

TEST1040
Dr

2010 Organizer

Prepared By:

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Prepared For:

Dr
,

2010 Client Organizer

Lance P. Mirrer, CPA, P.A.
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954-636-3142

Dr

,

Dear Dr:

This Client Organizer is designed to help you gather tax information needed to prepare your 2010 personal income tax return. We have preprinted certain information from your 2009 personal income tax return to help you complete the organizer with minimal time and effort.

Enter 2010 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers on adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare 100 or more federal individual or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance, usually within 48 hours, that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Lance P. Mirrer, CPA, P.A.

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- Are you a business owner and have paid health insurance premiums for your employees this year?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- If you check yes, it will not change your tax or reduce your refund.
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

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.

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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	_____

Control Totals +

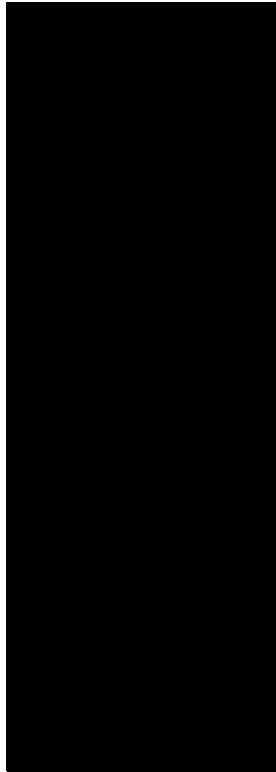
Wages and Salaries #1

Please provide all copies of Form W-2.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard)		__[5]	
Mark if this is your current employer		__[6]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[20]	
SS tips (Box 7)	+ _____	[22]	
Allocated tips (Box 8)	+ _____	[24]	
Advanced EIC (Box 9)	+ _____	[26]	
Dependent care benefits (Box 10)	+ _____	[28]	
Box 13 -			
Statutory employee		__[30]	
Retirement plan		__[31]	
Third-party sick pay		__[32]	
State postal code (Box 15)		__[33]	
State wages (Box 16) (If different than federal wages)	+ _____	[35]	
State tax withheld (Box 17)	+ _____	[37]	
Local wages (Box 18)	+ _____	[39]	
Local tax withheld (Box 19)		____[41]	
Name of locality (Box 20)	_____	[44]	



	Control Totals +	
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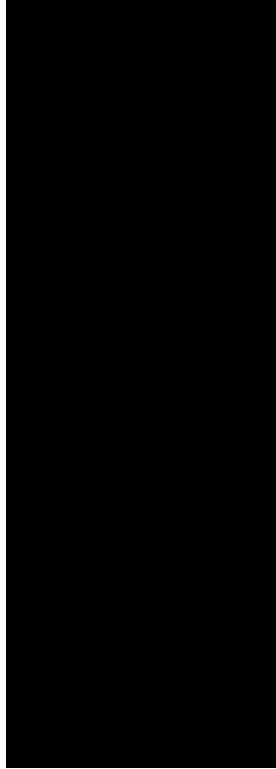
Wages and Salaries #2

Please provide all copies of Form W-2.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__[1]	
Employer name	_____	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard)		__[5]	
Mark if this your current employer		__[6]	
Federal wages and salaries (Box 1)	+ _____	[10]	
Federal tax withheld (Box 2)	+ _____	[12]	
Social security wages (Box 3) (If different than federal wages)	+ _____	[14]	
Social security tax withheld (Box 4)	+ _____	[16]	
Medicare wages (Box 5) (If different than federal wages)	+ _____	[18]	
Medicare tax withheld (Box 6)	+ _____	[20]	
SS tips (Box 7)	+ _____	[22]	
Allocated tips (Box 8)	+ _____	[24]	
Advanced EIC (Box 9)	+ _____	[26]	
Dependent care benefits (Box 10)	+ _____	[28]	
Box 13 -			
Statutory employee		__[30]	
Retirement plan		__[31]	
Third-party sick pay		__[32]	
State postal code (Box 15)		__[33]	
State wages (Box 16) (If different than federal wages)	+ _____	[35]	
State tax withheld (Box 17)	+ _____	[37]	
Local wages (Box 18)	+ _____	[39]	
Local tax withheld (Box 19)		____[41]	
Name of locality (Box 20)	_____	[44]	



	Control Totals +	
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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

Seller Financed Mortgage Interest Income

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

2010 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



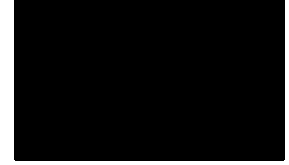
Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



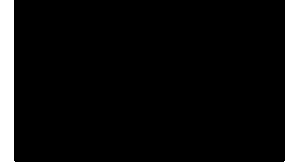
Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



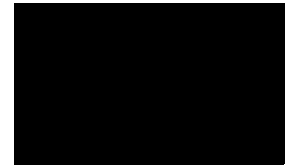
Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



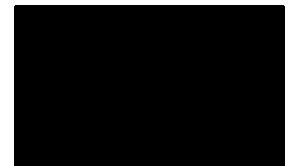
Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



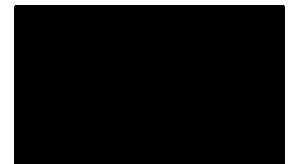
Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



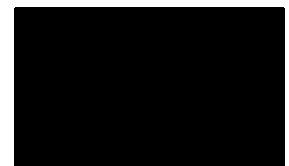
Taxpayer/Spouse/Joint (T, S, J) _____

Payer's name _____

Payer's address _____

Payer's social security number _____

Interest income amount received in 2010 + _____ [1]



Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
Name of activity _____
Employer identification number _____
State postal code _____

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
Name of activity _____
Employer identification number _____
State postal code _____

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+ _____ [1]	+ _____ [2]
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
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				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____
				+ _____	+ _____

NOTES/QUESTIONS:

_____ **Form ID: InfoD**

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 +	
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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)
State postal code

____ [1]
____ [2]

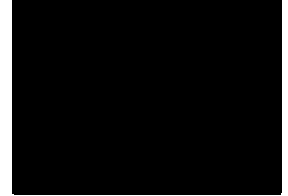
Social Security Benefits

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]
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]



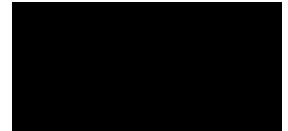
Tier 1 Railroad Benefits

2010 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:		
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]

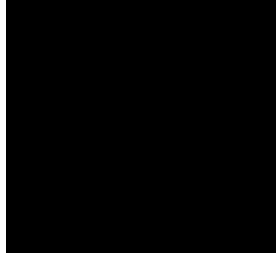
NOTES/QUESTIONS:

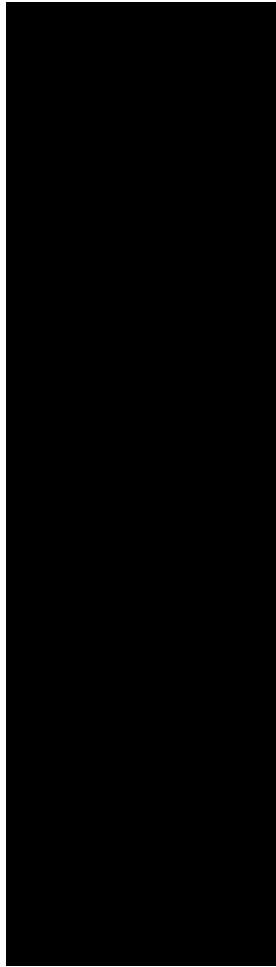
Control Totals +

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]	

