . . . . . Yes ☒ No ☐
- 2 Recipient's/lender's name. . . . . Saintly Bank and Trust
- 3 Mortgage interest paid on your main home or second home in 2011 15,000.00
- 4 Points paid in 2011 to buy your main home from Form 1098, box 2. . . . . \_\_\_\_\_

**QuickZoom** if you paid more interest than is shown on Form 1098 . . . . . \_\_\_\_\_

- 5 If you bought your home from the recipient and did **NOT** receive a Form 1098, enter the  
recipient's identifying number and address:  
Recipient's SSN or ID number . \_\_\_\_\_  
Recipient's address . . . . . \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 6 If you and someone else were liable for this mortgage and the **other person** received the Form 1098,  
enter the other person's name and address:  
Name . . . . . \_\_\_\_\_  
Address . . . . . \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Points NOT reported on Form 1098:**

- 7 Points not reported on Form 1098 that you paid in 2011 to purchase or improve  
your **main home** . . . . . \_\_\_\_\_
- 8 If you paid other points to this lender which must be spread over the life of the  
loan, for example points you paid on your second home, on a home equity loan,  
or when you refinanced, enter the following:
- a Total points originally paid on a loan for which the points must be amortized . . . . . \_\_\_\_\_
- b Date loan was made or date of refinance . . . . . \_\_\_\_\_
- c Length of loan (years) . . . . . \_\_\_\_\_
- d Points deducted in prior years for this loan . . . . . \_\_\_\_\_
- e Amortized points allowable this year . . . . . \_\_\_\_\_
- f Check this box if the points remaining for this loan are deductible in full in 2011  
because you refinanced or paid off the loan . . . . . ☐
- g Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) . . . . . \_\_\_\_\_

## 2011

- Keep for your records

Name(s) Shown on Return John & Mary Poulos	Social Security Number 123-45-6789
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## Cash Contributions

[illegible]

# Charitable Contributions Summary

► Keep for your records

2011

Name(s) Shown on Return John & Mary Poulos	Social Security Number 123-45-6789
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Holy Trinity Greek Orthodox Church	3,500.	3,500.		
Totals:	3,500.	3,500.		

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total (a) Total	Other Property (b) 50% Limit	(c) 30% Limit	Capital Gain Property (d) 30% Limit	(e) 20% Limit
Totals:					

## Part III Contribution Carryovers to 2012

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) RESERVED	(c) 50% Limit	(d) 30% Limit	Capital Gain Property (e) 30% Limit	(f) 20% Limit
1 2011 contributions . .	3,500.		3,500.			
2 2011 contributions allowed	3,500.		3,500.	0.	0.	0.
3 Carryovers from:						
a 2010 tax year . . . .						
b 2008 tax year . . . .						
c 2007 tax year . . . .						
d 2006 tax year . . . .						
e 2005 tax year . . . .						
4 Carryovers allowed in 2011	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2011	0.		0.	0.	0.	0.
6 Carryovers to 2012:						
a From 2011 . . . . .	0.		0.	0.	0.	0.
b From 2010 . . . . .						
c From 2008 . . . . .						
d From 2007 . . . . .						
e From 2006 . . . . .						
f From 2005 (expired)						

## Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? . . . . . ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? . . . . . ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☒ No
- Was any charity other than a 50% charity? . . . . . ☐ Yes ☒ No

# Earned Income Worksheet

2011

► Keep for your records

Name(s) Shown on Return <b>John &amp; Mary Poulos</b>	Social Security Number <b>123-45-6789</b>
--	--

<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	94,540.		94,540.
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .	94,540.		94,540.
<b>d</b> One-half of self-employment tax . . . . .	6,678.		6,678.
<b>e</b> Subtract line 1d from line 1c . . . . .	87,862.		87,862.
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4</b> Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .	87,862.		87,862.

## Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .	87,862.		87,862.
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	0.		0.
<b>7</b> Taxable employer-provided adoption benefits. . . . .			
<b>8</b> Add lines 5 through 7. To Form 2441, lines 19 and 20 . . . . .	87,862.		87,862.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a and 9b. To Form 2441, lines 4 and 5 . . . . .	87,862.		87,862.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .	-31,000.		-31,000.
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	56,862.		56,862.

## Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .	52,862.		52,862.
<b>16</b> Wages, salaries, tips, etc . . . . .	4,000.		4,000.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	56,862.		56,862.

## Part IV – Form 8812 and Child Tax Credit Line 11 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . . . .	52,862.		52,862.
<b>24</b> Wages, salaries, tips, etc . . . . .	4,000.		4,000.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Foreign earned income exclusion . . . . .			
<b>27</b> Combine lines 23 through 26. To Form 8812, line 4a & Line 11 Wks, line 2. . . . .	56,862.		56,862.

# Schedule SE Adjustments Worksheet

2011

► Keep for your records

Name(s) Shown on Return <b>John &amp; Mary Poulos</b>	Social Security Number <b>123-45-6789</b>
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ►	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .		
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code Y . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .		
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 7 . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .	59,540.	
<b>b</b> Clergy housing allowance . . . . .	35,000.	
<b>c</b> Less clergy business deductions . . . . .		
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .	94,540.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		

### Schedule SE Worksheet -- Recalculation of One-Half SE Tax Deduction

- For purposes of calculating the one-half of self-employment tax deduction, this worksheet recalculates Schedule SE using the full 15.3% rate of SE Tax. See Help.

**Short Schedule SE:**

- A** Schedule SE, line 4 . . . . .
- B** SE Tax:
- 1 If Line A is \$106,800 or less, line A multiplied by 15.3% (.153) . . . .
- 2 If Line A is more than \$106,800, line A multiplied by 2.9% (.029)  
plus \$13,243.20 . . . . .
- C** One-half SE Tax: Line B multiplied by 50% (.50) . . . . .

**Long Schedule SE:**

- D** Schedule SE line 6 . . . . .
- E** Schedule SE line 9 . . . . .
- F** Multiply the smaller of line D or E by 12.4% (.124) . . . . .
- G** Multiply line D by 2.9% (.029) . . . . .
- H** SE Tax: Add lines F and G . . . . .
- I** One-half SE Tax: Line H multiplied by 50% (.50) . . . . .

- J** One-half SE Tax deduction as computed above . . . . .
- K** Deduction for employer-equivalent portion of SE Tax on  
Schedule SE . . . . .
- L** Subtract line K from line J for adjustment difference . . . . .

Taxpayer	Spouse
87,308.	
13,358.	
6,679.	
6,679.	
6,678.	
1.	



# Federal Carryover Worksheet

**2011**

► Keep for your records

Name(s) Shown on Return <b>John &amp; Mary Poulos</b>	Social Security Number <b>123-45-6789</b>
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## 2010 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

## Other Tax and Income Information

			2010	2011
<b>1</b>	Filing status . . . . .	<b>1</b>	<u>2 MFJ</u>	<u>2 MFJ</u>
<b>2</b>	Number of exemptions for blind or over 65 (0 - 4) . . . . .	<b>2</b>		
<b>3</b>	Itemized deductions . . . . .	<b>3</b>	<u>23,124.</u>	<u>23,151.</u>
<b>4</b>	Check box if required to itemize deductions . . . . .	<b>4</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Adjusted gross income . . . . .	<b>5</b>	<u>57,643.</u>	<u>57,362.</u>
<b>6</b>	Tax liability for Form 2210 or Form 2210-F . . . . .	<b>6</b>	<u>15,239.</u>	<u>14,786.</u>
<b>7</b>	Alternative minimum tax . . . . .	<b>7</b>		
<b>8</b>	Federal overpayment applied to next year estimated tax . . . . .	<b>8</b>		

**QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►**

## Excess Contributions

			2010	2011
<b>9 a</b>	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	<b>9 a</b>		
<b>b</b>	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	<b>b</b>		
<b>10 a</b>	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	<b>10 a</b>		
<b>b</b>	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	<b>b</b>		
<b>11 a</b>	Taxpayer's excess HSA contributions as of 12/31 . . . . .	<b>11 a</b>		
<b>b</b>	Spouse's excess HSA contributions as of 12/31 . . . . .	<b>b</b>		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2010	2011
<b>12 a</b>	Short-term capital loss . . . . .	<b>12 a</b>		
<b>b</b>	AMT Short-term capital loss . . . . .	<b>b</b>		
<b>13 a</b>	Long-term capital loss . . . . .	<b>13 a</b>		
<b>b</b>	AMT Long-term capital loss . . . . .	<b>b</b>		
<b>14 a</b>	Net operating loss available to carry forward . . . . .	<b>14 a</b>		
<b>b</b>	AMT Net operating loss available to carry forward . . . . .	<b>b</b>		
<b>15 a</b>	Investment interest expense disallowed . . . . .	<b>15 a</b>		
<b>b</b>	AMT Investment interest expense disallowed . . . . .	<b>b</b>		
<b>16</b>	Nonrecaptured net Section 1231 losses from:	<b>16 a</b>		
	<b>a</b> 2011 . . . . .	<b>a</b>		
	<b>b</b> 2010 . . . . .	<b>b</b>		
	<b>c</b> 2009 . . . . .	<b>c</b>		
	<b>d</b> 2008 . . . . .	<b>d</b>		
	<b>e</b> 2007 . . . . .	<b>e</b>		
	<b>f</b> 2006 . . . . .	<b>f</b>		

John &amp; Mary Poulos

123-45-6789

Loss and Expense Carryovers (cont'd)				2010	2011												
17	AMT Nonrecap'd net Sec 1231 losses from:	<table border="1"> <tr><td>a</td><td>2011 . . .</td></tr> <tr><td>b</td><td>2010 . . .</td></tr> <tr><td>c</td><td>2009 . . .</td></tr> <tr><td>d</td><td>2008 . . .</td></tr> <tr><td>e</td><td>2007 . . .</td></tr> <tr><td>f</td><td>2006 . . .</td></tr> </table>	a	2011 . . .	b	2010 . . .	c	2009 . . .	d	2008 . . .	e	2007 . . .	f	2006 . . .	17 a		
a	2011 . . .																
b	2010 . . .																
c	2009 . . .																
d	2008 . . .																
e	2007 . . .																
f	2006 . . .																
			b														
			c														
			d														
			e														
			f														
Credit Carryovers				2010	2011												
18	General business credit . . . . .		18														
19	Mortgage interest credit from:	<table border="1"> <tr><td>a</td><td>2011 . . . . .</td></tr> <tr><td>b</td><td>2010 . . . . .</td></tr> <tr><td>c</td><td>2009 . . . . .</td></tr> <tr><td>d</td><td>2008 . . . . .</td></tr> </table>	a	2011 . . . . .	b	2010 . . . . .	c	2009 . . . . .	d	2008 . . . . .	19 a						
a	2011 . . . . .																
b	2010 . . . . .																
c	2009 . . . . .																
d	2008 . . . . .																
			b														
			c														
			d														
20	Credit for prior year minimum tax . . . . .		20														
21	District of Columbia first-time homebuyer credit . . . . .		21														
22	Residential energy efficient property credit . . . . .		22														
Other Carryovers				2010	2011												
23	Section 179 expense deduction disallowed . . . . .		23														
24	Excess	a	24 a														
	foreign	b	b														
	housing	c	c														
	deduction:	d	d														

## Charitable Contribution Carryovers

25	2010 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2010 . . . . .				
b	2009 . . . . .				
c	2008 . . . . .				
d	2007 . . . . .				
e	2006 . . . . .				
26	2011 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2011 . . . . .				
b	2010 . . . . .				
c	2009 . . . . .				
d	2008 . . . . .				
e	2007 . . . . .				

