

2010	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2008 or 2009)	<p>Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind	
Address	In care of Street address Apartment number City State ZIP code	
Foreign Address	Region Postal code Country	

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Client Information (continued)

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Please add, change or delete information for 2010.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

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2010	1040	US	Dependents	2
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Please add, change or delete information for 2010.

DEPENDENTS

	Dependent	Dependent	
First name			Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			
	Dependent	Dependent	
First name			
Last name			
Title/suffix			
Date of birth (m/d/y)			
Social security number			
Relationship			
Months lived at home			
Type of dependent (see table)			
Earned income credit (see table)			
Claimed by: 1=taxpayer, 2=spouse			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2010?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2010?
- Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
- Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2011 taxable income and withholdings to be different from 2010?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

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Direct Deposit & Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2010 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account
 1=electronic payment of balance due
 1=electronic payment of estimated tax

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2010 ESTIMATED TAX / 1040-ES (6)

Federal

Overpayment applied from 2009
 1st quarter payment (due 4/15/10)
 2nd quarter payment (due 6/15/10)
 3rd quarter payment (due 9/15/10)
 4th quarter payment (due 1/17/11)

Amount Paid	Date Paid	TS	2010 Voucher Amount

Additional Estimated Tax Payments

Paid with extension (not later than 4/18/11).

State

Overpayment applied from 2009
 1st quarter payment (due 4/15/10)
 2nd quarter payment (due 6/15/10)
 3rd quarter payment (due 9/15/10)
 4th quarter payment (due 1/17/11)

Amount Paid	Date Paid	TS	2010 Voucher Amount

Additional Estimated Tax Payments

Paid with extension (not later than 4/18/11).

1 Type of Account

1 = Savings
 2 = Checking

2 Type of Investment

1 = Checking or savings (default)
 2 = Taxpayer's IRA (next year limits)
 3 = Spouse's IRA (next year limits)
 4 = Health savings account (HSA)
 5 = Archer MSA
 6 = Coverdell savings account (ESA)
 7 = Other
 8 = Taxpayer's IRA (current year limits)
 9 = Spouse's IRA (current year limits)
 10 = Series I treasury bonds

3, 6

2010	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2009 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/10	2009 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2009 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

Total gambling losses.....	2010 Amount	TS	2009 Amount
Winnings not reported on Form W-2G.....			

10, 13.1, 13.2

2010	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2010 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)...				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)				
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2010 information as appropriate. Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2010 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2010 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2).....		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2009 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5).....		
	Taxable energy grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2010 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2).....		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2009 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5).....		
	Taxable energy grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		

14.2

2010	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2010 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

2010 Amount

2009 Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5).....		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers).....			
Basis in this ESA as of 12/31/09.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5).....		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers).....			
Basis in this ESA as of 12/31/09.....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5).....		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers).....			
Basis in this ESA as of 12/31/09.....			

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2010 Amount	2009 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2010	1040	US	Sale of Home & Moving Expenses	17, 27
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If you sold your home or moved in 2010, please complete the information below.
 For the sale of home, please provide Form 1099-S and closing statements from
 the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3).....	
Date acquired (m/d/y).....	
Date sold (m/d/y) (Box 1).....	
Sales price (Box 2).....	
1=sale of home.....	
1=owned and used property as main home for at least 2 of 5 years before sale.....	
1=first-time homebuyer credit was previously taken on this home.....	
1=business use in year of sale.....	
Number of days after December 31, 2008 that home was not used as principal residence.....	

Adjusted Basis

Original cost.....	
Improvements:	
.....	
.....	
.....	
Adjusted basis.....	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

.....	
.....	
.....	
Total expenses of sale.....	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
 a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y).....	
1=sale due to change in health, employment or unforeseen circumstances.....	
Days used as main home - taxpayer.....	
Days used as main home - spouse.....	
Days property owned - taxpayer.....	
Days property owned - spouse.....	

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint.....	
1=armed forces move due to permanent change of station.....	
Miles from old home to new work place.....	
Miles from old home to old work place.....	
Expenses for transportation and storage of household goods and personal effects.....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile).....	
Parking fees and tolls.....	
Gas and oil.....	
Miles driven to new home.....	

