Electronic Filing Instructions for your 2011 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.

Daniel A Warner
2310 Ingleside Dr
San Antonio, TX 78213

Balance Due/ Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of $1,058.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 1700043130608 Routing Transit Number: 314088284.
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return

2011 Federal Tax Return Summary

Adjusted Gross Income	$ 28,700.00
Taxable Income	$ 19,200.00
Total Tax	$ 2,407.00
Total Payments/Credits	$ 3,465.00
Amount to be Refunded	$ 1,058.00
Effective Tax Rate	8.39%

Hi Daniel,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Freedom Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return
2011 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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	Your social security number
Daniel A	Warner	455-91-8517
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2310 Ingleside Dr

▲ 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).
San Antonio TX 78213

Foreign country name | Foreign province/county | Foreign postal code

Presidential Election Campaign
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. ☐ You ☐ Spouse

Filing Status

Check only one box.

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

Exemptions

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

Boxes checked on 6a and 6b 1

c **Dependents:**

(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 (see instructions)
			☐
			☐
			☐
			☐

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

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

d Total number of exemptions claimed **Add numbers on lines above ▶** 1

Income

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.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	28,521.
8a	**Taxable** interest. Attach Schedule B if required	8a	179.
b	**Tax-exempt** interest. **Do not** include on line 8a 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
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	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
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	28,700.

Adjusted Gross Income

23	Educator expenses 23		
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		
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	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶	37	28,700.

Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	28,700.
	39a	Check if: ☐ **You** were born before January 2, 1947, ☐ Blind. ☐ **Spouse** was born before January 2, 1947, ☐ Blind. **Total boxes checked ▶ 39a**				
Standard Deduction for— • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $5,800 Married filing jointly or Qualifying widow(er), $11,600 Head of household, $8,500	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	5,800.
	41	Subtract line 40 from line 38			41	22,900.
	42	**Exemptions.** Multiply $3,700 by the number on line 6d			42	3,700.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	19,200.
	44	**Tax** (see instructions). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐ 962 election			44	2,459.
	45	**Alternative minimum tax** (see instructions). Attach Form 6251			45	
	46	Add lines 44 and 45 ▶			46	2,459.
	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	52.		
	53	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐	53			
	54	Add lines 47 through 53. These are your **total credits**			54	52.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶			55	2,407.
Other Taxes	56	Self-employment tax. Attach Schedule SE			56	
	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	2,407.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	3,465.		
If you have a qualifying child, attach Schedule EIC.	63	2011 estimated tax payments and amount applied from 2010 return	63			
	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	3,465.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid**			73	1,058.
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			74a	1,058.
Direct deposit? See instructions.	b	Routing number 314088284 ▶ **c** Type: ☒ Checking ☐ Savings				
	d	Account number 170004313060 8				
	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. ☒ **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	Daytime phone number
		System Administrator	(210)595-0326
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	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.

Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

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

OMB No. 1545-0074

2011

Attachment Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶
Daniel A Warner	455-91-8517

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I **HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2011 (see instructions) ▶			☒ Self-only ☐ Family
2	HSA contributions you made for 2011 (or those made on your behalf), including those made from January 1, 2012, through April 17, 2012, that were for 2011. **Do not** include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)		2	0.
3	If you were under age 55 at the end of 2011, and on the first day of **every** month during 2011, you were, or were considered, an eligible individual with the **same** coverage, enter $3,050 ($6,150 for family coverage). **All others,** see the instructions for the amount to enter		3	3,050.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2011 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2011, also include any amount contributed to your spouse's Archer MSAs		4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-		5	3,050.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2011, see the instructions for the amount to enter		6	3,050.
7	If you were age 55 or older at the end of 2011, married, and you or your spouse had family coverage under an HDHP at any time during 2011, enter your additional contribution amount (see instructions)		7	0.
8	Add lines 6 and 7		8	3,050.
9	Employer contributions made to your HSAs for 2011	9 421.		
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10		11	421.
12	Subtract line 11 from line 8. If zero or less, enter -0-		12	2,629.
13	**HSA deduction.** Enter the **smaller** of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25		13	0.
	Caution: *If line 2 is more than line 13, you may have to pay an additional tax (see instructions).*			