27 Amount overpaid less earned income credit . . . . . 761.

## 2010 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Your Name  
John PoulosSocial Security Number  
123-45-6789Occupation in Which You Incurred Expenses  
Priest**Line 4 – Other Business Expenses**

1	Business gifts . . . . .	1	
2	Education . . . . .	2	
3	Home office ( <b>QuickZoom</b> to Employee Home Office Wks) . . . . . ►	3	
4	Trade publications . . . . .	4	
5	Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet) . . . . .	5	
6	Other: <u>Vestments and Books</u> . . . . .	6	4,000.
	_____ . . . . .		
	_____ . . . . .		
	_____ . . . . .		
7	<b>Total other business expenses.</b> Add lines 1 through 6. Carries to Form 2106, line 4 . . . . .	7	4,000.

**Line 7 – Allocation of Employer Reimbursements**

8	Reimbursements that were not reported in box 1 of Form W-2 . . . . .	8	
9	Total expenses for the period(s) covered by the reimbursements on line 8 . . . . .	9	
10	Meal and entertainment expenses included in line 9 . . . . .	10	
11	Divide line 10 by line 9 . . . . .	11	
12	<b>Employer reimbursement for meals and entertainment.</b> Multiply line 8 by line 11. Carries to Form 2106, line 7, column B . . . . .	12	
13	<b>Employer reimbursement for other than meals and entertainment.</b> Subtract line 12 from line 8. Carries to Form 2106, line 7, column A . . . . .	13	
	<b>Department of Transportation (DOT) Employees - complete lines 14 - 19</b>		
14	Employer reimbursement for meals and entertainment expenses . . . . .	14	
15	Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14 . . . . .	15	
16	Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits . . . . .	16	
17	Divide line 16 by line 15 . . . . .	17	
18	<b>Employer reimbursement for DOT meals.</b> Multiply line 14 by line 17. . . . .	18	
19	<b>Employer reimbursement for other meals and entertainment.</b> Subtract line 18 from line 14 . . . . .	19	

**Line 10 – Allocation of Business Expenses**

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

20	Total employee expenses from Form 2106, line 10. . . . .	20	4,000.
21	Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35) . . . . .	21	
22	Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR). . . . .	22	
23	Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 14) . . . . .	23	
24	<b>Net employee expenses.</b> Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7) . . . . .	24	4,000.

## Two-Year Comparison

2011

Name(s) Shown on Return

John &amp; Mary Poulos

Social Security Number

123-45-6789

Income	2010	2011	Difference	%
Wages, salaries, tips, etc . . . . .	63,540.	63,540.	0.	0.00
Interest and dividend income . . . . .	500.	500.	0.	0.00
State tax refund . . . . .				
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	64,040.	64,040.	0.	0.00
<b>Adjustments to Income</b> . . . . .	6,397.	6,678.	281.	4.39
<b>Adjusted Gross Income</b> . . . . .	57,643.	57,362.	-281.	-0.49
<b>Itemized Deductions</b>				
Medical and dental . . . . .	277.	298.	21.	7.58
Income or sales tax . . . . .				
Real estate taxes . . . . .	1,500.	1,500.	0.	0.00
Personal property and other taxes . . . . .				
Interest paid . . . . .	15,000.	15,000.	0.	0.00
Gifts to charity . . . . .	3,500.	3,500.	0.	0.00
Casualty and theft losses . . . . .				
Miscellaneous . . . . .	2,847.	2,853.	6.	0.21
Total Itemized Deductions . . . . .	23,124.	23,151.	27.	0.12
<b>Standard or Itemized Deduction</b> . . . . .	23,124.	23,151.	27.	0.12
<b>Exemption Amount</b> . . . . .	7,300.	7,400.	100.	1.37
<b>Taxable Income</b> . . . . .	27,219.	26,811.	-408.	-1.50
Income tax . . . . .	3,246.	3,174.	-72.	-2.22
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	3,246.	3,174.	-72.	-2.22
Nonbusiness credits . . . . .				
Business credits . . . . .				
<b>Total Credits</b> . . . . .				
Self-employment tax . . . . .	12,793.	11,612.	-1,181.	-9.23
Other taxes . . . . .				
<b>Total Tax After Credits</b> . . . . .	16,039.	14,786.	-1,253.	-7.81
Withholding . . . . .				
Estimated and extension payments . . . . .	16,000.	16,000.	0.	0.00
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .	800.		-800.	-100.00
<b>Total Payments</b> . . . . .	16,800.	16,000.	-800.	-4.76
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	761.	1,214.	453.	59.53
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 5.53 %