(* owned and used property as main home for at least 2 of 5 years before sale)

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Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property

Location of property

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	
1=single member limited liability company	<input type="text"/>	

INCOME

	2010 Amount	2009 Amount
Rents received (Form 1099-MISC, box 1)	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2)	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums	<input type="text"/>	<input type="text"/>
Excess mortgage interest	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere)	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2010	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:40px;" type="text"/>	19
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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input style="width:95%;" type="text"/>
Employer ID number	<input style="width:95%;" type="text"/>

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
1=crop insurance proceeds election		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Form 4835 only)		
1=real estate professional (Form 4835 only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Form 4835 only)		

FARM INCOME

	2010 Amount	2009 Amount
Cash method:		
Sales of livestock, etc. bought for resale		
Cost or basis of livestock, etc. bought for resale		
Sales of livestock, etc. you raised		
Accrual method:		
Sales of livestock, produce, grains, etc.		
Inventory of livestock, etc. at beginning of year		
Cost of livestock, etc. purchased		
Inventory of livestock, etc. at end of year		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2010		
Taxable crop insurance proceeds received in 2010		
Taxable crop insurance proceeds deferred from 2009		
Custom hire (machine work) income		
Other income:		
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2010	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

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Vehicle Expenses

No.

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2010 Amount	2009 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months your job required a vehicle (if not 12 months)		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

Table with 4 columns: 2010 Amount (Taxpayer, Spouse), 2009 Amount (Taxpayer, Spouse). Rows include IRA contributions, contributions made to date, and 2010 payments from 1/1/11 to 4/15/11.

ROTH IRA CONTRIBUTIONS

Table with 4 columns: 2010 Amount (Taxpayer, Spouse), 2009 Amount (Taxpayer, Spouse). Rows include Roth IRA contributions and contributions made to date.

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Table with 4 columns: 2010 Amount (Taxpayer, Spouse), 2009 Amount (Taxpayer, Spouse). Rows include Profit-sharing, Money purchase, Defined benefit, Self-employed SEP, Individual 401k, and SIMPLE contributions.

Table with 4 columns: 2010 Amount (Taxpayer, Spouse), 2009 Amount (Taxpayer, Spouse). Rows include Self-employed SIMPLE contributions, Employer matching rate, and Contributions made to date.

ADJUSTMENTS TO INCOME

Table with 4 columns: 2010 Amount (Taxpayer, Spouse), 2009 Amount (Taxpayer, Spouse). Rows include Self-employed health insurance, Total premiums, Long-term care premiums, Student loan interest, Educator expenses, Jury duty pay, Expenses from rental, and Other adjustments to income.

Alimony paid:

Table for Alimony paid with columns for Recipient's first name, last name, SSN, and Amount paid, and sub-columns for Taxpayer and Spouse with 2009 amt.

2010

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US

Itemized Deductions

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Please enter all pertinent 2010 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2010 estimates are automatic.)

Table with 3 columns: 2010 Amount, TS, 2009 Amount. Rows include State income taxes (1/10 payment on 2009 state estimate, paid with 2009 state extension, paid with 2009 state return, paid for prior years), and City/local income taxes (1/10 payment on 2009 city/local estimate, paid with 2009 city/local extension, paid with 2009 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2010 Amount, TS, 2009 Amount. Rows include State and local sales taxes, Use taxes paid on 2010 purchases, Use taxes paid with 2009 state return, Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09, and Sales tax on autos, boats, aircraft, and other special items.

OTHER TAXES PAID

Table with 3 columns: 2010 Amount, TS, 2009 Amount. Rows include Real estate taxes - principal residence, Real estate taxes - property held for investment, Personal property taxes, Foreign income taxes, and Other taxes.

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Itemized Deductions (continued)

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2010 Amount

TS

2009 Amount

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for home mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for payee information: Payee's name, SSN or FEIN, street address, city, state, ZIP.

Amount paid field with 2010 and 2009 columns.

Points not reported on Form 1098:

Table with 3 columns: Description, 2010 Amount, 2009 Amount for points.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: Description, 2010 Amount, 2009 Amount for mortgage insurance.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2010 Amount, 2009 Amount for investment interest.

Passive interest

Table with 3 columns: Description, 2010 Amount, 2009 Amount for passive interest.

Certain home mortgage interest included above (6251)

Table with 3 columns: Description, 2010 Amount, 2009 Amount for certain mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2010 Amount, 2009 Amount for church/school/hospital contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2010 Amount, 2009 Amount for volunteer expenses/miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2010 Amount, 2009 Amount for veterans/fraternal contributions.