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]	+ _____ [1]	
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]	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
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—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	
—	—	_____	+ _____	

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 +

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[67]

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

State postal code _____ [3]

Name of creditor/lender _____ [4]

Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [6]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]

Amount of debt canceled (Box 2) _____ [10]

+ _____ [10]

Interest if included in box 2 (Box 3) _____ [11]

+ _____ [11]

Personally liable for repayment of the debt? (Box 5)

Yes ___ [12] No ___ [13]

Bankruptcy (if checked) (Box 6) _____ [14]

Fair market value of property (Box 7) _____ [15]

+ _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) _____ [17]

+ _____ [17]

Fair market value of property (Box 4) _____ [18]

+ _____ [18]

Personally liable for repayment of the debt? (Box 5)

Yes ___ [19] No ___ [20]

Control Totals +

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

[67]

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

State postal code _____ [3]

Name of creditor _____ [4]

Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) _____ [6]

Form 1099-C Cancellation of Debt

Date canceled (Box 1) _____ [9]

Amount of debt canceled (Box 2) _____ [10]

+ _____ [10]

Interest if included in box 2 (Box 3) _____ [11]

+ _____ [11]

Personally liable for repayment of the debt? (Box 5)

Yes ___ [12] No ___ [13]

Bankruptcy (if checked) (Box 6) _____ [14]

Fair market value of property (Box 7) _____ [15]

+ _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) _____ [17]

+ _____ [17]

Fair market value of property (Box 4) _____ [18]

+ _____ [18]

Personally liable for repayment of the debt? (Box 5)

Yes ___ [19] No ___ [20]

Control Totals +

NOTES/QUESTIONS:

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 +		
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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 +		
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NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
RIC or REIT name	_____[3]	
State postal code	_____[4]	
Total undistributed long-term capital gains (Box 1a)	+ _____[9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____[11]	
Section 1202 gain (Box 1c)	+ _____[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____[15]	
Collectibles (28%) gain (Box 1d)	+ _____[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____[19]	
Control Totals +		

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
RIC or REIT name	_____[3]	
State postal code	_____[4]	
Total undistributed long-term capital gains (Box 1a)	+ _____[9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____[11]	
Section 1202 gain (Box 1c)	+ _____[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____[15]	
Collectibles (28%) gain (Box 1d)	+ _____[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____[19]	
Control Totals +		

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
RIC or REIT name	_____[3]	
State postal code	_____[4]	
Total undistributed long-term capital gains (Box 1a)	+ _____[9]	
Unrecaptured section 1250 gain (Box 1b)	+ _____[11]	
Section 1202 gain (Box 1c)	+ _____[13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____[15]	
Collectibles (28%) gain (Box 1d)	+ _____[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____[19]	
Control Totals +		

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____[1]

Mark to indicate all the elections that apply:

Mixed straddle election _____[2] Straddle-by-straddle identification election _____[4]

Mixed straddle account election _____[3] Net section 1256 contracts loss election _____[5]

Section 1256 Contracts Marked to Market

Identification of Account A _____[6]

Identification of Account B _____

Identification of Account C _____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	—	—	—
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

Gains and Losses From Straddles

Description of Property A _____[8]

Description of Property B _____

Description of Property C _____

Description of Property D _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	—	—	—	—
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Force period	—	—	—	—
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____[9]

Description of Property B _____

Description of Property C _____

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

NOTES/QUESTIONS:

Control Totals +

Canadian Registered Retirement Plans #1

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of custodian _____	[2]	
State postal code _____	[3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	__[13]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	__[14]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	__[15]	
Year election was made _____	[16]	
Mark if you are electing for this year and subsequent years	__[17]	
Distributions received from the plan in 2010	+ _____[20]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2010 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[37]	
Ordinary dividends	+ _____[39]	
Qualified dividends	+ _____[41]	
Total capital gains	+ _____[43]	
Other income:		
_____	+ _____[45]	
_____	+	
_____	+	
_____	+	

	Control Totals +	
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Canadian Registered Retirement Plans #2

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__[1]	
Name of custodian _____	[2]	
State postal code _____	[3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	__[13]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	__[14]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	__[15]	
Year election was made _____	[16]	
Mark if you are electing for this year and subsequent years	__[17]	
Distributions received from the plan in 2010	+ _____[20]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2010 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[37]	
Ordinary dividends	+ _____[39]	
Qualified dividends	+ _____[41]	
Total capital gains	+ _____[43]	
Other income:		
_____	+ _____[45]	
_____	+	
_____	+	
_____	+	

	Control Totals +	Form ID: 8891
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Preparer use only

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____[2]	
Employer identification number	_____[3]	
Business name	_____[5]	
Principal business/profession	_____[6]	
Business code	_____[10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____[13]	
City/State/Zip	_____[14] ____ [15] ____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____[17]	
If other:	_____[19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____[20]	
If other enter explanation:	_____[22]	
_____	_____[22]	
_____	_____[22]	
Enter an explanation if there was a change in determining your inventory:	_____[23]	
_____	_____[23]	
_____	_____[23]	
Did you "materially participate" in this business? (Y, N)	_____[24]	
If not, number of hours you did significantly participate	_____[26]	
Mark if you began or acquired this business in 2010	_____[28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____[29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____[31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

Business Income

	2010 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2010 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+ _____	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [59]	

Control Totals +

Schedule C - Expenses

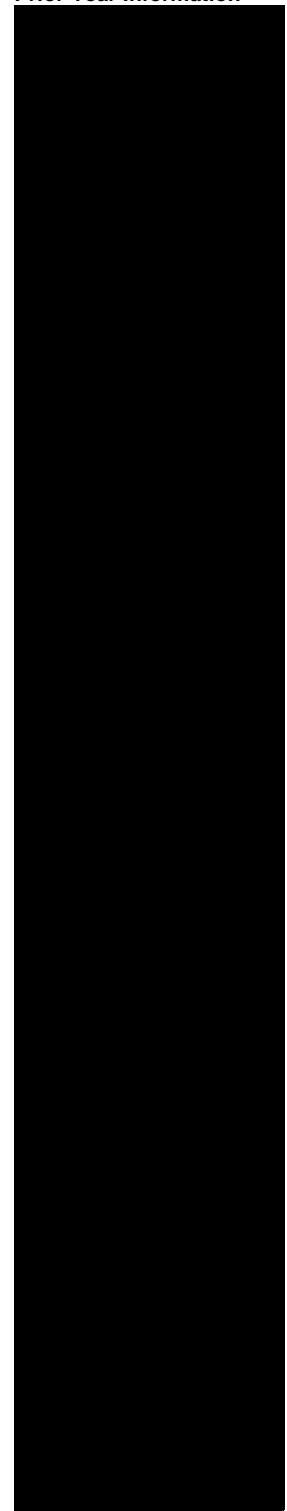
Preparer use only

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 (Less Small Employer Health Insurance Premiums credit):			
_____	+	_____	[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 +

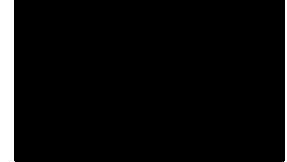
Preparer use only

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:

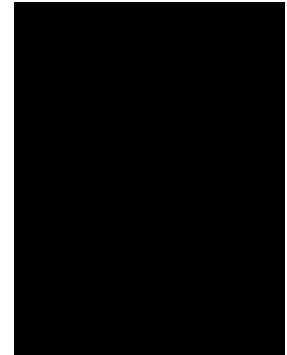
Control Totals +

Preparer use only

2010 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Description _____ [4]
 Principal Product _____ [5]
 State postal code _____ [6]
 Accounting method (1 = Cash, 2 = Accrual) _____ [7]
 Agricultural activity code _____ [9]
 Did you "materially participate" in this business? (Y, N) _____ [12]
 Mark if Schedule F net income or loss should be excluded from self employment income _____ [14]
 Medical insurance premiums paid by this activity + _____ [16]
 Long-term care premiums paid by this activity + _____ [18]



Cash or Accrual Income Items

2010 Information

Prior Year Information

Sales of livestock and other items you bought for resale:
 _____ + _____ [26]
 _____ + _____
 _____ + _____
 Cost or other basis of livestock and other items you bought for resale + _____ [28]
 Sale of livestock, produce, grains, other products you raised:
 _____ + _____ [30]
 _____ + _____
 _____ + _____
 Taxable crop insurance proceeds received in 2010 + _____ [32]
 Mark if electing to defer crop insurance proceeds to 2011 _____ [34]
 Crop insurance proceeds deferred from 2009 + _____ [36]
 Accrual sales of livestock, produce, grains, and other products:
 _____ + _____ [38]
 _____ + _____
 _____ + _____
 Beginning inventory of livestock and other items + _____ [40]
 Accrual cost of livestock, produce, grains, and other products purchased + _____ [42]
 Ending Inventory of livestock and other items + _____ [44]



Cash and Accrual Income Items

2010 Information

Prior Year Information

Total cooperative distributions you received + _____ [46]
 Taxable cooperative distributions you received + _____ [48]
 Total agricultural program payments + _____ [50]
 Taxable agricultural program payments + _____ [52]
 CRP payments received while enrolled to receive social security or disability benefits + _____ [54]
 Commodity credit loans reported under election:
 _____ + _____ [56]
 _____ + _____
 Total commodity credit loans forfeited + _____ [58]
 Taxable commodity credit loans forfeited + _____ [60]
 Total crop insurance proceeds you received in 2010 + _____ [62]
 Custom hire (machine work) income + _____ [64]
 Other income:
 _____ + _____ [66]
 _____ + _____
 _____ + _____
 _____ + _____



Control Totals +

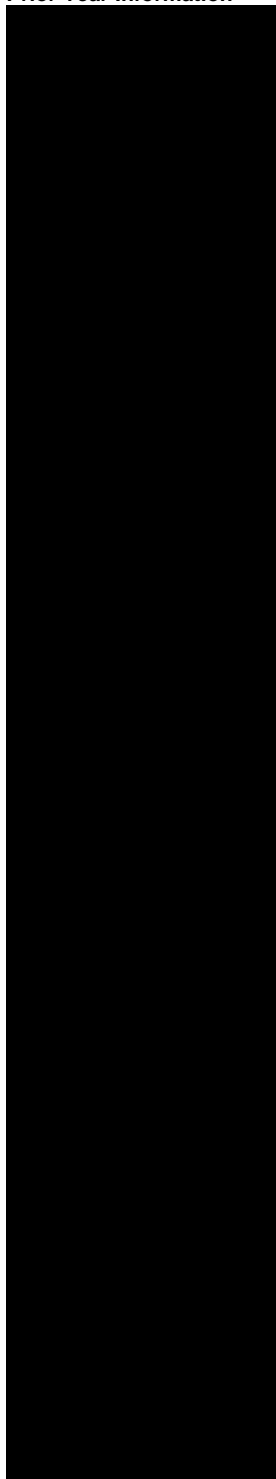
Preparer use only

Description

2010 Information

Prior Year Information

Car and truck expenses	+ _____	[6]
Chemicals	+ _____	[8]
Conservation expenses	+ _____	[10]
Custom hire (machine work)	+ _____	[12]
Depreciation	+ _____	[14]
Employee benefit programs (Less Small Employer Health Insurance Premiums credit)	+ _____	[16]
Feed purchased	+ _____	[18]
Fertilizers and lime	+ _____	[20]
Freight and trucking	+ _____	[22]
Gasoline, fuel, and oil	+ _____	[24]
Insurance (Other than health)	+ _____	[26]
Mortgage interest (Paid to banks, etc.)	+ _____	[28]
Other interest	+ _____	[30]
Labor hired (Less employment credit)	+ _____	[32]
Pension and profit sharing	+ _____	[34]
Rent - vehicles, machinery, and equipment	+ _____	[36]
Rent - other	+ _____	[38]
Repairs and maintenance	+ _____	[40]
Seed and plants purchased	+ _____	[42]
Storage and warehousing	+ _____	[44]
Supplies purchased	+ _____	[46]
Taxes:		
_____	+ _____	[48]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____	[50]
Veterinary, breeding, and medicine	+ _____	[52]
Other expenses:		
_____	+ _____	[54]
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____	[56]



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	+ _____ [76]	

Farm Rental - General Information

Preparer use only

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____[2]	
Employer identification number	_____[3]	
Description	_____[4]	
State postal code	_____[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____[6]	

Income Items

	2010 Information	Prior Year Information
Income from production of livestock and other items	+ _____[12]	
Total cooperative distributions you received	+ _____[14]	
Taxable cooperative distributions you received	+ _____[16]	
Total agricultural program payments	+ _____[18]	
Taxable agricultural program payments	+ _____[20]	
Commodity credit loans reported under election:		
_____	+ _____[22]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total commodity credit loans forfeited	+ _____[24]	
Taxable commodity credit loans forfeited	+ _____[26]	
Total crop insurance proceeds you received in 2010	+ _____[28]	
Taxable crop insurance proceeds received in 2010	+ _____[30]	
Mark if electing to defer crop insurance proceeds to 2011	_____ [32]	
Crop insurance proceeds deferred from 2009	+ _____[34]	
Other income:		
_____	+ _____[36]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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]

Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[20]
	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [22]	_____ [23]
Number of days each person owned property used as main home	_____ [24]	_____ [25]
Number of days between date of sale of the other home and date of sale of this home	_____ [26]	_____ [27]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[29]
Total current year payments received	+ _____	[30]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[31]
Address	_____	[32]
City, State and Zip	_____ [33] [34]	[35]
Identifying number of related party	_____	[36]
Was the property sold as a marketable security? (Y, N)	_____	[37]
Enter date of second sale if more than 2 years after the first sale	_____	[38]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[39]
Selling price of property sold by a related party	+ _____	[41]

NOTES/QUESTIONS:

	Control Totals +	
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		Form ID: Home
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Prior Year Installment Sale

		Preparer use only
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	2010 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[30]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals +		

Prior Year Installment Sale

		Preparer use only
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	2010 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[30]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	
Control Totals +		

NOTES/QUESTIONS:

Preparer use only

Description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [8]
 State postal code _____ [9]
 Mark to include gross proceeds for 1099-S reporting on Form, line 1 _____ [13]
 Mark if disposition is due to casualty or theft _____ [17]
 Mark if disposition was to a related party _____ [19]

Sale Information

Date acquired _____ [23]
 Date sold _____ [24]
 Gross sales price or insurance proceeds received + _____ [25]
 Cost or other basis + _____ [26]
 Commissions and other expenses of sale + _____ [27]
 Depreciation allowed or allowable + _____ [28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (**Section 1250**) + _____ [30]
 Applicable percentage (if not 100%) (**Section 1250**) _____ [31]
 Additional depreciation after 1969 (**Section 1250**) + _____ [32]
 Soil, water and land clearing expenses (**Section 1252**) + _____ [33]
 Applicable percentage (if not 100%) (**Section 1252**) _____ [34]
 Intangible drilling and development costs (**Section 1254**) + _____ [35]
 Applicable payments excluded from income under sec. 126 (**Section 1255**) + _____ [36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [37]
 Total current year payments received + _____ [38]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [39]
 Address _____ [40]
 State, City and Zip _____ [41] _____ [42] _____ [43]
 Identifying number of related party _____ [44]
 Was the property sold as a marketable security? (Y, N) _____ [45]
 Enter date of second sale _____ [46]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [47]
 Selling price of property sold by a related party + _____ [49]

