

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Topic	Page	Topic	Page
Advance earned income credit payments	9	Fuel tax credit	72, 73, 74
Adoption expenses	71	Gambling winnings	7, 17, 19
Alaska Permanent Fund dividends	17, 65	Gambling losses	50
Alimony paid	44	Health savings account (HSA)	40, 41
Alimony received	17	Household employee taxes	66
Annuity payments received	7, 15, 22	Installment sales	34, 35
Automobile information -		Interest income	8, 10
Business or profession	61	Interest paid	49
Employee business expense	53	Investment expenses	50
Farm	61	Investment interest expenses	49
Farm rental	61	IRA contributions	39
Rent and royalty	61	IRA distributions	7, 15
Bank account information	3	Like-kind exchange of property	36
Business income and expenses	23, 24	Long-term care services and contracts (LTC)	41
Business use of home	60	Medical and dental expenses	48
Cancellation of debt	18	Medical savings account (MSA)	40, 41
Casualty and theft losses, business	56, 58	Minister earnings and expenses	9, 23, 52, 63
Casualty and theft losses, personal	57, 59	Miscellaneous income	17, 17a
Child and dependent care expenses	67	Miscellaneous adjustments	44
Children's interest and dividend	64, 65	Miscellaneous itemized deductions	50
Charitable contributions	50, 54, 55	Mortgage interest expense	49, 51
Contracts and straddles	21	Moving expenses	42
Dependent care benefits received	9	Partnership income	7, 31
Dependent information	1, 5	Payments from Qualified Education Programs (1099-Q)	7, 47
Depreciable asset acquisitions and dispositions -		Pension distributions	7, 15, 22
Business or profession	80, 81	Personal property taxes paid	48
Employee business expense	80, 81	Railroad retirement benefits	16
Farm	80, 81	Real estate taxes	48
Farm rental	80, 81	REMIC's	13
Rent and royalty	80, 81	Rent and royalty, vacation home, income and expenses	25, 26
Direct deposit information	3	Residential energy credit	69
Disability income	15, 68	Roth IRA contributions	39
Dividend income	8, 11	S corporation income	7, 20, 31
Early withdrawal penalty	10	Sale of business property	34, 35
Economic recovery payment (ARRA)	17	Sale of personal residence	33
Education Credits and tuition and fees deduction	46	Sale of stock, securities, and other capital assets	14, 14a
Education Savings Account & Qualified Tuition Programs	47	Self-employed health insurance premiums	23, 27, 44
Electronic filing	4	Self-employed Keogh and SEP plan contributions	43
Email address	2	Seller-financed mortgage interest received	12
Employee business expenses	52	Social security benefits received	16
Estate income	7, 32	State and local income tax refunds	17
Farm income and expenses	27, 28	State & local estimate payments	6
Farm rental income and expenses	29, 30	State & local withholding	9, 15, 19
Federal estimate payments	5	Statutory employee	9, 23
Federal withholding	9, 15, 16, 19	Student loan interest paid	46
First-time homebuyer	70	Taxes paid	48
Foreign dividend income	11	Trust income	32
Foreign earned income	37, 38	Unemployment compensation	17
Foreign housing deduction	37, 38	Unreported tip or unreported wage income	62
Foreign interest income	10	U.S. savings bonds educational exclusion	45
Foreign taxes paid	75, 76	Wages and salaries	7, 9

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

	Taxpayer	Spouse
Car telephone number	_____ [11]	_____ [19]
Fax telephone number	_____ [12]	_____ [20]
Mobile telephone number	_____ [13]	_____ [21]
Pager number	_____ [14]	_____ [22]
Other:	_____ [15]	_____ [23]
Telephone number	_____ [16]	_____ [24]
Extension	_____ [17]	_____ [25]
Preferred method of contact		
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	_____ [18]	_____ [26]

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[5]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[6]

Enter the minimum refund amount here _____[7]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[8]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[3]

Spouse self-selected Personal Identification Number (PIN) _____[4]

NOTES/QUESTIONS:

If you have an overpayment of 2010 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2011 estimated tax liability _____ [44]

Do you expect a considerable change in your 2011 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2011? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2011 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2011? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2010 Federal Estimated Tax Payments

2009 overpayment applied to 2010 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/10	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/10	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/10	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/18/11	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____[1]

State postal code _____[2]

Amount paid with 2009 return + _____[3]

2009 overpayment applied to '10 estimates + _____[4]