Volunteer expenses (out-of-pocket)

Number of charitable miles

Table with 3 columns: Description, 2010 Amount, 2009 Amount for veterans/fraternal volunteer expenses/miles.

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Itemized Deductions (continued)

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Horizontal lines for 50% limitation entries

Table with columns: 2010 Amount, TS, 2009 Amount

30% limitation (see above):

Horizontal lines for 30% limitation entries

Table with columns: 2010 Amount, TS, 2009 Amount

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Horizontal lines for 30% capital gain property entries

Table with columns: 2010 Amount, TS, 2009 Amount

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Horizontal lines for 20% capital gain property entries

Table with columns: 2010 Amount, TS, 2009 Amount

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with columns: 2010 Amount, TS, 2009 Amount

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Horizontal lines for other unreimbursed employee expenses

Table with columns: 2010 Amount, TS, 2009 Amount

Investment expense:

Horizontal lines for investment expense

Table with columns: 2010 Amount, TS, 2009 Amount

Tax return preparation fee

Safe deposit box rental

Table with columns: 2010 Amount, TS, 2009 Amount

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Horizontal lines for miscellaneous deductions

Table with columns: 2010 Amount, TS, 2009 Amount

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Noncash Contributions (Form 8283)

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If your total noncash contributions are in excess of \$500 in 2010, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in good used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

Table with 3 rows for property information. Each row includes fields for: Name of charitable organization (donee), Street address, City, state, ZIP code, 1=spouse, 2=joint, Property description (other than vehicle), Vehicle (Year, Make and model, Condition and mileage), Date of contribution (m/d/y) *, Date acquired by donor (m/y) *, How acquired by donor (Table 1 or describe), Donor's cost or basis, Fair market value, Method used to determine FMV (Table 2 or describe).

Legend for acquisition and valuation methods.
1 How Property was Acquired: 1 = Purchase, 2 = Gift, 3 = Inheritance, 4 = Exchange.
2 Method Used to Determine FMV: 1 = Appraisal, 2 = Thrift shop value, 3 = Catalog, 4 = Comparable sales.
For other methods, see IRS Pub. 561.

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Business Use of Home (Form 8829)

No.

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Please enter 2010 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

Form
Number of form (e.g., enter 2 for Schedule C number 2)
Business use area (square footage)
Total area of home (square footage)
Total hours facility used (for daycare facilities only)
Total hours available (if not 8,760)
% (.xx) or amount of gross income from home if not 100% (-1 if none)
% (.xx) or amount of expenses from home if not 100% (-1 if none)

2010 Amount	2009 Amount

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest
Real estate taxes
Qualified mortgage insurance premiums
Casualty losses
Insurance
Miscellaneous
Rent
Repairs and maintenance
Utilities
Excess mortgage interest

Other indirect expenses:

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest
Real estate taxes
Qualified mortgage insurance premiums
Casualty losses
Insurance
Miscellaneous
Rent
Repairs and maintenance
Utilities
Excess mortgage interest
Excess casualty losses
Allowable casualty losses
Other direct expenses:

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Vehicle Expenses (Form 2106) (cont.)

No.

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner.....
- 1=vehicle is available for off-duty personal use.....
- 1=no other vehicle is available for personal use.....
- 1=no evidence to support your deduction.....
- 1=no written evidence to support your deduction.....

2010 Amount	2009 Amount

VEHICLE 1

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....

Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E & F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....

VEHICLE 2

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....

Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E and F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....

2010	1040	US	Health Savings Accounts (8889)	32.1
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**Please enter all pertinent 2010 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2010, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date.....				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ..				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses. ...				

2010	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2010				
Employer-provided benefits forfeited in 2010				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled 1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled 1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2010		2009 amt:
	1=spouse, 2=joint		

No. <input style="width:30px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2010		2009 amt:
	1=spouse, 2=joint		

Please complete the information below if you paid qualified education expenses in 2010 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2010 Amount	2009 Amount	
No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=American opportunity credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no			
	Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution			
Books and supplies not entered above				
Amount of prior year refund or assistance *				

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=American opportunity credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no			
	Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution			
Books and supplies not entered above				
Amount of prior year refund or assistance *				

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse		
		First name		
		Last name		
		Social security number		
	1=American opportunity credit, 2=lifetime learning credit			
	Number of years hope credit claimed			
	Number of years American opportunity credit claimed			
	Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no			
	Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere)			
	Books and supplies required to be purchased from institution			
Books and supplies not entered above				
Amount of prior year refund or assistance *				

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