NOTES/QUESTIONS:

Control Totals +

Form ID: Sale

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [9]
 _____ [10]

Date Information

Date the like-kind property given up was acquired _____ [16]
 Date you transferred your property to the other party _____ [17]
 Date the like-kind property received was identified _____ [18]
 Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

Fair market value of other property given up + _____ [20]
 Adjusted basis of other property given up + _____ [21]
 Cash received + _____ [22]
 Fair market value of other (not like-kind) property received + _____ [23]
 Installment obligation received in like-kind exchange + _____ [24]
 Fair market value of like-kind property you received + _____ [25]
 Fair market value of non-section 1245 property you received + _____ [26]
 Liabilities, including mortgages, assumed by you + _____ [27]
 Cash paid + _____ [28]
 Adjusted basis of like-kind property given up + _____ [29]
 Adjusted basis of like-kind property from pass through entity
 Cost or other basis + _____ [30]
 Depreciation allowed or allowable excluding Section 179 + _____ [31]
 Section 179 expense deduction passed through + _____ [32]
 Section 179 carryover + _____ [33]
 Liabilities, including mortgages, assumed by the other party + _____ [34]
 Exchange expenses incurred by you + _____ [35]

Related Party Exchange Information

Name of related party _____ [38]
 Address of related party _____ [39]
 City _____ [40]
 State _____ [41]
 Zip code _____ [42]
 Identifying number of related party _____ [43]
 Relationship to you _____ [44]
 During this tax year, did the related party sell or dispose of the property received? (Y, N) _____ [45]
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) _____ [46]
 Indicate any special if conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) _____ [47]
 Mark if this exchange is a prior year like-kind exchange _____ [49]

NOTES/QUESTIONS:

Control Totals +

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) [1] State postal code _____ [3]

Employer's name _____ [2]

Foreign street address _____ [4] City _____

State/Province _____ Country code _____

Country _____ Postal code _____

U.S. address _____ [5] City _____

State postal code _____ Zip code _____

Foreign street address _____ [6] City _____

State/Province _____

Country _____ Postal code _____

Employer type (A = A foreign entity, B = A U.S. company, C = Self, D = A foreign affiliate of a U.S. company, E = Other) _____ [7]

If you marked employer as other, please specify type _____ [8]

Country of citizenship _____ [11]

If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:

City/Country _____ [12] Days _____

City/Country _____ Days _____

List tax home(s) during the tax year and dates established:

Tax home _____ [13] Date _____

Tax home _____ Date _____

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Foreign days worked before and after foreign assignment _____ [17] Total days worked before and after foreign assignment _____ [18]

Total number of days worked during year (defaults to 240) _____ [19]

Bona Fide Residence Test

Date foreign residence began _____ [21] Date foreign residence ended _____ [22]

Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _____ [23]

If any family members lived abroad with you during any part of tax year, list who and for what period:

Relationship _____	Period abroad _____	[24]
Relationship _____	Period abroad _____	
Relationship _____	Period abroad _____	
Relationship _____	Period abroad _____	

Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _____ [25]

Mark if required to pay income tax to that country _____ [26]

List any contractual terms or other conditions relating to length of employment abroad _____ [27]

_____ [27]

Type of visa used to enter foreign country _____ [28]

Explanation if visa limited length of stay or employment _____ [29]

_____ [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address _____ [30]

Rented Occupant _____ Relationship _____

Address _____ [30]

Rented Occupant _____ Relationship _____

Physical Presence Test

Principal country of employment _____ [31]

Foreign name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] [11] +	[12]
Meals _____	[13] [14] +	[15]
Car _____	[16] [17] +	[18]
Other properties or facilities (Please enter code here and description and amount below):	[19]	
_____	+	[20]
_____	+	
_____	+	
_____	+	
_____	+	
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	[21] +	[22]
Family _____	[23] +	[24]
Education _____	[25] +	[26]
Home leave _____	[27] +	[28]
Quarters _____	[29] +	[30]
Other purposes (Please enter code here and description and amount below):	[31]	
_____	+	[32]
_____	+	
_____	+	
_____	+	
_____	+	
Other foreign earned income (Please enter code here and description and amount below):	[33]	
_____	+	[34]
_____	+	
_____	+	
_____	+	
_____	+	
Excludable meals and lodging under section 119	+	[35]

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
 2 = 100% U.S. during assignment
 3 = U.S. and foreign days worked during assignment
 4 = U.S. and foreign days before/after assignment
 5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

	Allocation Code*	Amount
Other allocable deductions _____	[36] +	[37]

Housing Exclusion/Deduction

Qualified housing expense _____ + _____ [46]

NOTES/QUESTIONS:

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:

Please provide all Forms 5498-SA.

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	__ [1]	
Name of Trustee _____	[4]	
State postal code _____	[2]	
Archer MSA contributions made in 2010 and 2011 for 2010 (Box 1)	+ _____ [6]	
Total contributions made in 2010 (Box 2)	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2011 for 2010 (Box 3)	+ _____ [10]	
Rollover contribution (Box 4)	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA (Box 5)	+ _____ [15]	
Box 6 -		
HSA	__ [17]	
Archer MSA	__ [18]	
MA (Medicare Advantage) MSA	__ [19]	

Additional Information

	2010 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	__ [20]	
Number of months in qualified high deductible health plan in 2010	__ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	__ [22]	
Total HSA/MSA contribution to be made for 2010	+ _____ [23]	
Excess contributions for 2009 taken as constructive contributions for 2010	+ _____ [25]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [32]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [35]	
If self-employed, enter earned income from business under which plan was established+	_____ [39]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2010? (Y, N)	__ [41]	
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____ [43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [45]	

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____[1]	
Name of Trustee _____	____[4]	
State postal code _____	____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[9]	
Distribution code (Box 3)	____[11]	
Fair Market Value on date of death (Box 4)	+ _____[12]	
Box 5 -		
HSA	____[13]	
Archer MSA	____[14]	
MA MSA	____[15]	
Amount of distribution rolled over or withdrawal of excess contributions for 2010	+ _____[17]	
Unreimbursed qualified medical expenses for 2010	+ _____[19]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[22]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/09	+ _____[23]	
For HSA accounts: Was the high deductible health plan coverage started in 2009 and in effect for the month of December 2009? (Y, N)	____[29]	
Was the high deductible health plan coverage ended before 12/31/10? (Y, N)	____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2010 Information	Prior Year Information
Name of the insured chronically ill individual _____	____[40]	
Social security number of insured _____	____[41]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[43]	
Accelerated death benefits paid (Box 2)	+ _____[45]	
Check one (Box 3)		
Per diem	____[47]	
Reimbursed amount	____[48]	
Qualified contract (Box 4)	____[49]	
Check, if applicable (Box 5)		
Chronically ill	____[50]	
Terminally ill	____[51]	
Are there other individuals who received LTC payments during 2010? (Y, N)	____[53]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	____[54]	
Number of days during the long-term care period _____	____[55]	
Cost incurred for qualified long-term care services during the long-term care period + _____	____[56]	