Treat calculated amounts as paid _____[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+ _____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+ _____ [12]	
3rd quarter payment	_____ [13]	+ _____ [14]	
4th quarter payment	_____ [15]	+ _____ [16]	
Additional payment	_____ [17]	+ _____ [18]	

2010 City Estimated Tax Payments

City #1		City #2	
City name	_____ [28]	City name	_____ [50]
Amount paid with 2009 return	+ _____ [31]	Amount paid with 2009 return	+ _____ [53]
2009 overpayment applied to '10 estimates	+ _____ [32]	2009 overpayment applied to '10 estimates	+ _____ [54]
Treat calculated amounts as paid	_____ [36]	Treat calculated amounts as paid	_____ [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name	_____ [72]	City name	_____ [94]
Amount paid with 2009 return	+ _____ [75]	Amount paid with 2009 return	+ _____ [97]
2009 overpayment applied to '10 estimates	+ _____ [76]	2009 overpayment applied to '10 estimates	+ _____ [98]
Treat calculated amounts as paid	_____ [80]	Treat calculated amounts as paid	_____ [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code (**See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer										
	Amounts	+									
2	Payer										
	Amounts	+									
3	Payer										
	Amounts	+									
4	Payer										
	Amounts	+									
5	Payer										
	Amounts	+									
6	Payer										
	Amounts	+									
7	Payer										
	Amounts	+									
8	Payer										
	Amounts	+									
9	Payer										
	Amounts	+									
10	Payer										
	Amounts	+									

****Dividend Codes**
 Blank = Other 3 = Nominee

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]

	Control Totals +	
--	-------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer			[3]
State postal code		__	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		__	[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[14]
State withholding (Box 10)	+	_____	[15]
Local withholding (Box 13)	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability		__	[21]
Mark if distribution was from an inherited IRA		__	[22]

	Control Totals +	
--	-------------------------	--

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __ [1]
 State postal code __ [2]

Social Security Benefits

	2010 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2010 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2010 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Portion of Tier 1 Paid in 2010 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2010 or receive any prior year benefits in 2010. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

NOTES/QUESTIONS:

The American Recovery and Reinvestment Act of 2009 provided for a one-time payment of \$250 to retirees, disabled individuals, Social Security beneficiaries and SSI recipients receiving benefits from the Social Security Administration, Railroad Retirement beneficiaries, and veterans receiving disability compensation and pension benefits from the U.S. Department of Veterans' Affairs, which most qualifying persons received in 2009.

Only report an economic recovery payment received in 2010 in the field(s) below. DO NOT enter any amount received in 2009.

	Taxpayer	Spouse	Prior Year Information
Economic recovery payment received in 2010 (Do not enter more than \$250 per person)	+ _____ [19]	+ _____ [20]	<input style="width:100%; height: 20px;" type="text"/>

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]	+ _____ [1]	<input style="width:100%; height: 100%;" type="text"/>
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [16]	+ _____ [17]	

	T/S/J	Self-Employment Income ? (Y, N)	2010 Information		Prior Year Information
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	—	+ _____	[14]	<input style="width:100%; height: 100%;" type="text"/>
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		
—	—	—	+ _____		

Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)		__[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents (Box 1)	+ _____	[10]
Royalties (Box 2)	+ _____	[12]
Other income (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Fishing boat proceeds (Box 5)	+ _____	[18]
Medical and health care payments (Box 6)	+ _____	[20]
Nonemployee compensation (Box 7)	+ _____	[22]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[24]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[26]
Crop Insurance proceeds (Box 10)	+ _____	[28]
Excess golden parachute payments (Box 13)	+ _____	[30]
Gross proceeds paid to an attorney (Box 14)	+ _____	[32]
Section 409A deferrals (Box 15a)	+ _____	[34]
Section 409A income (Box 15b)	+ _____	[36]
State tax withheld (Box 16)	+ _____	[38]
State/Payer's state no. (Box 17)	_____	[40]
State income (Box 18)	+ _____	[41]