Part II **HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2011 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Unreimbursed qualified medical expenses (see instructions)	15	
16	**Taxable HSA distributions.** Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the **Exceptions to the Additional 20% Tax** (see instructions), check here ▶ ☐		
b	**Additional 20% tax** (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Qualified HSA distribution	**18**	
19	Last-month rule	**19**	
20	Qualified HSA funding distribution	**20**	
21	**Total income.** Add lines 18, 19, and 20. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	**21**	
22	**Additional tax.** Multiply line 21 by 10% (.10). Include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HDHP" and the amount	**22**	

Form **5695**

Department of the Treasury
Internal Revenue Service

Residential Energy Credits

► See instructions.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2011

Attachment Sequence No. **158**

Name(s) shown on return

Daniel A Warner

Your social security number

455-91-8517

Part I Nonbusiness Energy Property Credit

1a	Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ►		**1a**	☒ Yes ☐ No
	Caution: *If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part I.*			
b	Print the complete address of the main home where you made the qualifying improvements. **Caution:** *You can only have one main home at a time.*			
	2310 Ingleside Dr — Number and street — Unit No.			
	San Antonio TX 78213 — City, State, and ZIP code			
c	Were any of these improvements related to the construction of this main home? ►		**1c**	☐ Yes ☒ No
	Caution: *If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.*			
2	Lifetime limitation. Amounts claimed in 2006, 2007, 2009, and 2010.			
a	Amount, if any, from line 12 of your 2006 Form 5695	**2a**		
b	Amount, if any, from line 15 of your 2007 Form 5695	**2b**		
c	Amount, if any, from line 11 of your 2009 Form 5695	**2c**		
d	Amount, if any, from line 11 of your 2010 Form 5695	**2d**		
e	Add lines 2a through 2d. If $500 or more, **stop**; you cannot take the nonbusiness energy property credit		**2e**	
3	Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions)			
a	Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC		**3a**	520.
b	Exterior doors that meet or exceed the Energy Star program requirements		**3b**	
c	Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home		**3c**	
d	Exterior windows and skylights that meet or exceed the Energy Star program requirements	**3d**		
e	Maximum amount of cost on which the credit can be figured	**3e**	*$2,000*	
f	If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, or 2010, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0-	**3f**	0.	
g	Subtract line 3f from line 3e. If zero or less, enter -0-	**3g**	2,000.	
h	Enter the smaller of line 3d or line 3g		**3h**	0.
4	Add lines 3a, 3b, 3c, and 3h		**4**	520.
5	Multiply line 4 by 10% (.10)		**5**	52.
6	Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions)			
a	Energy-efficient building property. Do not enter more than **$300**		**6a**	
b	Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than **$150**		**6b**	
c	Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than **$50**		**6c**	
7	Add lines 6a through 6c		**7**	
8	Add lines 5 and 7		**8**	52.
9	Maximum credit amount. (If you jointly occupied the home, see instructions)		**9**	500.
10	Enter the amount, if any, from line 2e		**10**	
11	Subtract line 10 from line 9. If zero or less, **stop;** you cannot take the nonbusiness energy property credit.		**11**	500.
12	Enter the smaller of line 8 or line 11		**12**	52.
13	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)		**13**	2,459.
14	**Nonbusiness energy property credit.** Enter the smaller of line 12 or line 13. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49		**14**	52.

Part II **Residential Energy Efficient Property Credit** (See instructions before completing this part.)

Note. *Skip lines 15 through 25 if you only have a* ***credit carryforward from 2010.***

15	Qualified solar electric property costs	**15**	
16	Qualified solar water heating property costs	**16**	
17	Qualified small wind energy property costs	**17**	
18	Qualified geothermal heat pump property costs	**18**	
19	Add lines 15 through 18	**19**	
20	Multiply line 19 by 30% (.30)	**20**	
21a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ▶	**21a**	☐ **Yes** ☒ **No**

Caution: *If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 21b through 25.*

b Print the complete address of the main home where you installed the fuel cell property.