NOTES/QUESTIONS:

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

NOTES/QUESTIONS:

--	--

Preparer use only

Business activity or profession name		_____ [3]
Taxpayer/Spouse (T, S)		_____ [4]
State postal code		_____ [5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP)		_____ [6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)		_____ [7]
Enter the total amount of contributions made to a Keogh plan in 2010	+ _____	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2010	+ _____	[9]
Enter the total amount of contributions made to a SEP plan in 2010	+ _____	[10]
Enter the total amount of contributions made to a SARSEP plan in 2010	+ _____	[11]
Enter the total amount of contributions made to a defined benefit plan in 2010	+ _____	[12]
Enter the total amount of contributions made to a profit-sharing plan in 2010	+ _____	[13]
Enter the total amount of contributions made to a money purchase plan in 2010	+ _____	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2010	+ _____	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2010	+ _____	[16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2010		+ _____ [17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2010		+ _____ [18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2010		+ _____ [19]
Enter the amount of elective deferrals designated as Roth contributions in 2010		+ _____ [20]

NOTES/QUESTIONS:

Control Totals +

Form ID: Keogh

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	2010 Information	Prior Year Information
			+ [1]	
			+ [1]	
			+ [1]	
			+ [1]	

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ [3]	+ [4]	
	+ [3]	+ [4]	
Self-employed health insurance premiums: (Not entered elsewhere)	+ [6]	+ [7]	
	+ [6]	+ [7]	
Self-employed long-term care premiums: (Not entered elsewhere)	+ [9]	+ [10]	
	+ [9]	+ [10]	
Other adjustments:	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	
	+ [14]	+ [15]	

NOTES/QUESTIONS:

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2010 that were issued after 1989, and you paid qualified higher education expenses in 2010 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J)		—	
Name of person who was enrolled at eligible educational institution	_____		
Name of eligible educational institution	_____		
Address of eligible educational institution	_____		
Qualified higher education expenses you paid in 2010 for person listed above		+ _____	[1]
Enter any nontaxable educational benefits received for 2010 for person listed above		+ _____	
Taxpayer/Spouse/Joint (T, S, J)		—	
Name of person who was enrolled at eligible educational institution	_____		
Name of eligible educational institution	_____		
Address of eligible educational institution	_____		
Qualified higher education expenses you paid in 2010 for person listed above		+ _____	[1]
Enter any nontaxable educational benefits received for 2010 for person listed above		+ _____	
Taxpayer/Spouse/Joint (T, S, J)		—	
Name of person who was enrolled at eligible educational institution	_____		
Name of eligible educational institution	_____		
Address of eligible educational institution	_____		
Qualified higher education expenses you paid in 2010 for person listed above		+ _____	[1]
Enter any nontaxable educational benefits received for 2010 for person listed above		+ _____	
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2010		+ _____	[3]

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:

	Control Totals +	Form ID: Educate2
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Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2010 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	
Basis of this account at 12/31/09	+ _____ [17]	
Value of this account at 12/31/10	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2010 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Control Totals +

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]				
—				

Control Totals +

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] _____
_____	_____	_____	+	_____
_____	_____	_____	+	_____
_____	_____	_____	+	_____
_____	_____	_____	+	_____

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
Investment interest expense, other than on K-1s:	
[14] _____	+ _____ [15]
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+
_____	+

Charitable Contributions

T/S/J

2010 Information

Prior Year Information

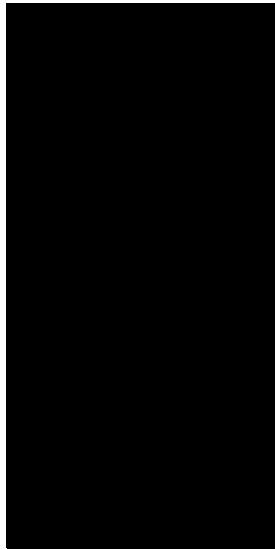
Contributions made by cash or check

__ [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:

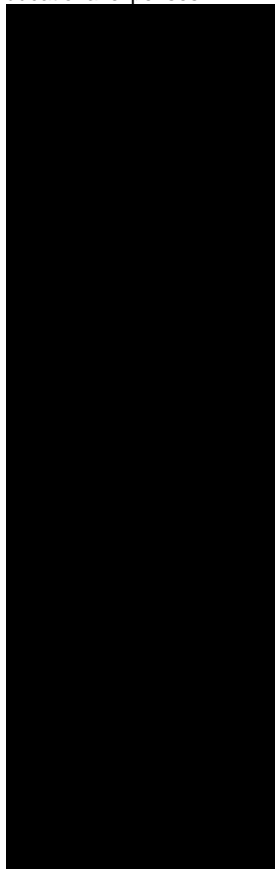
__ [26]		+	[27]
—		+	
—		+	

Other expenses, not subject to the 2% AGI limitation:

__ [30]		+	[31]
—		+	
—		+	
—		+	

Gambling losses: (Enter only if you have gambling income)

__ [33]		+	[34]
—		+	



Control Totals +

Home Mortgage Interest Subject To Limitations #1

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2010 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2010, if not 12 _____	[7]	
Principal paid in 2010 + _____	[9]	
Interest paid during 2010 + _____	[11]	
Points reported on Form 1098 for 2010 + _____	[13]	
Grandfather debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[19]	
Home acquisition/improvement debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[21]	
Home equity debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2010 of grandfather debt + _____	[27]	
Average balance in 2010 of home acquisition/improvement debt + _____	[29]	
Average balance for 2010 all types of debt + _____	[31]	

	Control Totals +	
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Home Mortgage Interest Subject To Limitations #2

Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.

	2010 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2010, if not 12 _____	[7]	
Principal paid in 2010 + _____	[9]	
Interest paid during 2010 + _____	[11]	
Points reported on Form 1098 for 2010 + _____	[13]	
Grandfather debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[19]	
Home acquisition/improvement debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[21]	
Home equity debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2010 of grandfather debt + _____	[27]	
Average balance in 2010 of home acquisition/improvement debt + _____	[29]	
Average balance for 2010 all types of debt + _____	[31]	

NOTES/QUESTIONS:

	Control Totals +	
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	Form ID: MortgInt	
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Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

2010 Information

Prior Year Information

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [8]
 Was another vehicle available for personal use? (Y, N) _____ [10]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [12]

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [16]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]		_____ [47]	
Total mileage	_____ [21]		_____ [49]	
Business mileage	_____ [23]		_____ [51]	
Average daily round trip commuting mileage	_____ [26]		_____ [54]	
Total commuting mileage	_____ [28]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]		+ _____ [58]	
Vehicle rentals	+ _____ [32]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [34]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [40]		+ _____ [68]	
Depreciation	+ _____ [42]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [74]
 Comments _____
 Vehicle 4 description _____ [102]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]		_____ [105]	
Total mileage	_____ [79]		_____ [107]	
Business mileage	_____ [81]		_____ [109]	
Average daily round trip commuting mileage	_____ [84]		_____ [112]	
Total commuting mileage	_____ [86]		_____ [114]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]		+ _____ [116]	
Vehicle rentals	+ _____ [90]		+ _____ [118]	
Inclusion amount (Preparer use only)	+ _____ [92]		+ _____ [120]	
Value of employer-provided vehicle	+ _____ [98]		+ _____ [126]	
Depreciation	+ _____ [100]		+ _____ [128]	

NOTES/QUESTIONS:

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 +
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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 +
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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 +
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NOTES/QUESTIONS:

Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S)			__ [1]
Donee's name	_____		[4]
State postal code	_____		[3]
Date of contribution (Box 1)	_____		[7]
Make and model of vehicle (Box 2)	_____		[8]
Year of vehicle (Box 2)	_____		[9]
Vehicle or other identification number (Box 3)	_____		[10]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)			__ [11]
Date of sale (Box 4b)	_____		[12]
Gross proceeds from sale (Box 4c)		+ _____	[13]
Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a)			__ [14]
Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b)			__ [15]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)	_____		[16]

Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes	__ [17]	No
			__ [18]
Value of goods and services provided in exchange for the vehicle (Box 6b)		+ _____	[19]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)			__ [20]
Description of goods and services (Box 6c)	_____		[21]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)			__ [22]

Other Information for Donated Property

Overall physical condition of property			[27]
Vehicle mileage on date of contribution	_____		[28]
Date property was acquired by donor	_____		[29]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			__ [30]
Donor's cost or basis		+ _____	[31]
Fair market value on date of contribution		+ _____	[32]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			__ [33]
If other:	_____		[34]
Bargain sale amount received	_____		[35]
Donee's address, and ZIP code	_____		[40]
	_____ [41]	_____ [42]	[43]
Donee's telephone number			[44]

NOTES/QUESTIONS:

Control Totals +

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A _____ [12]
 Description of casualty or theft - Property B _____ [25]
 Description of casualty or theft - Property C _____ [38]
 Description of casualty or theft - Property D _____ [51]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [15]	___ [28]	___ [41]	___ [54]
Date acquired	_____ [19]	_____ [32]	_____ [45]	_____ [58]
Cost or other basis of property	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Insurance or other reimbursement	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]
Fair market value before casualty	+ _____ [22]	+ _____ [35]	+ _____ [48]	+ _____ [61]
Fair market value after casualty	+ _____ [23]	+ _____ [36]	+ _____ [49]	+ _____ [62]

Business/Income Use Replacement Information

Description of replacement property A _____ [63]
 Description of replacement property B _____ [67]
 Description of replacement property C _____ [71]
 Description of replacement property D _____ [75]

	A	B	C	D
Mark if property was acquired from a related party	___ [64]	___ [68]	___ [72]	___ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

NOTES/QUESTIONS:

Control Totals +

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [7]
 Mark if casualty resulted due to a federally declared disaster that occurred in 2008 or 2009. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government _____ [8]

Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A _____ [14]
 Description of casualty or theft - Property B _____ [25]
 Description of casualty or theft - Property C _____ [36]
 Description of casualty or theft - Property D _____ [47]

	A	B	C	D
Date acquired	_____ [20]	_____ [31]	_____ [42]	_____ [53]
Cost or other basis of property	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Insurance or other reimbursement	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Fair market value before casualty	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]
Fair market value after casualty	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]

Personal Use Replacement Information

Description of replacement property A _____ [58]
 Description of replacement property B _____ [62]
 Description of replacement property C _____ [66]
 Description of replacement property D _____ [70]

	A	B	C	D
Mark if property was acquired from a related party	_____ [59]	_____ [63]	_____ [67]	_____ [71]
Date acquired	_____ [60]	_____ [64]	_____ [68]	_____ [72]
Cost of replacement property	+ _____ [61]	+ _____ [65]	+ _____ [69]	+ _____ [73]

NOTES/QUESTIONS:

Control Totals +

Preparer use only

Occurrence description _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]
 Date of casualty or theft _____ [6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A _____ [8]
 Description of casualty or theft - Property B _____ [17]
 Description of casualty or theft - Property C _____ [26]
 Description of casualty or theft - Property D _____ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

NOTES/QUESTIONS:

Control Totals +

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]

Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A _____ [9]
 Description of casualty or theft - Property B _____ [16]
 Description of casualty or theft - Property C _____ [23]
 Description of casualty or theft - Property D _____ [30]

	A	B	C	D
Date acquired	_____ [11]	_____ [18]	_____ [25]	_____ [32]
Cost or other basis of property	+ _____ [12]	+ _____ [19]	+ _____ [26]	+ _____ [33]
Insurance or other reimbursement	+ _____ [13]	+ _____ [20]	+ _____ [27]	+ _____ [34]
Fair market value before casualty	+ _____ [14]	+ _____ [21]	+ _____ [28]	+ _____ [35]
Fair market value after casualty	+ _____ [15]	+ _____ [22]	+ _____ [29]	+ _____ [36]

Personal Use Replacement Information

Description of replacement property A _____ [37]
 Description of replacement property B _____ [43]
 Description of replacement property C _____ [49]
 Description of replacement property D _____ [55]

	A	B	C	D
Date acquired	_____ [38]	_____ [44]	_____ [50]	_____ [56]
Prior year cost of replacement property	+ _____ [39]	+ _____ [45]	+ _____ [51]	+ _____ [57]
Cost of replacement property	+ _____ [40]	+ _____ [46]	+ _____ [52]	+ _____ [58]
Postponed gain	+ _____ [41]	+ _____ [47]	+ _____ [53]	+ _____ [59]
Adjusted basis of replacement property	+ _____ [42]	+ _____ [48]	+ _____ [54]	+ _____ [60]

NOTES/QUESTIONS:

Control Totals +

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]	

Control Totals +

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2010.

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2010	Total tips reported in 2010
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
Spouse information [7]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.

B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.

C = I received other correspondence from the IRS that states I am an employee.

D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.

E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.

F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.

G = I filed Form SS-8 with the IRS and have not received a reply.

	Taxpayer	Spouse
State postal code	____ [13]	____ [14]

	Taxpayer	Spouse	Prior Year Information	
If you received a parsonage provided by the church, please complete the following information:				
Fair rental value of parsonage provided by church	+ _____ [17] +	_____ [18]		
Actual parsonage utilities expense	+ _____ [23] +	_____ [24]		
If you received a rental or parsonage allowance provided by the church, please complete the following information:				
Utilities allowance, if separate from parsonage allowance	+ _____ [29] +	_____ [30]		
Actual parsonage expense	+ _____ [32] +	_____ [33]		
Fair rental value of home	+ _____ [35] +	_____ [36]		
Actual utilities expense	+ _____ [38] +	_____ [39]		
Mark if you have claimed exemption from self-employment tax				
by filing Form 4361 with the IRS	_____ [41]	_____ [42]		
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan				
	+ _____ [45] +	_____ [46]		

NOTES/QUESTIONS:

Enter parent's information for children under age 19 on 1/1/2011 or a full-time student under age 24 who have investment income of more than \$1,900

Parent's social security number (Enter the name and social security number of the parent listed first on the return) _____ [4]
 Parent's first name _____ [5]
 Parent's last name _____ [6]
 Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) _____ [7]

All Other Children's Information

Enter information for each child with investment income of more than \$1,900.

