

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

Attach all copies of your W-2 forms here.

1

Employer's name .....  Check if not applicable for 2011

Employer's name .....  Check if for spouse

1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....

2 Enter any amounts forfeited from a flexible spending account .....

3 Check if the income reported is from a foreign source.....

4a Clergy: Enter your designated housing or parsonage allowance .....

b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....

c Check SE tax on: (a) housing or parsonage allowance .....  (b)W-2 wages .....  (c)both .....

2

Employer's name .....  Check if not applicable for 2011

Employer's name .....  Check if for spouse

1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....

2 Enter any amounts forfeited from a flexible spending account .....

3 Check if the income reported is from a foreign source.....

4a Clergy: Enter your designated housing or parsonage allowance .....

b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....

c Check SE tax on: (a) housing or parsonage allowance .....  (b)W-2 wages .....  (c)both .....

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

Attach all copies of your 1099-R forms here.

1

Payer's name .....  Check if not applicable for 2011

Payer's name .....  Check if for spouse

1 Check if either box applies: Rollover .....  Conversion to Roth IRA.....

2a If a partial rollover, enter the amount rolled over.....

b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA .....

3 Health insurance premiums deductible on Schedule A.....

4a If entire distribution is a Required Minimum Distribution (RMD), check this box.....

b If only part of distribution is RMD, enter the part that is RMD.....

2

Payer's name .....  Check if not applicable for 2011

Payer's name .....  Check if for spouse

1 Check if either box applies: Rollover .....  Conversion to Roth IRA.....

2a If a partial rollover, enter the amount rolled over.....

b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA .....

3 Health insurance premiums deductible on Schedule A.....

4a If entire distribution is a Required Minimum Distribution (RMD), check this box.....

b If only part of distribution is RMD, enter the part that is RMD.....

**W-2G – GAMBLING OR LOTTERY WINNINGS**

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)