

▼ 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

▼ Detach Here and Mail With Your Payment ▼

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
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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 ▶

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REV 11/22/11 TTMAC 1555

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▼ Detach Here and Mail With Your Payment ▼

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

INTERNAL REVENUE SERVICE
PO BOX 37007
HARTFORD CT 06176-0007

123456789 JP P0UL 30 0 201212 430

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20
Your first name and initial: John, Last name: Poulos, Your social security number: 123-45-6789
If a joint return, spouse's first name and initial: Mary, Last name: Poulos, Spouse's social security number: 123-12-3498
Home address (number and street): 9 Archangels Highway, Apt. no.:
City, town or post office, state, and ZIP code: Heavens Gate PA 31240
Foreign country name, Foreign province/county, Foreign postal code

Filing Status: 1 Single, 2 Married filing jointly (checked), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child

Exemptions: 6a Yourself (checked), 6b Spouse (checked), 6c Dependents table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qualifying for child tax credit. Total number of exemptions claimed: 2

Income: 7 Wages, salaries, tips, etc. EXCESS ALLOWANCE 4000. 7 63,540. 8a Taxable interest 500. 8b Tax-exempt interest. 9a Ordinary dividends. 9b Qualified dividends. 10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). 13 Capital gain or (loss). 14 Other gains or (losses). 15a IRA distributions, 15b Taxable amount. 16a Pensions and annuities, 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 18 Farm income or (loss). 19 Unemployment compensation. 20a Social security benefits, 20b Taxable amount. 21 Other income. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 64,040.

Adjusted Gross Income: 23 Educator expenses. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. 25 Health savings account deduction. 26 Moving expenses. 27 Deductible part of self-employment tax. 27 6,678. 28 Self-employed SEP, SIMPLE, and qualified plans. 29 Self-employed health insurance deduction. 30 Penalty on early withdrawal of savings. 31a Alimony paid b Recipient's SSN. 32 IRA deduction. 33 Student loan interest deduction. 34 Tuition and fees. 35 Domestic production activities deduction. 36 Add lines 23 through 35. 36 6,678. 37 Subtract line 36 from line 22. This is your adjusted gross income 57,362.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 57,362.
39a Check [] You were born before January 2, 1947, [] Blind. Total boxes checked 39a []
if: [] Spouse was born before January 2, 1947, [] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b []
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 23,151.
41 Subtract line 40 from line 38 41 34,211.
42 Exemptions. Multiply \$3,700 by the number on line 6d. 42 7,400.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 26,811.
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 962 election 44 3,174.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 3,174.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 23 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit (see instructions) 51
52 Residential energy credits. Attach Form 5695 52
53 Other credits from Form: a [] 3800 b [] 8801 c [] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 3,174.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 11,612.
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59a Household employment taxes from Schedule H 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55 through 60. This is your total tax 61 14,786.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62
63 2011 estimated tax payments and amount applied from 2010 return 63 16,000.
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Form 8812 65
66 American opportunity credit from Form 8863, line 14 66
67 First-time homebuyer credit from Form 5405, line 10 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [] 2439 b [] 8839 c [] 8801 d [] 8885 71
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 16,000.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 1,214.
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a 1,214.
b Routing number [X][X][X][X][X][X][X][X][X][X] c Type: [] Checking [] Savings
d Account number [X][X][X][X][X][X][X][X][X][X][X][X][X][X][X][X]
75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No
Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation Priest Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Teacher If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
Firm's name SELF PREPARED Firm's EIN
Firm's address Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security number

John & Mary Poulos

123-45-6789

		1	2	3	4	
Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	4,600.			
	2 Enter amount from Form 1040, line 38 <input type="text" value="2"/> 57,362.					
	3 Multiply line 2 by 7.5% (.075)	3	4,302.			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	298.	
Taxes You Paid	5 State and local (check only one box):	5				
	a <input type="checkbox"/> Income taxes, or					
	b <input type="checkbox"/> General sales taxes					
	6 Real estate taxes (see instructions)	6	1,500.			
	7 Personal property taxes	7				
	8 Other taxes. List type and amount ▶ _____	8				
	9 Add lines 5 through 8				9	1,500.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	15,000.		
		11 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 ▶ _____	11			
12 Points not reported to you on Form 1098. See instructions for special rules		12				
13 Mortgage insurance premiums (see instructions)		13				
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14				
15 Add lines 10 through 14					15	15,000.
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	3,500.			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17				
	18 Carryover from prior year	18				
	19 Add lines 16 through 18				19	3,500.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20				
Job Expenses and Certain Miscellaneous Deductions	21 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	21	4,000.			
	22 Tax preparation fees	22				
	23 Other expenses—investment, safe deposit box, etc. List type and amount ▶ _____	23				
	24 Add lines 21 through 23	24	4,000.			
	25 Enter amount from Form 1040, line 38 <input type="text" value="25"/> 57,362.					
	26 Multiply line 25 by 2% (.02)	26	1,147.			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	2,853.
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ▶ _____	28				
Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29				23,151.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>					