Child #1 social security number _____ [25]
 Child #1 first name _____ [26]
 Child #1 last name _____ [27]
 Child #1 birthdate (mm/dd/yyyy) _____ [28]

Child #2 social security number _____ [38]
 Child #2 first name _____ [39]
 Child #2 last name _____ [40]
 Child #2 birthdate (mm/dd/yyyy) _____ [41]

Child #3 social security number _____ [51]
 Child #3 first name _____ [52]
 Child #3 last name _____ [53]
 Child #3 birthdate (mm/dd/yyyy) _____ [54]

Child #4 social security number _____ [64]
 Child #4 first name _____ [65]
 Child #4 last name _____ [66]
 Child #4 birthdate (mm/dd/yyyy) _____ [67]

Child #5 social security number _____ [77]
 Child #5 first name _____ [78]
 Child #5 last name _____ [79]
 Child #5 birthdate (mm/dd/yyyy) _____ [80]

Child #6 social security number _____ [90]
 Child #6 first name _____ [91]
 Child #6 last name _____ [92]
 Child #6 birthdate (mm/dd/yyyy) _____ [93]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's 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.
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number _____ [1]
 Child's date of birth _____ [2]
 Child's name _____ [4]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]

Type Code (**See codes below)	Payer	Interest [6] Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	
—	_____	+	_____	_____	_____	

**Interest Codes					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

Children's Dividend Income

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends: _____ + _____ + _____

2010 Information^[10] _____ Prior Year Information _____

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)		[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Federal income tax withheld	+ _____	[6]
State disability plan social security & Medicare withheld	+ _____	[7]
Advance earned income credit (EIC) payments	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$1,700 or more in 2010? (Y, N)		[9]
(B) withhold Federal income tax for any household employee? (Y, N)		[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2009 or 2010? (Y, N)		[11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.

Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax *	+ _____	[12]
Did you pay all state unemployment contributions for 2010 by 4/18/11? (Y, N) *		[13]
State #1 information		
State postal code where you have to pay unemployment contributions *		[14]
State reporting number as shown on state unemployment tax return	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)		[19]
Contributions paid to state unemployment fund *	+ _____	[20]
State #2 information		
State postal code where you have to pay unemployment contributions		[21]
State reporting number as shown on state unemployment tax return	_____	[22]
Taxable wages (as defined in state act)	+ _____	[23]
State experience rate period:		
From	_____	[24]
To	_____	[25]
State experience rate (xxx.xx)		[26]
Contributions paid to state unemployment fund	+ _____	[27]

NOTES/QUESTIONS:

	Control Totals +	
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Form ID: H

Child and Dependent Care Expenses

**Please enter all amounts paid in 2010 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2009 employer-provided dependent care benefits used during 2010 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2010	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2010		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____ [7]

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____

Name of provider _____
 Street address of provider _____
 City, state, and zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____
 Amount paid to care provider in 2010 + _____

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2010, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2010	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2010	+ _____ [9]	+ _____ [10]

NOTES/QUESTIONS:

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:

	Control Totals +	Form ID: 5695
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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 _____ [20]

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:

**Complete this form if you paid qualified adoption expenses in 2010 AND the adoption was final in or before 2010.
 Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.**

	Child 1 ^[1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '93 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2010 for this child	_____	_____	_____
Employer-provided benefits received in 2010 for this child	_____	_____	_____
Adoption final in (1 = '10, 2 = Pre '10)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '93 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2010 for this child	_____	_____	_____
Employer-provided benefits received in 2010 for this child	_____	_____	_____
Adoption final in (1 = '10, 2 = Pre '10)	_____	_____	_____

Adoption credit carryover from 2005	+ _____ [2]
Adoption credit carryover from 2006	+ _____ [3]
Adoption credit carryover from 2007	+ _____ [4]
Adoption credit carryover from 2008	+ _____ [5]
Adoption credit carryover from 2009	+ _____ [6]

If the adoption was incomplete or unsuccessful please provide information below:

_____ [10]

_____ [11]

_____ [12]

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of gasoline -			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
Nontaxable use of aviation gasoline -			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
Nontaxable use of undyed diesel fuel -			
Explanation of evidence of dyes:			_____ [11]

Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
Nontaxable use of undyed kerosene (other than aviation) -			
Explanation of evidence of dyes:			_____ [18]

Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
Kerosene used in aviation -			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

	Control Totals +	Form ID: 4136
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*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
_____ [3]		
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
_____ [7]		
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
Alcohol fuel mixture credit -		
Registration Number		_____ [24]
Mixtures containing ethanol	0.45	+ _____ [25]
Mixtures containing alcohol (Other than ethanol)	0.60	+ _____ [26]

*Type of Use	
<p>1 = Farming purposes</p> <p>2 = Off highway business use</p> <p>3 = Export</p> <p>4 = Commercial fishing</p> <p>5 = Intercity/local bus</p> <p>6 = In a qualified local bus</p> <p>7 = School bus</p>	<p>8 = Diesel & Kerosene fuel other than train or highway vehicle</p> <p>9 = Foreign trade</p> <p>10 = Certain helicopter and fixed wing air ambulance uses</p> <p>11 = Aviation fuel other than propulsion engines</p> <p>13 = Exclusive use by a nonprofit educational organization</p> <p>14 = Exclusive use by a state, political subdivision or DC</p> <p>15 = In an aircraft or vehicle owned by an aircraft museum</p>

NOTES/QUESTIONS:

*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -			
Liquified petroleum gas (LPG)	___[1]	0.183	+ _____[2]
"P Series" fuels	___[3]	0.183	+ _____[4]
Compressed natural gas (CNG)	___[5]	0.183	+ _____[6]
Liquified hydrogen	___[7]	0.183	+ _____[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[9]	0.243	+ _____[10]
Liquid hydrocarbons derived from biomass	___[11]	0.243	+ _____[12]
Liquified natural gas (LNG)	___[13]	0.243	+ _____[14]
Liquified gas derived from biomass	___[15]	0.183	+ _____[16]
Alternative fuel credit and alternative fuel mixture credit -			
Registration Number			_____ [17]
Liquified hydrogen		0.50	+ _____ [26]
Registered credit card users -			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____ [28]
Kerosene for state / local government		0.243	+ _____ [29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [30]
Nontaxable use of a diesel-water fuel emulsion -			
Other nontaxable use	___[31]	0.197	+ _____ [32]
Exported		0.198	+ _____ [33]
Diesel-water fuel emulsion blending -			
Registration Number			_____ [34]
Blender credit		0.046	+ _____ [35]
Exported dyed fuels -			
Exported dyed diesel fuel		0.001	+ _____ [36]
Exported dyed kerosene		0.001	+ _____ [37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

	Control Totals +	Form ID: 4136-3
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Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2010.

Preparer use only

Description _____ [2]
 Taxpayer/Spouse (T, S) _____ [3]
 Taxes claimed (1 = Paid, 2 = Accrued) _____ [6]
 Category of income* _____ [7]
 Country of residence _____ [8]
 Description of income _____ [9]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

Foreign Income or Loss

	A	B	C
Name of country	_____ [13]	_____ [14]	_____ [15]
Foreign gross income	+ _____ [16]	+ _____ [17]	+ _____ [18]
Definitely related expenses:			
_____	+ _____ [19]	+ _____ [20]	+ _____ [21]
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____ [22]	+ _____ [23]	+ _____ [24]

Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____ [25]	_____ [26]	_____ [27]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [28]	+ _____ [29]	+ _____ [30]
Rents & royalties	+ _____ [31]	+ _____ [32]	+ _____ [33]
Interest	+ _____ [34]	+ _____ [35]	+ _____ [36]
Other foreign taxes	+ _____ [37]	+ _____ [38]	+ _____ [39]
In US dollars - taxes withheld on:			
Dividends	+ _____ [43]	+ _____ [44]	+ _____ [45]
Rents & Royalties	+ _____ [46]	+ _____ [47]	+ _____ [48]
Interest	+ _____ [49]	+ _____ [50]	+ _____ [51]
Other foreign taxes	+ _____ [52]	+ _____ [53]	+ _____ [54]

NOTES/QUESTIONS:

Control Totals +

Preparer use only

Description _____
 Taxpayer/Spouse (T, S) _____
 Category of income* _____

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

AMT Foreign Income or Loss

	A	B	C
Name of country	_____	_____	_____
Foreign gross income	+ _____ [8]	+ _____ [9]	+ _____ [10]
Definitely related expenses	+ _____ [11]	+ _____ [12]	+ _____ [13]
Foreign source losses	+ _____ [14]	+ _____ [15]	+ _____ [16]

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:

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2007 Amounts	2008 Amounts	2009 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____
Salaries and wages	_____	_____	_____
Interest income	_____	_____	_____
Tax-exempt interest	_____	_____	_____
Dividend income	_____	_____	_____
Qualified dividends	_____	_____	_____
Business income/loss	_____	_____	_____
Capital gains and losses	_____	_____	_____
Other gains and losses	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____
Partnership/S corp income	_____	_____	_____
Estate or trust income	_____	_____	_____
Farm income/loss	_____	_____	_____
Other income/loss	_____	_____	_____
Total income -	_____	_____	_____
Total adjustments to income	_____	_____	_____
Adjusted gross income -	_____	_____	_____
Medical expenses	_____	_____	_____
State and local taxes	_____	_____	_____
Interest expenses	_____	_____	_____
Charitable contributions	_____	_____	_____
Other itemized deductions	_____	_____	_____
Allowable itemized deductions	_____	_____	_____
Standard deduction	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____
Exemptions	_____	_____	_____
Taxable income -	_____	_____	_____
Tax on taxable income	_____	_____	_____
Alternative minimum tax	_____	_____	_____
Total credits	_____	_____	_____
Net tax liability -	_____	_____	_____
Self-employment taxes	_____	_____	_____
Other taxes	_____	_____	_____
Total tax -	_____	_____	_____
Income tax withheld	_____	_____	_____
Estimated tax payments	_____	_____	_____
Other payments	_____	_____	_____
Total payments -	_____	_____	_____
Tax due/-refund -	_____	_____	_____
Penalties and interest	_____	_____	_____
Net tax due/-refund -	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____
Refund received	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____
 Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

Address _____
 Apartment number _____
 City/State postal code/Zip code _____
 Home/evening telephone number _____
 Taxpayer email address _____
 Spouse email address _____

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2010	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

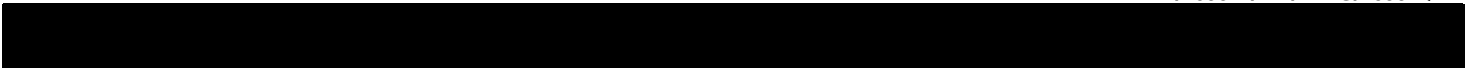
If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____
 Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*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.

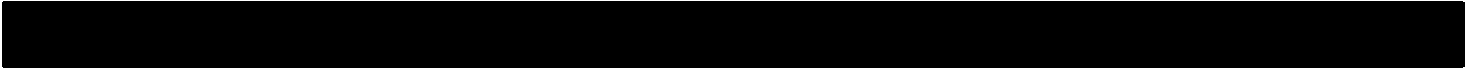
**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.



Please provide all copies of Form W-2 that you receive.

Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___



Please provide all copies of Form 1099-R that you receive.

Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___



Please provide all copies of Schedule K-1s that you receive.

Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___



Please provide all copies of Form W-2G that you receive.

Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___



Please provide all copies of Form 1099-Q that you receive.

Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___



Enter the amount of the economic recovery payment you 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)	_____	_____	_____

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

T, S, J Payer's name _____
 Payer's address _____ Payer's social security number _____
 Amount received in 2010 _____ Amount received in 2009 _____

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please provide copies of all supporting documentation.

	2010 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	2010 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
Traditional IRA Contributions for 2010 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		
Enter the total traditional IRA contributions made for use in 2010	_____	_____
Roth IRA Contributions for 2010 -		
Mark if you want to contribute the maximum Roth IRA contribution		
Enter the total Roth IRA contributions made for use in 2010	_____	_____

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.

T/S	Qualified student loan interest paid	2010 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section 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.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
 The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

Complete this section if you moved to a new home because of a new principal work place.

Description of move	_____
Taxpayer/Spouse/Joint (T, S, J)	_____
Mark if the move was due to service in the armed forces	_____
Number of miles from old home to new workplace	_____
Number of miles from old home to old workplace	_____
Mark if move is outside United States or its possessions	_____
Transportation and storage expenses	_____
Travel and lodging (not including meals)	_____
Total amount reimbursed for moving expenses	_____

Alimony Paid:

T/S	Recipient name	Recipient SSN	2010 Information	Prior Year Information
_____	_____	_____	_____	_____
Address	_____	City	State _____	Zip code _____
		Taxpayer	Spouse	Prior Year Information
Educator expenses:	_____	_____	_____	_____
Other adjustments:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

T/S/J	2010 Information	Prior Year Information
<input type="checkbox"/> Medical and dental expenses	_____	_____
<input type="checkbox"/> Medical insurance premiums you paid	_____	_____
<input type="checkbox"/> Long-term care premiums you paid	_____	_____
<input type="checkbox"/> Prescription medicines and drugs	_____	_____
<input type="checkbox"/> Miles driven for medical items	_____	_____

T/S/J	2010 Information	Prior Year Information
<input type="checkbox"/> State/local income taxes paid	_____	_____
<input type="checkbox"/> 2009 state and local income taxes paid in 2010	_____	_____
<input type="checkbox"/> Sales tax paid on actual expenses	_____	_____
<input type="checkbox"/> Real estate taxes paid	_____	_____
<input type="checkbox"/> Personal property taxes	_____	_____
<input type="checkbox"/> Other taxes	_____	_____

T/S/J	Purchase Price (Before Taxes)	Sales/Excise Tax Paid in 2010
Date		
Description of new motor vehicle purchased between 2/17/09 - 12/31/09:		
_____	_____	_____

T/S/J	2010 Information	Prior Year Information
<input type="checkbox"/> Home mortgage interest: From Form 1098	_____	_____

Other, such as: Home mortgage interest paid to individuals

T/S/J	Name	SSN	2010 Information	Prior Year Information
_____	_____	_____	_____	_____
Address	_____	_____	_____	_____

T/S/J	2010 Information	Prior Year Information
<input type="checkbox"/> Investment interest expense, other than on K-1s:	_____	_____

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	_____	_____
Description	_____	_____
Total points paid	_____	_____
Date of refinance	_____	_____
Total number of payments	_____	_____
Reported on Form 1098 in 2010	_____	_____

T/S/J	2010 Information	Prior Year Information
<input type="checkbox"/> Contributions made by cash or check	_____	_____
<input type="checkbox"/> Volunteer miles driven	_____	_____
<input type="checkbox"/> Noncash items, such as: Goodwill, Salvation Army	_____	_____

T/S/J	2010 Information	Prior Year Information
<input type="checkbox"/> Unreimbursed expenses	_____	_____
<input type="checkbox"/> Union dues	_____	_____
<input type="checkbox"/> Tax preparation fees	_____	_____
<input type="checkbox"/> Other expenses, subject to 2% AGI limitation:	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> Safe deposit box rental	_____	_____
<input type="checkbox"/> Investment expenses, other than on K1s:	_____	_____
<input type="checkbox"/> Other expenses, not subject to the 2% AGI limitation:	_____	_____
_____	_____	_____
<input type="checkbox"/> Gambling losses: (Enter only if you have gambling income)	_____	_____

Preparer use only

Activity name

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Table with 4 columns: Asset No., Description of Property (including Comments), Date in Service (including Date Sold/Disposed), and Cost or Basis (including Sales Price). Includes an example row for 'Machinery and equipment'.

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:		