

BASIC TAXPAYER INFORMATION

	First Name & Initial	Last Name	Social Security No.	Date of Birth
Taxpayer				
Spouse				

CURRENT ADDRESS:

Street Address:		Home Phone:	
City, State & Zip:		Work Phone:	
E-mail address:		Cell Phone:	

Filing Status 1-Single 2-Married filing joint 3-Married filing separate 4-Head of Household
 5-Surviving spouse

DEPENDENTS FOR 2011:

Name (first, initial, last)	Date of Birth	Social Sec. No.	Relationship

BANK INFORMATION FOR DIRECT DEPOSIT OR AUTOMATIC WITHDRAWAL:

Bank Name:		Routing No:	
Account No:		Acct Type:	Checking _____ Savings _____

Direct Deposit: Yes _____ No _____ Automatic Withdrawal: Yes _____ No _____

INCOME

**** Attach all W-2, 1099, K-1 and other income forms ****

DIVIDEND INCOME: Attach 1099-Div Forms

INTEREST INCOME: Attach 1099-Int Forms

Source	Ordinary Dividend	Qualifying Dividend	Capital Gain Amount	Source	Amount

GAINS OR LOSSES FROM SALES OF STOCKS, SECURITIES AND OTHER CAPITAL ASSETS:

Description of security or assets	Date acquired	Date Sold	Sales Price	Cost or other basis

OTHER INCOME

Source	Amount	Source	Amount
Unemployment compensation		Alimony received	
Social Security benefits-Taxpayer		State income tax refund	
Social Security benefits-Spouse		Prizes, tips not reported	

ADJUSTMENTS TO INCOME

	Amount		Amount
IRA PAYMENTS		Educator expenses	
Traditional – Taxpayer		Moving expense	
Traditional – Spouse		Interest penalty on early withdrawal	
Roth – Taxpayer		Student loan interest paid	
Roth – Spouse			
		HEALTH SAVINGS ACCOUNTS:	
		Annual contribution to HSA	
NEBRASKA College Savings		Total distributions from HSA	
Plan Contributions		Distributions for other than medical expenses	

ITEMIZED DEDUCTIONS

	Amount		Amount
Medical & dental expenses:		Gifts to charity by cash or check *(1)	
Doctors, dentists, hospitals		Gifts to charity other than by cash or check *(2)	
Medical insurance premium paid (Other than through pre-tax plan)		Mileage driven to/from charitable activities for volunteer work @ 14¢	
Long-term care insurance			
Prescriptions		Casualty & theft loss (attach details)	
Medical mileage: Jan-June 19¢			
Medical mileage: July-Dec 23.5¢		Un-reimbursed employee expenses:	
Transportation & lodging		Travel expenses (exclude meals)	
		Meals and entertainment	
Real Estate taxes		Union Dues	
Motor Vehicle taxes		Uniform & Shoes	
		Other	
Home mortgage interest and points		Investment expense	
		Tax preparation fees	
		Safe deposit box rental	
Investment interest paid			

*(1) Contributions of \$250 or more must be substantiated by written acknowledgment received from the charitable organization by the earlier of your filing date or April 15, 2012.

*(2) Attach listing for amounts over \$500, charity letters of sales proceeds and appraisals for amounts over \$5,000.

TAXES & OTHER CREDITS

CHILD OR DEPENDENT CARE EXPENSES:

Provider's Name	Address	Social Sec No	Amount Paid

POST-SECONDARY EDUCATION EXPENSE: *Attach 1098-T Forms*

Student Name	School Attended	Tuition & fees paid 2011	Course materials purchased 2011

ESTIMATED INCOME TAXES PAID:

	Due Date	FEDERAL		STATE	
		Date paid	Amount	Date Paid	Amount
2010 4 th quarter	Jan 15, 2011				
2011 1 st quarter	April 15, 2011				
2011 2 nd quarter	June 15, 2011				
2011 3 rd quarter	September 15, 2011				
2011 4 th quarter	January 15, 2012				

NEBRASKA USE TAX

A new line item for State Use Tax has been added to form 1040N. Every individual incurring a consumer's use tax liability needs to report this amount on 1040N. Previously, Nebraska Form 3 was used to report the use tax. Out-of-state purchases made through the internet, catalog, or other sources where Nebraska sales tax was not collected need to be included in figuring the use tax liability owed.

Amount of internet, catalog or out-of-state purchases subject to **Nebraska Use Tax** \$ _____