Number and street Unit No.

City, State, and ZIP code

22	Qualified fuel cell property costs	**22**	
23	Multiply line 22 by 30% (.30)	**23**	
24	Kilowatt capacity of property on line 22 above ▶ _____ x $1,000	**24**	
25	Enter the smaller of line 23 or line 24	**25**	
26	Credit carryforward from 2010. Enter the amount, if any, from your 2010 Form 5695, line 28	**26**	
27	Add lines 20, 25, and 26	**27**	
28	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	**28**	
29	**1040 filers:** Enter the total, if any, of your credits from Form 1040, lines 47 through 50; line 14 of this form; line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; Form 8936, line 15; and Schedule R, line 22. **1040NR filers:** Enter the amount, if any, from Form 1040NR, lines 45 through 47; line 14 of this form; line 12 of the Line 11 Worksheet in Pub. 972 (see instructions); Form 8396, line 9; Form 8859, line 9; Form 8834, line 23; Form 8910, line 22; and Form 8936, line 15.	**29**	
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on line 31	**30**	
31	**Residential energy efficient property credit.** Enter the smaller of line 27 or line 30. Also include this amount on Form 1040, line 52, or Form 1040NR, line 49	**31**	
32	Credit carryforward to 2012. If line 31 is less than line 27, subtract line 31 from line 27	**32**	

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 . . . . . Daniel
Middle initial . . . . . A Suffix . . . . . ___
Last name . . . . . Warner
Social security no. . . 455-91-8517
Occupation . . . . . System Administrator
Date of birth . . . . . 03/16/1986 (mm/dd/yyyy)
or age as of 1-1-2012 25
Daytime phone . . . . (210)595-0326 Ext ____
Legally blind . . . . . [ ]
Date of death . . . . . ____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . [ ] Yes [X] 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 [X] No

Presidential Election Campaign Fund:

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

Spouse:

First name . . . . . ____
Middle initial . . . . . ___ Suffix . . . . . ___
Last name . . . . . ____
Social security no. . . ____
Occupation . . . . . ____
Date of birth . . . . . ____ (mm/dd/yyyy)
or age as of 1-1-2012 . ___
Daytime phone . . . . . ____ 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 . . . . . 2310 Ingleside Dr Apt no. . . ____
City . . . . . San Antonio State . . . . TX ZIP code . . 78213
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 [X] Taxpayer daytime [ ] Spouse daytime
Check if you were affected by a natural disaster in 2011 . . . . . [ ]

Federal filing status:

[X] **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) Age	Code	**Not** qual for child tax cr	Qualified child/dep care exps incurred and paid 2011	EIC	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* Dep
									[ ]	
									[ ]	
									[ ]	
									[ ]	

* "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) ► SACU
Check the appropriate box ► Checking ☒ Savings ☐
Routing number ► 314088284 Account number ► 1700043130608

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 . . . . . ► TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ► [X]

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 . . . . . ►

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 2011
For the Taxpayer

► 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 . . . Daniel Middle initial . A Last name . . Warner
Suffix . . . . .
Social security no. . . 455-91-8517 Member of U.S. Armed Forces in 2011? . . [ ] Yes [X] No

Date of birth . . . . . 03/16/1986 (mm/dd/yyyy) age as of 1-1-2012 25

Occupation . . . .System Administrator Daytime phone . . . .(210)595-0326 Ext

Marital status . . .Single
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 [X] 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 [X] 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 . . . . . TX
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . . [X]
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 . . . . . .