	Control Totals +	
--	-------------------------	--

Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)		__[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents (Box 1)	+ _____	[10]
Royalties (Box 2)	+ _____	[12]
Other income (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Fishing boat proceeds (Box 5)	+ _____	[18]
Medical and health care payments (Box 6)	+ _____	[20]
Nonemployee compensation (Box 7)	+ _____	[22]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[24]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[26]
Crop Insurance proceeds (Box 10)	+ _____	[28]
Excess golden parachute payments (Box 13)	+ _____	[30]
Gross proceeds paid to an attorney (Box 14)	+ _____	[32]
Section 409A deferrals (Box 15a)	+ _____	[34]
Section 409A income (Box 15b)	+ _____	[36]
State tax withheld (Box 16)	+ _____	[38]
State/Payer's state no. (Box 17)	_____	[40]
State income (Box 18)	+ _____	[41]

	Control Totals +	
--	-------------------------	--

Gambling Winnings #1

Please provide all copies of Form W-2G.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
--	-------------------------	--

Gambling Winnings #2

Please provide all copies of Form W-2G.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	Control Totals +	
--	-------------------------	--

NOTES/QUESTIONS:

Schedule C - Expenses

Preparer use only

Principal business or profession _____

2010 Information

Prior Year Information

Advertising	+	_____	[6]
Car and truck expenses	+	_____	[8]
Commissions and fees	+	_____	[10]
Contract labor	+	_____	[12]
Depletion	+	_____	[14]
Depreciation	+	_____	[16]
Employee benefit programs:			
_____	+	_____	[18]
_____	+	_____	
Insurance (Other than health):			
_____	+	_____	[20]
_____	+	_____	
Interest:			
Mortgage (Paid to banks, etc.)	+	_____	[22]
Other:			
_____	+	_____	[24]
_____	+	_____	
Legal and professional services	+	_____	[26]
Office expense	+	_____	[28]
Pension and profit sharing:			
_____	+	_____	[30]
_____	+	_____	
Rent or lease:			
Vehicles, machinery, and equipment	+	_____	[32]
Other business property	+	_____	[34]
Repairs and maintenance	+	_____	[36]
Supplies	+	_____	[38]
Taxes and licenses:			
_____	+	_____	[40]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Travel, meals, and entertainment:			
Travel	+	_____	[42]
Meals and entertainment	+	_____	[44]
Meals (Enter 100% subject to DOT 80% limit)	+	_____	[46]
Utilities	+	_____	[50]
Wages (Less employment credit):			
_____	+	_____	[52]
_____	+	_____	
Other expenses:			
_____	+	_____	[54]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	

Preparer use only Carryovers	Regular	AMT
Operating	+ [64]	+ [65]
Schedule D - Short-term	+ [66]	+ [67]
Schedule D - Long-term	+ [68]	+ [69]
Schedule D - 28% rate	+ [70]	+ [71]
Form 4797 - Part I	+ [72]	+ [73]
Form 4797 - Part II	+ [74]	+ [75]
Section 179	+ [78]	

Control Totals +

Preparer use only

2010 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Description: _____ [3]
 _____ [4]
 _____ [5]
 State postal code _____ [6]
 Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty) _____ [7]
 Percentage of ownership if not 100% _____ [9]
 Business use percentage, if not 100% (Not vacation home percentage) _____ [11]

Rent and Royalty Income

2010 Information

Prior Year Information

Gross rents received + _____ [18]
 Gross royalties received + _____ [20]

Rent and Royalty Expenses

2010 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [22] _____ [23]
 Auto + _____ [25] _____ [26]
 Travel + _____ [28] _____ [29]
 Cleaning and maintenance + _____ [31] _____ [32]
 Commissions:
 _____ + _____ [34] _____ [36]
 _____ + _____
 Insurance:
 _____ + _____ [37] _____ [39]
 _____ + _____
 Legal and professional fees + _____ [40] _____ [41]
 Management fees
 _____ + _____ [43] _____ [45]
 _____ + _____
 Mortgage interest paid to banks, etc (Form 1098) + _____ [46] _____ [47]
 Other mortgage interest + _____ [49] _____ [51]
 Qualified mortgage insurance premiums + _____ [52] _____ [53]
 Other interest:
 _____ + _____ [55] _____ [57]
 _____ + _____
 Repairs + _____ [58] _____ [59]
 Supplies + _____ [61] _____ [62]
 Taxes:
 _____ + _____ [64] _____ [66]
 _____ + _____
 _____ + _____
 Utilities + _____ [67] _____ [68]
 Depreciation + _____ [70] _____ [71]
 Depletion + _____ [73] _____ [74]
 Other expenses:
 _____ + _____ [79] _____
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 Refinancing points paid this year:
 Description _____ [81]
 Total points paid/Current amort (**Prep use only**) _____ + _____
 Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2010 _____

