2010
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2010 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, you may use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2010 tax return. We appreciate the opportunity to serve you.

Courtesy of
TRI-CITIES TAX LLC
8511 W CLEARWATER STE C
KENNEWICK, WA 99336-
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(509)582-2000

2010
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?

Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?

Y N 3. Would you like to have a paper copy of your tax return?

Y N 4. Did your marital status change during the year?

Y N 5. Were you a resident of, or did you have income in, more than one state during the year?

Y N 6. Do you wish to have $3 (or $6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).

Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?

Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).

Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?

Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.

Y N 11. Did you incur child care or dependent care expenses?

Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?

Y N 13. Did you or any member of your household pay educational expenses for post secondary education?

Y N 14. Did you buy, sell, or trade any assets?

Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?

Y N 16. Did you receive or pay any alimony or separate maintenance payments?

Y N 17. Did you have any moving expenses?

Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?

Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?

Y N 20. Did you receive any COBRA health insurance premium assistance during 2010?

Y N 21. Did you make cash or noncash charitable contributions?

Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.

Y N 23. Did you have any casualty or theft losses?

Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.

Y N 25. Did you have any debt that was cancelled in 2010? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.

Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept.

1, 2008 and May 31, 2010?

Y N 27. Did you receive the First-Time Homebuyer Credit from purchasing a home prior to 1/1/2009?

Y N 28. Did you dispose of a home for which you received any First-Time Homebuyer Credit?

Y N 29. If you are the recipient of a PBGC or TAA pension, did you pay health insurance premiums?

Y N 30. Did you adopt a child during the year 2010?

Y N 31. Do you own a vacation home that was rented to someone else at anytime?

Y N 32. Did you make any gifts directly or through a trust which exceeded $13,000 per person?

Y N 33. Did you pay wages of more than $1,700 to any one household employee?

Y N 34. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.

Y N 35. Have you provided ALL your deductions? If you are uncertain about an item then provide details.

Y N 36. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?

Y N 37. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?

Y N 38. For 2011, do you expect a significant fluctuation in your income, deductions or withholding?

Y N 39. For 2011, do you need or want estimated tax payment vouchers prepared?

Y N 40. Did you make any federal or state estimated tax payments for 2010? If yes, provide the date and amount of each payment.

Please use the following blank lines to provide additional information regarding the above questions (indicate the question number). This space can also be used for any other information or questions you may have.

GI

PERSONAL DATA

CLIENT ______

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation ...				
Birthdate				
Blind		☐ Yes		☐ Yes
Permanently and totally disabled ..		☐ Yes		☐ Yes
Death Date				
Over age 65 ...		☐ Yes		☐ Yes
E-mail address ..				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone ...				
Work phone ...				
Cell phone				
Fax				
President Elect Fd		☐ Yes		☐ Yes
Tuition and fees ..				
AOC expenses ..				
AOC prior years ..				
Credit Type				

Address .... ______ Apt No ______

City .... ______ State ______ ZIP Code ______

County .... ______ County / municipal code ______

School District Name ______ School District number ______

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside ______

Foreign address ______

City .... ______ State or Province ______

Country........ ______ Postal Code .. ______

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5) ☐

1 = Single
- ☐ Claimed as a dependent on someone else's return.
- ☐ Taxpayer claimed as dependent of someone else but qualifies for Education Credit

2 = Married Filing Jointly
- ☐ Spouse is claimed as a dependent on someone else's return

3 = Married Filing Separately
- ☐ Dual status alien
- ☐ Itemizing required for Schedule A
- ☐ Taking standard deduction
- ☐ Claiming spouse as a dependent
- ☐ Didn't live with spouse entire year

4 = Head of Household
Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.

5 = Qualifying Widow(er) with Dependent Child Year spouse died (2008 or 2009) ______

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

Bank name	Routing number	Type of account C / S	Account number

DI

DEPENDENT INFORMATION

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial .				
Last Name If Diff . .				
Birthdate				
Soc Sec Number . .				
Relationship				
Ownership Code. .	Taxpayer / Spouse	Taxpayer / Spouse	Taxpayer / Spouse	Taxpayer / Spouse
# Months In Home .				
Disabled	Yes	Yes	Yes	Yes
College Student. . .	Yes	Yes	Yes	Yes
*Ineligible for CTC .	Yes	Yes	Yes	Yes
Child Care Expense				
Tuition and Fees. .				
AOC Expenses . . .				
** Type of Educ Cr .				
AOC Prior Years . .				
*** Status Code . .				
Insured	Yes	Yes	Yes	Yes
Kidnapped	Yes	Yes	Yes	Yes

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No) . . . . 9.				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No) . . . . 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) . . . . 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) . . . . a.				
b. What is the child's relationship to the other person(s)? b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) . . . . 13c.				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No) . . . . 14.				