Form 1040 **Forms W-2 & W-2G Summary** **2011**

► Keep for your records

Name(s) Shown on Return	Social Security Number
Daniel A Warner	455-91-8517

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C	28,521.		28,521.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips			
2	Total federal tax withheld	3,465.		3,465.
3 & 7	Total social security wages/tips	29,987.		29,987.
4	Total social security tax withheld	1,260.		1,260.
5	Total Medicare wages and tips	29,987.		29,987.
6	Total Medicare tax withheld	435.		435.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	1,888.		1,888.
b	Elective deferrals to qualified plans	1,467.		1,467.
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	421.		421.
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			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Form **W-2**

Wage and Tax Statement

► Keep for your records

2011

Name: Daniel A Warner

Social Security Number: 455-91-8517

☐ **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 . 455-91-8517
b Employer's ID number 27-0307093
c Employer's name, address, and ZIP code
Wolf Camera
Street 6711 Ritz Way
City Beltsville
State MD ZIP Code 20705
Foreign Country

d Control number .

☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Daniel M.I. A
Last Warner Suff.

f Employee's address and ZIP code
Street 2310 Ingleside Dr
City San Antonio
State TX ZIP Code 78213
Foreign Country

1	Wages, tips, other compensation: 3,102.95	**2**	Federal income tax withheld: 123.86
3	Social security wages: 3,232.24	**4**	Social security tax withheld: 135.75
5	Medicare wages and tips: 3,232.24	**6**	Medicare tax withheld: 46.87
7	Social security tips	**8**	Allocated tips
9		**10**	Dependent care benefits
11	Nonqualified plans		Distributions from sect. 457 and nonqualified plans *(Important, see Help)*
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.

Box 12 Code	**Box 12** Amount
D	129.29

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 tax

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).

Form **W-2**

Wage and Tax Statement

► Keep for your records

2011

Name: Daniel A Warner

Social Security Number: 455-91-8517

☐ **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 . 455-91-8517
b Employer's ID number 74-3219359
c Employer's name, address, and ZIP code
Rackspace Hosting

Street 5000 Walzem Rd
City San Antonio
State TX ZIP Code 78218
Foreign Country

d Control number .

☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
First Daniel M.I. A
Last Warner Suff.

f Employee's address and ZIP code
Street 2310 Ingleside Dr
City San Antonio
State TX ZIP Code 78213
Foreign Country

1	Wages, tips, other compensation	25,417.63	
2	Federal income tax withheld	3,341.06	
3	Social security wages	26,755.39	
4	Social security tax withheld	1,123.73	
5	Medicare wages and tips	26,755.39	
6	Medicare tax withheld	387.95	
7	Social security tips		
8	Allocated tips		
9			
10	Dependent care benefits		
11	Nonqualified plans		
	Distributions from sect. 457 and nonqualified plans *(Important, see Help)*		
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.

Box 12 Code	**Box 12** Amount
D	1,337.76
W	421.14

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 . . . 421.14
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 tax

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).

Form 1099-INT Worksheet 2011

► Keep for your records

Name(s) Shown on Return	Social Security Number
Daniel A Warner	455-91-8517

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

Payer's name . . . . SACU

Box 1	Interest income for 2011 (not included in box 3) . . . . . 179.12 _____ 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 ☐	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) . . . . . .

Tax Payments Worksheet 2011

► Keep for your records

Name(s) Shown on Return	Social Security Number
Daniel A Warner	455-91-8517

Estimated Tax Payments for 2011 (If more than 4 payments for any state or locality, see Tax Help)

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

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2011					
7 Credited by estates and trusts					
8 **Totals** Lines 1 through 7					
9 2011 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	3,465.		
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 ___ Loc ___			
18 a Other withholding . . . . St ___ Loc ___			
b Other withholding . . . . St ___ Loc ___			
c Other withholding . . . . St ___ Loc ___			
d Positive Adjustment . . . St ___ Loc ___			
e Negative Adjustment . . St ___ Loc ___			
19 **Total Withholding** Lines 10 through 18e	3,465.		
20 **Total Tax Payments for 2011**	3,465.		

Prior Year Taxes Paid In 2011 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
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) . .				