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2011
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See separate instructions.**

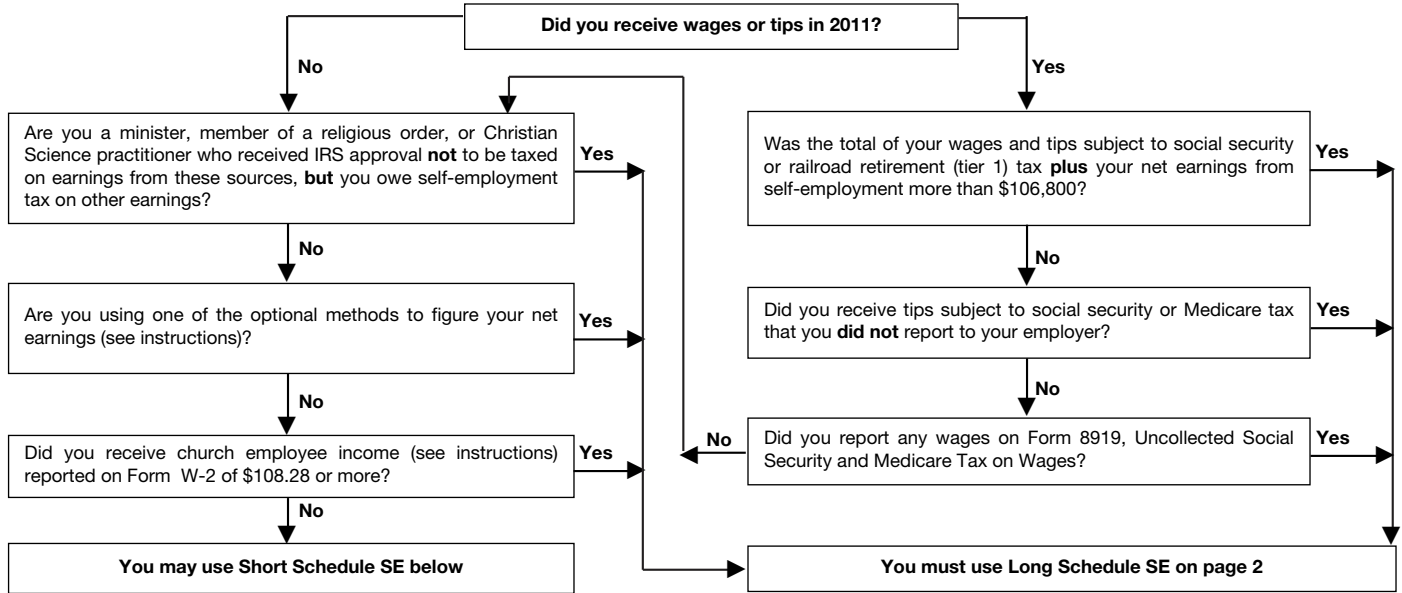
Name of person with **self-employment** income (as shown on Form 1040)
John Poulos

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.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
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	1b ()	
2 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	2	94,540.
3 Combine lines 1a, 1b, and 2	3	94,540.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶	4	87,308.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56 , or Form 1040NR, line 54 • 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 Form 1040, line 56 , or Form 1040NR, line 54	5	11,612.
6 Deduction for employer-equivalent portion of self-employment tax. 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 Form 1040, line 27 , or Form 1040NR, line 27	6	6,678.

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

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

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

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

1 Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven before July 1, 2011, and by 55.5¢ (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	4,000.
5 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.)	5	
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (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.)	6	4,000.

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.