Control Totals +

Preparer use only
Description _____

Vacation Home Information

	2010 Information	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2010	+ _____	[20]
Carryover of disallowed depreciation expenses into 2010	+ _____	[21]

Prior Year Information

Passive and Other Information

Preparer use only				
Carryovers	Regular		AMT	
Operating	+	[28]	+	[29]
Schedule D - Short-term	+	[30]	+	[31]
Schedule D - Long-term	+	[32]	+	[33]
Schedule D - 28% rate	+	[34]	+	[35]
Form 4797 - Part I	+	[36]	+	[37]
Form 4797 - Part II	+	[38]	+	[39]
Comm revitalization	+	[40]	+	[41]
Section 179	+	[42]		

NOTES/QUESTIONS:

Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) _____ [11]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-4	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) _____ [11]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-4	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of entity _____ [4]
 State postal code _____ [5]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) _____ [11]

	Preparer use only		
	Carryovers	Regular	AMT
Enter on K1-4	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2010	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2010	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2011 for use in 2010	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2010:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

Please provide copies of any 1998 through 2009 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2010	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2010	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2009	+ _____ [49]	+ _____ [50]
Enter the total Roth IRA contribution recharacterizations for 2010	+ _____ [51]	+ _____ [52]
Enter the Roth conversion IRA basis on December 31, 2009	+ _____ [53]	+ _____ [54]
Value of all your Roth IRA's on December 31, 2010:	+ _____ [55]	+ _____ [56]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2010 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid ^[1]		2010 Information	Prior Year Information
—	_____	+	_____	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2010.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+	_____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

T/S/J	2010 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received		
[1]	+ _____ [2]	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
—	+ _____	
Medical insurance premiums you paid*:		
[4]	+ _____ [5]	
—	+ _____	
—	+ _____	
—	+ _____	
Long-term care premiums you paid*:		
[7]	+ _____ [8]	
—	+ _____	
Prescription medicines and drugs:		
[10]	+ _____ [11]	
—	+ _____	
—	+ _____	
[13] Miles driven for medical items _____ [14]		
*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J	2010 Information	Prior Year Information	
State/local income taxes paid:			
[18]	+ _____ [19]		
—	+ _____		
—	+ _____		
—	+ _____		
—	+ _____		
2009 state and local income taxes paid in 2010:			
[21]	+ _____ [22]		
—	+ _____		
—	+ _____		
Real estate taxes paid on:			
[24]	+ _____ [25]		
—	+ _____		
—	+ _____		
Personal property taxes:			
[27]	+ _____ [28]		
—	+ _____		
Other taxes, such as: foreign taxes and State disability taxes			
[30]	+ _____ [31]		
—	+ _____		
—	+ _____		
Sales tax paid on major purchases:			
[38]	+ _____ [39]		
—	+ _____		
Sales tax paid on actual expenses:			
[41]	+ _____ [42]		
—	+ _____		
—	+ _____		
T/S/J	Date	Purchase Price (Before Taxes)	Sales/Excise Tax Paid in 2010
Description of new motor vehicle purchased between 2/17/09 - 12/31/09:			
[33]	_____	_____	_____
—	_____	_____	_____

Interest Expenses

T/S/J	2010 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home
 1 = Not used to buy, build, improve home or investment
 2 = Used to pay off previous mortgage
 3 = Used to pay off previous mortgage, excess proceeds invested
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2010 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address			+	
Address			+	
Address			+	
Address			+	

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2010 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2010 **(Preparer use only)** + _____ [12]
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2010 _____
 Taxpayer/Spouse/Joint (T, S, J) _____
 Description _____
 Total points paid _____
 Percentage of principal exceeding original mortgage (For AMT adjustment) _____
 Points paid in 2010 **(Preparer use only)** + _____
 Date of refinance _____
 Total number of payments _____
 Reported on Form 1098 in 2010 _____

T/S/J	2010 Information	Prior Year Information
Investment interest expense, other than on K-1s:		
[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J	2010 Information	Prior Year Information
Contributions made by cash or check		
__ [2] _____	+ _____ [3]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
__ [5] Volunteer miles driven	_____ [6]	_____
Noncash items, such as: Goodwill, Salvation Army		
__ [8] _____	+ _____ [9]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____