Earned Income Worksheet 2011

► Keep for your records

Name(s) Shown on Return	Social Security Number
Daniel A Warner	455-91-8517

Part I — Earned Income Credit Wks Computation		Taxpayer	Spouse	Total
1	**If filing Schedule SE:**			
a	Net self-employment income			
b	Optional Method and Church Employee income			
c	Add lines 1a and 1b			
d	One-half of self-employment tax			
e	Subtract line 1d from line 1c			
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			

Part II — Form 2441 and Standard Deduction Worksheet Computations				
5	Net self-employment earnings (line 4 above)			
6	Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	28,521.		28,521.
7	Taxable employer-provided adoption benefits			
8	Add lines 5 through 7. To Form 2441, lines 19 and 20	28,521.		28,521.
9 a	Taxable dependent care benefits			
b	Nontaxable combat pay			
10	Add lines 8, 9a and 9b . To Form 2441, lines 4 and 5	28,521.		28,521.
11	Scholarship or fellowship income not on W-2			
12	SE exempt earnings less nontaxable income			
13	Distributions from nonqualified/Sec. 457 plans			
14	Add lines 8, 9a and 11 through 13. To Standard Deduction Worksheet	28,521.		28,521.

Part III — IRA Deduction Worksheet Computation				
15	Net self-employment income or (loss)			
16	Wages, salaries, tips, etc	28,521.		28,521.
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	28,521.		28,521.

Part IV — Form 8812 and Child Tax Credit Line 11 Worksheet Computations				
23	Self-employed, church and statutory employees			
24	Wages, salaries, tips, etc	28,521.		28,521.
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	28,521.		28,521.

Federal Carryover Worksheet 2011

► Keep for your records

Name(s) Shown on Return	Social Security Number
Daniel A Warner	455-91-8517

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**		1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	**2**		
3 Itemized deductions	**3**		0.
4 Check box if required to itemize deductions	**4**	☐	☐
5 Adjusted gross income	**5**		28,700.
6 Tax liability for Form 2210 or Form 2210-F	**6**		2,407.
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 Note**:** Enter all entries as a positive amount			2010	2011
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 Nonrecaptured net Section 1231 losses from:	**a** 2011	**16 a**		
	b 2010	**b**		
	c 2009	**c**		
	d 2008	**d**		
	e 2007	**e**		
	f 2006	**f**		

Tax History Report 2011

► Keep for your records

Name(s) Shown on Return
Daniel A Warner

	Five Year Tax History:				
	2007	2008	2009	2010	2011
Filing status					Single
Total income					28,700.
Adjustments to income					
Adjusted gross income					28,700.
Tax expense					
Interest expense					
Contributions					
Miscellaneous deductions					
Other Itemized Deductions					
Total itemized/ standard deduction					5,800.
Exemption amount					3,700.
Taxable income					19,200.
Tax					2,459.
Alternative min tax					
Total credits					52.
Other taxes					
Payments					3,465.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund					1,058.
Effective tax rate %					8.39
**Tax bracket %					15

**Tax bracket % is based on Taxable income.

Tax Summary 2011

► Keep for your records

Name (s)	SSN
Daniel A Warner	455-91-8517

Total income	28,700.
Adjustments to income	
Adjusted gross income	28,700.
Itemized/standard deduction	5,800.
Exemption amount	3,700.
Taxable income	19,200.
Tentative tax	2,459.
Additional taxes	
Alternative minimum tax	
Total credits	52.
Other taxes	
Total tax	2,407.
Total payments	3,465.
Estimated tax penalty	
Amount Overpaid	1,058.
Refund	1,058.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because you filed Form 8889.

Compare to U. S. Averages 2011

► Keep for your records

Name(s) Shown on Return	Social Security No
Daniel A Warner	455-91-8517

Your 2011 adjusted gross income (AGI) . . . . . 28,700.
National adjusted gross income range used below . . . . . from 15,000. to 29,999.