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		Miles Driven Value of Miles	Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring			
Other Costs	Description of Other Costs				
			<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 & 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

2011

▶ Keep for your records

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 _____

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 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

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 taxpayer retired on total and permanent disability? . . . 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 taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . 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 & Mary Poulos

Social Security Number
123-45-6789

Form W-2 Summary

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

Name
John Poulos

123-45-6789 Page 2

Employer's Name Holy Trinity Greek Orthodox Church

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

Box 1 Interest income for 2011 (not included in box 3) 500.00
 Choose type if special state handling (State Use Only — see Help).

Box 2 Early withdrawal penalty _____

Box 3 Interest on U.S. Savings Bonds and Treasury obligations _____

Box 4 Federal income tax withheld _____
 State income tax withheld _____ State ID _____

Box 5 Investment expenses _____

Box 6 Foreign tax paid (All interest is considered passive. See Help) _____
a Check to deduct foreign taxes on Schedule A. . . . **OR**
b **DoubleClick** to link to a copy of Form 1116. _____
c For Form 1116, select which column. **A** **B** **C**
d Foreign source amount included in interest _____

Box 7 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.

Box 8 Tax-exempt interest-Total _____

Tax-exempt Interest State Allocation

For each row, enter state ID in column (a) and enter percent in column (b) or amount in column (c).

	(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 _____

Box 9 Specified private activity bond included in Box 8 subject to AMT, if any **OR** _____
 Private activity bond interest percentage of Box 8, if any _____ %

Box 10 Tax-exempt bond CUSIP number _____

Adjustments to Interest

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

- | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|--|
| N <input type="checkbox"/> | Nominee distribution | A <input type="checkbox"/> | Accrued interest |
| O <input type="checkbox"/> | Original issue discount (OID) | H <input type="checkbox"/> | Other |
| B <input type="checkbox"/> | Amortizable bond premium (ABP) | U <input type="checkbox"/> | 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 John & Mary Poulos	Social Security Number 123-45-6789
--	--

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

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

Name(s) Shown on Return John & Mary Poulos	Social Security Number 123-45-6789
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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 (%)	(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	Real estate taxes paid on principal residence entered on Form 1098	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	<u>1,500.00</u>
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2010 Amount Enter 2011 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2010 Amount Enter 2011 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

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

Name(s) Shown on Return
John & Mary Poulos

Social Security Number
123-45-6789

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) _____

Charitable Contributions Summary

2011

▶ Keep for your records

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

Part III Contribution Carryovers to 2012

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(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

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 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
- 4 Was any charity other than a 50% charity? Yes No

Earned Income Worksheet

2011

► Keep for your records

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

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

Part II – Form 2441 and Standard Deduction Worksheet Computations

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

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	52,862.		52,862.
16 Wages, salaries, tips, etc	4,000.		4,000.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 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

23 Self-employed, church and statutory employees	52,862.		52,862.
24 Wages, salaries, tips, etc	4,000.		4,000.
25 Nontaxable combat pay			
26 Foreign earned income exclusion			
27 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 John & Mary Poulos	Social Security Number 123-45-6789
--	--

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶	<input checked="" type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3	<input type="checkbox"/>	<input type="checkbox"/>
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
2 Farm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Other SE farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
4 Less SE exempt farm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
5 Total for Schedule SE, line 1	<input type="checkbox"/>	<input type="checkbox"/>
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b	<input type="checkbox"/>	<input type="checkbox"/>
b Schedule K-1 (Form 1065), box 20, code Y	<input type="checkbox"/>	<input type="checkbox"/>
c Total CRP payments not subject to SE tax	<input type="checkbox"/>	<input type="checkbox"/>
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	<input type="checkbox"/>	<input type="checkbox"/>
b Less SE exempt Schedules C (approved Form 4361)	<input type="checkbox"/>	<input type="checkbox"/>
2 Nonfarm partnerships, Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
3 Forms 6781	<input type="checkbox"/>	<input type="checkbox"/>
4 Other SE income reported as income on Form 1040, line 7	<input type="checkbox"/>	<input type="checkbox"/>
5 a Clergy Form W-2 wages	<input type="checkbox"/>	<input type="checkbox"/>
b Clergy housing allowance	<input type="checkbox"/>	<input type="checkbox"/>
c Less clergy business deductions	<input type="checkbox"/>	<input type="checkbox"/>
d QuickZoom to the Explanation statement for entry on line 5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Other SE nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
7 Less other SE exempt nonfarm profit or (loss) (See Help)	<input type="checkbox"/>	<input type="checkbox"/>
8 Total for Schedule SE, line 2	<input type="checkbox"/>	<input type="checkbox"/>
9 Exempt Notary Public income for Schedule SE, line 3 (See Help).	<input type="checkbox"/>	<input type="checkbox"/>
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross farming or fishing income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross farming or fishing self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
Part IV Nonfarm Optional Method 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	<input type="checkbox"/>	<input type="checkbox"/>
3 Gross nonfarm income from partnership Schedules K-1	<input type="checkbox"/>	<input type="checkbox"/>
4 Other gross nonfarm self-employment income	<input type="checkbox"/>	<input type="checkbox"/>
5 Total gross income for Nonfarm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>