# Tax History Report

► Keep for your records

2011

Name(s) Shown on Return

John & Mary Poulos

	Five Year Tax History:				
	2007	2008	2009	2010	2011
Filing status . . . . .				MFJ	MFJ
Total income . . . . .				64,040.	64,040.
Adjustments to income				6,397.	6,678.
Adjusted gross income				57,643.	57,362.
Tax expense . . . . .				1,500.	1,500.
Interest expense . . .				15,000.	15,000.
Contributions . . . . .				3,500.	3,500.
Miscellaneous deductions . . . . .				2,847.	2,853.
Other Itemized Deductions . . . . .				277.	298.
Total itemized/standard deduction . .				23,124.	23,151.
Exemption amount . .				7,300.	7,400.
Taxable income . . . .				27,219.	26,811.
Tax . . . . .				3,246.	3,174.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .				12,793.	11,612.
Payments . . . . .				16,800.	16,000.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .				761.	1,214.
Effective tax rate % . .				4.24	5.53
**Tax bracket % . . .				15	15

\*\*Tax bracket % is based on Taxable income.

**Tax Summary**  
► Keep for your records

**2011**

Name (s)	SSN
John & Mary Poulos	123-45-6789
<b>Total income</b> .....	64,040.
<b>Adjustments to income</b> .....	6,678.
<b>Adjusted gross income</b> .....	57,362.
<b>Itemized/standard deduction</b> .....	23,151.
<b>Exemption amount</b> .....	7,400.
<b>Taxable income</b> .....	26,811.
<b>Tentative tax</b> .....	3,174.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	
<b>Other taxes</b> .....	11,612.
<b>Total tax</b> .....	14,786.
<b>Total payments</b> .....	16,000.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	1,214.
<b>Refund</b> .....	1,214.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040 because  
you are itemizing deductions.

# Compare to U. S. Averages

► Keep for your records

2011

Name(s) Shown on Return <b>John &amp; Mary Poulos</b>	Social Security No <b>123-45-6789</b>
--	--

Your 2011 adjusted gross income (AGI) . . . . . **57,362.**  
National adjusted gross income range used below . . . . . from **50,000.** to **99,999.**

**Note:** National average amounts have been adjusted for inflation. See Help for details.

<b>Selected Income, Deductions, and Credits</b>	<b>Actual Per Return</b>	<b>National Average</b>
Salaries and wages . . . . .	<b>63,540.</b>	<b>65,930.</b>
Taxable interest . . . . .	<b>500.</b>	<b>1,869.</b>
Tax-exempt interest . . . . .		<b>8,178.</b>
Dividends . . . . .		<b>3,000.</b>
Business net income . . . . .		<b>17,016.</b>
Business net loss . . . . .		<b>6,668.</b>
Net capital gain . . . . .		<b>7,453.</b>
Net capital loss . . . . .		<b>2,402.</b>
Taxable IRA . . . . .		<b>15,112.</b>
Taxable pensions and annuities . . . . .		<b>25,796.</b>
Rent and royalty net income . . . . .		<b>9,372.</b>
Rent and royalty net loss . . . . .		<b>9,867.</b>
Partnership and S corporation net income . . . . .		<b>21,909.</b>
Partnership and S corporation net loss . . . . .		<b>12,372.</b>
Taxable social security benefits . . . . .		<b>16,067.</b>
Medical and dental expenses deduction . . . . .	<b>298.</b>	<b>7,626.</b>
Taxes paid deduction . . . . .	<b>1,500.</b>	<b>6,554.</b>
Interest paid deduction . . . . .	<b>15,000.</b>	<b>10,631.</b>
Charitable contributions deduction . . . . .	<b>3,500.</b>	<b>2,911.</b>
Total itemized deductions . . . . .	<b>23,151.</b>	<b>21,349.</b>
Child care credit . . . . .		<b>547.</b>
Education tax credits . . . . .		<b>1,296.</b>
Child tax credit . . . . .		<b>1,708.</b>
Retirement savings contributions credit . . . . .		<b>172.</b>
Earned income credit . . . . .		<b>0.</b>
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	<b>57,362.</b>	<b>74,445.</b>
Taxable income . . . . .	<b>26,811.</b>	<b>48,679.</b>
Income tax . . . . .	<b>3,174.</b>	<b>6,047.</b>
Alternative minimum tax . . . . .		<b>1,267.</b>
Total tax liability . . . . .	<b>14,786.</b>	<b>6,372.</b>