Miscellaneous Deductions

T/S/J	2010 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__ [11] _____	+ _____ [12]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
Union dues:		
__ [14] _____	+ _____ [15]	_____
— _____	+ _____	_____
__ [17] Tax preparation fees	+ _____ [18]	_____
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__ [20] _____	+ _____ [21]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
__ [23] Safe deposit box rental	+ _____ [24]	_____
Investment expenses, other than on K1s:		
__ [26] _____	+ _____ [27]	_____
— _____	+ _____	_____
— _____	+ _____	_____
Other expenses, not subject to the 2% AGI limitation:		
__ [30] _____	+ _____ [31]	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
— _____	+ _____	_____
Gambling losses: (Enter only if you have gambling income)		
__ [33] _____	+ _____ [34]	_____
— _____	+ _____	_____

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2010 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2010 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	
Real estate taxes	+ _____ [31]	+ _____ [32]	
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	
Insurance	+ _____ [37]	+ _____ [38]	
Rent	+ _____ [40]	+ _____ [41]	
Repairs & maintenance	+ _____ [43]	+ _____ [44]	
Utilities	+ _____ [46]	+ _____ [47]	
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Excess casualty losses		+ _____ [52]	
Carryovers:			
Operating expenses		+ _____ [53]	
Casualty losses		+ _____ [54]	
Depreciation		+ _____ [56]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [57]	
Depreciation		+ _____ [61]	

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [5]
 Description _____ [6]
 Comments _____

Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles	_____ [14]	_____	_____ [50]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [17]	---	_____ [53]	---
Was another vehicle available for personal use? (Y, N)	_____ [19]	---	_____ [55]	---
Do you have evidence to support your deduction? (Y, N)	_____ [21]	---	_____ [57]	---
Is this evidence written? (Y, N)	_____ [23]	---	_____ [59]	---
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount (Preparer use only)	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [77]
 Description _____ [78]
 Comments _____

Vehicle 4 - Date placed in service _____ [113]
 Description _____ [114]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles	_____ [86]	_____	_____ [122]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	_____ [89]	---	_____ [125]	---
Was another vehicle available for personal use? (Y, N)	_____ [91]	---	_____ [127]	---
Do you have evidence to support your deduction? (Y, N)	_____ [93]	---	_____ [129]	---
Is this evidence written? (Y, N)	_____ [95]	---	_____ [131]	---
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount (Preparer use only)	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2009 Form 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[3]
Enter the total amount of costs for exterior windows	+ _____	[4]
Enter the total amount of costs for exterior doors	+ _____	[5]
Enter the total amount of costs for qualified metal roofs	+ _____	[6]
Enter the total amount of costs for energy-efficient building property	+ _____	[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[9]
Enter the total amount of costs for qualified solar electric property	+ _____	[11]
Enter the total amount of costs for qualified solar water heating property	+ _____	[12]
Enter the total amount of costs for qualified small wind energy property	+ _____	[13]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[14]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____ [16]

NOTES/QUESTIONS:

You may qualify for the First-Time Homebuyer credit in 2010, if you:

- Purchased a home located in the United States after December 31, 2009 and before May 1, 2010
- Signed a binding contract before May 1, 2010 to close on a home before October 1, 2010
- Lived in a previous home for five consecutive years within an eight year period and purchased a new home
- Served in U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty beginning after December 31, 2008, and ending before May 1, 2010, and purchased a home by May 1, 2011

You may be required to repay the First-Time Homebuyer credit if you claimed the credit in 2008 or 2009 and the home is no longer used as your main residence.

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2010

__[2]

Principal residence address, if different from home address on Organizer Form ID: 1040

Address

_____[3]

City/State/Zip code

_____[4] ____[5] ____[6]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/09 and before 5/1/11)

_____[7]

Mark if you or your spouse signed a binding contract before 5/1/10 to close on a home before 10/1/10

__[8]

Purchase price of the home

_____[9]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N)

__[12]

Spouse owned a home or had ownership interest in a home? (Y, N)

__[13]

If you were an owner of a home and purchased a new home:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N)

__[14]

Spouse used the same residence as home for 5 consecutive years? (Y, N)

__[15]

Were you and your spouse married on the purchase date? (Y, N)

__[16]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance

__[17]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name

_____[20]

Allocation percentage

_____[21]

Date the home was sold or ceased being used as principal residence

_____[27]

If you sold your home, enter the selling price

_____[28]

If you sold your home, enter the expense of sale

_____[29]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name

_____[32]

NOTES/QUESTIONS:

Instructions

Enter carryovers as positive numbers.
 Enter utilizations as negative numbers.
 Enter utilizations only for those losses shown on organizer form.
 Enter carrybacks as reductions of loss in the year the loss was created, rather than as utilizations in carryback years.