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 John & Mary Poulos	Social Security Number 123-45-6789
--	--

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
Totals . .						

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

QuickZoom to the IRA Information Worksheet for IRA information ▶

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

Loss and Expense Carryovers			2010	2011
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16 a	Nonrecaptured net Section 1231 losses from:	16 a		
b		b		
c		c		
d		d		
e		e		
f		f		

John & Mary Poulos

123-45-6789

Loss and Expense Carryovers (cont'd)				2010	2011
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2011 . . .	17 a	
		b	2010 . . .	b	
		c	2009 . . .	c	
		d	2008 . . .	d	
		e	2007 . . .	e	
		f	2006 . . .	f	

Credit Carryovers				2010	2011
18	General business credit			18	
19	Mortgage interest credit from:	a	2011	19 a	
		b	2010	b	
		c	2009	c	
		d	2008	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 foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	24 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	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 Poulos	Social Security Number 123-45-6789
--------------------------	---------------------------------------

Occupation in Which You Incurred Expenses
Priest

Line 4 – Other Business Expenses

1	Business gifts	1	
2	Education	2	
3	Home office (QuickZoom 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	Total other business expenses. 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	Employer reimbursement for meals and entertainment. Multiply line 8 by line 11. Carries to Form 2106, line 7, column B	12	
13	Employer reimbursement for other than meals and entertainment. Subtract line 12 from line 8. Carries to Form 2106, line 7, column A	13	
Department of Transportation (DOT) Employees - complete lines 14 - 19			
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	Employer reimbursement for DOT meals. Multiply line 14 by line 17	18	
19	Employer reimbursement for other meals and entertainment. 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	Net employee expenses. 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 & Mary Poulos	Social Security Number 123-45-6789
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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				
Total Income	64,040.	64,040.	0.	0.00
Adjustments to Income	6,397.	6,678.	281.	4.39
Adjusted Gross Income	57,643.	57,362.	-281.	-0.49
Itemized Deductions				
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
Standard or Itemized Deduction	23,124.	23,151.	27.	0.12
Exemption Amount	7,300.	7,400.	100.	1.37
Taxable Income	27,219.	26,811.	-408.	-1.50
Income tax	3,246.	3,174.	-72.	-2.22
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	3,246.	3,174.	-72.	-2.22
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax	12,793.	11,612.	-1,181.	-9.23
Other taxes				
Total Tax After Credits	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
Total Payments	16,800.	16,000.	-800.	-4.76
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	761.	1,214.	453.	59.53
Balance Due				

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
Total income	64,040.
Adjustments to income	6,678.
Adjusted gross income	57,362.
Itemized/standard deduction	23,151.
Exemption amount	7,400.
Taxable income	26,811.
Tentative tax	3,174.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	11,612.
Total tax	14,786.
Total payments	16,000.
Estimated tax penalty	
Amount Overpaid	1,214.
Refund	1,214.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because you are itemizing deductions.

Compare to U. S. Averages

2011

▶ Keep for your records

Name(s) Shown on Return John & Mary Poulos	Social Security No 123-45-6789
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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.

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

Estimated Tax Payment Options

Name:	<u>John & Mary Poulos</u>
SSN:	<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) Note: 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	
A	Tax <u>3,174.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Tax. Add lines A through F. Enter the result here and on line 44 <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 A , B , and C below.	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>	
A Home mortgage interest and points reported on Form 1098:	
1	Sum of lines 5a through 5d below <u>15,000.00</u>
2	Limited amount to report on Sch A, line 10 _____
B Home mortgage interest not reported on Form 1098:	
1	Sum of lines 6a and 6b below _____
2	Limited amount to report on Sch A, line 11 _____
C Points not reported on Form 1098:	
1	Sum of lines 7a through 7c below _____
2	Limited amount to report on Sch A, line 12 _____

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
Total	59,540.00