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	28,521.	21,610.
Taxable interest	179.	1,626.
Tax-exempt interest		6,042.
Dividends		2,255.
Business net income		12,887.
Business net loss		8,148.
Net capital gain		3,730.
Net capital loss		2,414.
Taxable IRA		7,473.
Taxable pensions and annuities		12,430.
Rent and royalty net income		6,425.
Rent and royalty net loss		8,986.
Partnership and S corporation net income		11,391.
Partnership and S corporation net loss		12,579.
Taxable social security benefits		2,262.
Medical and dental expenses deduction		8,165.
Taxes paid deduction		3,340.
Interest paid deduction		8,848.
Charitable contributions deduction		2,149.
Total itemized deductions		16,374.
Child care credit		478.
Education tax credits		749.
Child tax credit		498.
Retirement savings contributions credit		169.
Earned income credit		3,261.

Other Information	Actual Per Return	National Average
Adjusted gross income	28,700.	23,082.
Taxable income	19,200.	9,735.
Income tax	2,459.	1,039.
Alternative minimum tax		973.
Total tax liability	2,407.	1,173.

Smart Worksheets from your 2011 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet

A	Tax	2,459.
	Check if from:	
1	Tax table	X
2	Tax Computation Worksheet (see instructions)	
3	Schedule D Tax Worksheet	
4	Qualified Dividends and Capital Gain Tax Worksheet	
5	Schedule J	
6	Form 8615	
7	Foreign Earned Income Tax Worksheet	
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**	2,459.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 3 Smart Worksheet

A Check if an eligible individual on December 1 [X] Self-only [ ] Family

B If eligible for less than a full year, or changed the type of plan, check the boxes below for the months you were eligible. You are not eligible for any month you were enrolled in Medicare.

1	January ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
2	February ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
3	March ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
4	April ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
5	May ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
6	June ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
7	July ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
8	August ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
9	September ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
10	October ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
11	November ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.
12	December ►	[ ]	None	[X]	Self-only	[ ]	Family	3,050.

C Maximum allowable contribution. Total of line B divided by 12 . . . . . 3,050.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

Line 9 Employer Contribution Smart Worksheet

A	Enter the employer contributions reported in Box 12 of Form W-2 (code W)	421.
B	Enter employer contributions made in 2011 for the tax year 2010	
C	Subtract line B from line A	421.
D	Enter employer contributions made in 2012 for the tax year 2011	
E	Other employer contributions for 2011 not reported above	
F	Employer contributions for 2011. Add lines C, D and E. Enter on line 9	421.

SMART WORKSHEET FOR: Form 5695: Residential Energy Credits

Qualified Energy Efficiency Improvements Smart Worksheet

Before entering your costs, see the IRS instructions for lines 3a through 3d for requirements that must be met for each property to qualify for the nonbusiness energy property credit. Do **not** include amounts paid for onsite preparation, assembly, or original installation.

A	Amounts you paid for insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC	520.
B	Amounts you paid for exterior doors that meet or exceed the Energy Star program requirements	
C	Amounts you paid for a metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home	
D	Amounts you paid for exterior windows and skylights that meet or exceed the Energy Star program requirements	

If you are married filing jointly and both you and your spouse owned and lived apart in separate main homes, enter the taxpayer's main home above and then **QuickZoom** here to complete copy 2 of Form 5695 for the spouse's main home ►

If you are **not** married filing jointly and you occupied your home with someone else and shared the costs of energy-saving property, **QuickZoom** here to allocate your costs ►

SMART WORKSHEET FOR: Form 5695: Residential Energy Credits

Credit Limitation Smart Worksheet

A	Enter the amount from Form 1040, line 46, or Form 1040NR, line 44	2,459.
B	Enter the total, if any, of your credits from Form 1040, lines 47 through 50, and Schedule R, line 22; or Form 1040NR, lines 45 through 47	
C	Subtract line B from line A. Also enter this amount on Form 5695, line 13. If zero or less, **stop.** You cannot take the credit	2,459.