Indefinite Carryovers	2009 to 2010 Amounts
Excess section 179 for Sch A	+ _____ [1]
Minimum tax credit	+ _____ [2]
Investment interest	+ _____ [3]
Investment interest - AMT	+ _____ [4]
Short-term capital loss	+ _____ [5]
Short-term capital loss - AMT	+ _____ [6]
Long-term capital loss	+ _____ [7]
Long-term capital loss - AMT	+ _____ [8]
Residential energy credit	+ _____ [9]
D.C. first-time homebuyer credit	+ _____ [10]
Tax credit bonds	+ _____ [11]

Charitable Contribution Carryover Items

Prior C/O Year	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions	50% Qualified Conservation Contributions	100% Qualified Conservation Contributions
2005	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]		
2006	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [52]	+ _____ [60]
2007	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [53]	+ _____ [61]
2008	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [54]	+ _____ [62]
2009	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [55]	+ _____ [63]

AMT Charitable Contribution Carryover Items

Prior C/O Year	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions	50% AMT Qual Conservation Contributions	100% AMT Qual Conservation Contributions
2005	+ _____ [32]	+ _____ [37]	+ _____ [42]	+ _____ [47]		
2006	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [56]	+ _____ [64]
2007	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [57]	+ _____ [65]
2008	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [58]	+ _____ [66]
2009	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [59]	+ _____ [67]

NOL and Other Carryover Items

Prior C/O Year	Net Operating Loss	AMT NOL	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
1995	+ _____ [78]	+ _____ [93]		
1996	+ _____ [79]	+ _____ [94]		
1997	+ _____ [80]	+ _____ [95]		
1998	+ _____ [81]	+ _____ [96]		
1999	+ _____ [82]	+ _____ [97]		
2000	+ _____ [83]	+ _____ [98]		
2001	+ _____ [84]	+ _____ [99]		
2002	+ _____ [85]	+ _____ [100]		
2003	+ _____ [86]	+ _____ [101]		
2004	+ _____ [87]	+ _____ [102]		
2005	+ _____ [88]	+ _____ [103]	+ _____ [68]	+ _____ [73]
2006	+ _____ [89]	+ _____ [104]	+ _____ [69]	+ _____ [74]
2007	+ _____ [90]	+ _____ [105]	+ _____ [70]	+ _____ [75]
2008	+ _____ [91]	+ _____ [106]	+ _____ [71]	+ _____ [76]
2009	+ _____ [92]	+ _____ [107]	+ _____ [72]	+ _____ [77]

Prior C/O Year	General Business Credit	Empowerment Zone Credit	Alcohol Fuel Credit	Renewable Electricity & Coal Production Credit	Work Opportunity Credit	Employer S.S. & Medicare Taxes Paid on Tips
1995	+ _____ [1]	+ _____ [16]				
1996	+ _____ [2]	+ _____ [17]				
1997	+ _____ [3]	+ _____ [18]				
1998	+ _____ [4]	+ _____ [19]				
1999	+ _____ [5]	+ _____ [20]				
2000	+ _____ [6]	+ _____ [21]				
2001	+ _____ [7]	+ _____ [22]				
2002	+ _____ [8]	+ _____ [23]				
2003	+ _____ [9]	+ _____ [24]				
2004	+ _____ [10]	+ _____ [25]		+ _____ [55]		
2005	+ _____ [11]	+ _____ [26]	+ _____ [41]	+ _____ [56]		
2006	+ _____ [12]	+ _____ [27]	+ _____ [42]	+ _____ [57]		
2007	+ _____ [13]	+ _____ [28]	+ _____ [43]	+ _____ [58]	+ _____ [73]	+ _____ [88]
2008	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]	+ _____ [74]	+ _____ [89]
2009	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]	+ _____ [75]	+ _____ [90]

Prior C/O Year	Low-income Housing - Post 07	Rehabilitation & Energy Credit	Railroad Track Maintenance Credit
2008	+ _____ [104]	+ _____ [119]	+ _____ [134]
2009	+ _____ [105]	+ _____ [120]	+ _____ [135]

NOTES/QUESTIONS:

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2010 Model T - (EXAMPLE ASSET)	03/09/10	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