## Estimated Tax Payment Options

<b>Name:</b>	<u>John &amp; Mary Poulos</u>
<b>SSN:</b>	<u>123-45-6789</u>

Prepare My 2012 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2012 estimated taxable income . . . . .	0.
<input type="checkbox"/> 100% of tax on your 2012 estimated taxable income . . . . .	0.
<input type="checkbox"/> 66-2/3% of tax on your 2012 estimated taxable income (for farmers and fishermen only, see Tax Help) . . . . .	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2011 taxes (prior-year exception) <b>Note:</b> If your 2011 taxes were less than \$1000, see Tax Help . . . . .	14,786.

Amount of Estimated Taxes to Pay in 2012	
Taxes based on method above . . . . .	14,786.
Expected withholding for 2012 . . . (2011 actual withholding) . . . . .	0.
Taxes due after withholding . . . . .	14,786.
Estimates you've already paid . . . . .	
Last year's overpayment you applied to this year . . . . .	
Balance of estimated taxes due . . . . .	14,786.

Round My Payments Up
<input type="checkbox"/> To the next \$10 <input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 <input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2012	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 17, 2012 . . . . .	3,697.
<input type="checkbox"/> Payment number 2, due June 15, 2012 . . . . .	3,697.
<input type="checkbox"/> Payment number 3, due September 17, 2012 . . . . .	3,697.
<input type="checkbox"/> Payment number 4, due January 15, 2013 . . . . .	3,697.

Total estimated tax payments for 2011 . . . . .	14,788.
---	---------

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts



## Smart Worksheets from your 2011 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . <u>3,174.</u>
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . <u>          </u>
<b>C</b>	Additional tax from Form 4972 . . . . . <u>          </u>
<b>D</b>	Tax from additional Form(s) 4972 . . . . . <u>          </u>
<b>E</b>	Recapture tax from Form 8863 . . . . . <u>          </u>
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . <u>          </u>
<b>G</b>	<b>Tax.</b> Add lines A through F. Enter the result here and on line <b>44</b> . . . . . <u>3,174.</u>

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars enter the amount of interest that should be reported on Schedule A on lines <b>A</b> , <b>B</b> , and <b>C</b> below.	
<b>Does your mortgage interest need to be limited:</b> Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>	
<b>A</b>	<b>Home mortgage interest and points reported on Form 1098:</b>
<b>1</b>	Sum of lines 5a through 5d below <u>15,000.00</u>
<b>2</b>	Limited amount to report on Sch A, line 10 <u>          </u>
<b>B</b>	<b>Home mortgage interest not reported on Form 1098:</b>
<b>1</b>	Sum of lines 6a and 6b below <u>          </u>
<b>2</b>	Limited amount to report on Sch A, line 11 <u>          </u>
<b>C</b>	<b>Points not reported on Form 1098:</b>
<b>1</b>	Sum of lines 7a through 7c below <u>          </u>
<b>2</b>	Limited amount to report on Sch A, line 12 <u>          </u>

## Additional information from your 2011 Federal Tax Return

Some forms were not able to fit all of the information you entered. We've included this information below.

### Form W-2 (Holy Trinity Greek Orthodox Church): Wage & Tax Statement

#### Box 1

#### Itemization Statement

Description	Amount
Salary	40,000.00
Car Allowance	6,000.00
Social Security Reimbursement	13,540.00
<b>Total</b>	<b>59,540.00</b>