Number of children listed above who lived at home (default)	
Number of children listed above who did not live at home due to divorce or separation	
Number of other dependents listed above	

*** An entry in this box disallows Child Tax Credit for this child.**

**** Type of Education Credit:** AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

***** Status Codes:**
0 = Claimed
1 = Not claiming child this year
2 = Not claimed but child qualifies for EIC
3 = Not claimed but qualifying child for Head of Household
4 = Not claimed but qualifies for Depn Care Benefits (DCB)
5 = Not claimed but qualifies for both EIC and HOH
6 = Not claimed but qualifies for both EIC and DCB
7 = Not claimed but qualifies for HOH and DCB
8 = Not claimed but qualifies for all three
9 = Claimed but ineligible for EIC

NOTES:

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT ____________

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2#

WAGE AND TAX STATEMENT

Taxpayer or spouse?		Employer identification no.	
Employer name		Foreign address	Yes
Employer street address			
Employer city		State	ZIP code
Control number			

		2009 AMOUNTS				
1. Wages, tips, other compensation			12a. Code		Amt	
2. Federal income tax withheld			b. Code		Amt	
3. Social security wages			c. Code		Amt	
4. Social security tax withheld			d. Code		Amt	
5. Medicare wages and tips			13. Statutory empl to Sch C #			
6. Medicare tax withheld			Retirement plan?	8226	Yes	
7. Social security tips			Third-party sick pay?			Yes
8. Allocated tips			14. Other		Amt	
9. Advance EIC payments			Other		Amt	
10. Dependent care benefits			Other		Amt	
11. Non-qualified plans			Other		Amt	

	State	15 State Employer I.D. Number	16 State Wages	17 State Tax Withheld	18 Local Wages	19 Local Tax Withheld	20 Locality Name
1							
		////////////////////			/////////////	/////////////	//////////////
2							

Corrected Form W-2? ☐ Yes Clergy Form W-2 ☐ Yes
Non-standard indicator? ☐ Yes Suppress Clergy self-employment tax ☐ Yes

W-2 #

WAGE AND TAX STATEMENT

Taxpayer or spouse?		Employer identification no.	
Employer name		Foreign address	Yes
Employer street address			
Employer city		State	ZIP code
Control number			

		2009 AMOUNTS				
1. Wages, tips, other compensation			12a. Code		Amt	
2. Federal income tax withheld			b. Code		Amt	
3. Social security wages			c. Code		Amt	
4. Social security tax withheld			d. Code		Amt	
5. Medicare wages and tips			13. Statutory empl to Sch C #			
6. Medicare tax withheld			Retirement plan?		Yes	
7. Social security tips			Third-party sick pay?			Yes
8. Allocated tips			14. Other		Amt	
9. Advance EIC payments			Other		Amt	
10. Dependent care benefits			Other		Amt	
11. Non-qualified plans			Other		Amt	

	State	15 State Employer I.D. Number	16 State Wages	17 State Tax Withheld	18 Local Wages	19 Local Tax Withheld	20 Locality Name
1							
		////////////////////			/////////////	/////////////	//////////////
2							

Corrected Form W-2? ☐ Yes Clergy Form W-2 ☐ Yes
Non-standard indicator? ☐ Yes Suppress Clergy self-employment tax ☐ Yes

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.

Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2009 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4)					

SELLER-FINANCED MORTGAGE INTEREST		2010 AMOUNTS	2009 AMOUNTS
Name			
Address			
City state zip			
ID Number	SSN FEIN		
Name			
Address			
City state zip			
ID Number	SSN FEIN		
Name			
Address			
City state zip			
ID Number	SSN FEIN		

ORDINARY DIVIDENDS

Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4)							

	2010 AMOUNTS	2009 AMOUNTS
Foreign account	☐ Yes	☐ Yes
Name of country		
Foreign trust	☐ Yes	☐ Yes
EF ONLY: Accrued market discount		NEW

B

ORDINARY DIVIDEND INCOME, CONT'D

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nondividend Distribution (Box 3)

C______

BUSINESS INCOME

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
	Ownership code (T=Taxpayer, S=Spouse, J=Joint)			
	Clergy Schedule C		Yes	
	If Joint Schedule C, taxpayer's ownership percentage		%	
	Community property for self-employment purposes		Yes	
	Two-letter state code			
A.	Principal business activity			
	Principal busn including product or svc	A.		
B.	Principal business code	B.		
C.	Business name	C.		
E.	Business street address			
	Business city, state, ZIP code	E.		
D.	Federal employer identification number	D.		
F.	ACCOUNTING METHOD IF NOT CASH: Accrual method		Yes	
	Other		Yes	
	Specify other method	F.		
G.	Were you a "material participant" in the operation of this business?	G.	No	
H.	Is this the first Schedule C filed for this business?	H.	Yes	

PART I	INCOME		2010 AMOUNTS	2009 AMOUNTS
	Gross receipts or sales			
1.	Amount is earnings received as a statutory employee	1.	Yes	
2.	Returns and allowances	2.	( )	( )
6.	Other income	6.		

PART II	EXPENSES		2010 AMOUNTS	2009 AMOUNTS
8.	Advertising	8.		
9.	Car and truck expenses (see vehicle depreciation organizer)	9.		
10.	Commissions and fees	10.		
11.	Contract labor	11.		
12.	Depletion	12.		
13.	Depreciation and section 179 expense deduction (see depreciation organizer)	13.		
14.	Employee benefit programs	14.		
15.	Insurance (other than health)	15.		
16.	Interest: Mortgage interest (paid to banks, etc.)			
	Other interest	16.		
17.	Legal and professional services	17.		
18.	Office expense	18.		
19.	Pension and profit-sharing plans	19.		
20.	Rent or lease: Vehicles, machinery, and equipment			
	Other business property	20.		
21.	Repairs and maintenance	21.		
22.	Supplies	22.		
23.	Taxes and licenses	23.		
24.	Travel, meals and entertainment: Travel			
	Meals and ent subject to 50% limitation			
	Meals and entertainment	24.		
25.	Utilities	25.		
26.	Wages less employment credits	26.		
30.	Expenses for busn use of home (see 8829 organizer or attach explanation)	30.		
32.	Amount at risk	32.		

C_____

BUSINESS INCOME, CONT'D

CLIENT __________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III	COST OF GOODS SOLD		2010 AMOUNTS	2009 AMOUNTS
33.	INVENTORY METHOD IF NOT COST — Lower of cost or market		Yes	
	Other		Yes	
	Specify other method	33.		
34.	Was there any change in inventory method?	34.	Yes	
35.	Inventory at beginning of the year	35.		
36.	Purchases	36.		
37.	Cost of items withdrawn for personal use		( )	( )
	Cost of labor (not salary paid to yourself)	37.		
38.	Materials and supplies	38.		
39.	Other costs	39.		
41.	Inventory at end of the year	41.	( )	( )

PART IV	INFORMATION ABOUT YOUR VEHICLE		2010 AMOUNTS	2009 AMOUNTS
43.	Date vehicle was placed in service for business purposes	43.		
44.	Business miles vehicle was driven in 2010	44.	MI	
	Total commuting miles vehicle was driven		MI	
	Total other miles vehicle was driven		MI	
45.	Was this vehicle available for use during off-duty hours?	45.	Yes	
46.	Was another vehicle available for personal use?	46.	Yes	
47.	Is there evidence to support your deduction?	47a.	No	
	If "yes," is the evidence written?	b.	No	

PART V	EXPENSES	2010 AMOUNTS	2009 AMOUNTS
	Other expenses:		
	Amortization		
	Miscellaneous		
	Oil and gas deduction		
	Postage		
	Telephone (business only)		

NOTES OR QUESTIONS:

8829 ______

BUSINESS USE OF HOME EXPENSES

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS		2010 AMOUNTS	2009 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only)			
1. Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples	1.		
2. Total area of home	2.		
4. Total hours this facility was used for day care	4.		
5. Total hours available for use (if used for day care that was started or stopped this year) Part of home used exclusively for day care	5.		

DEDUCTION DESTINATION		2010 AMOUNTS	2009 AMOUNTS
Home expense deduction is associated with: 1 = Schedule C 2 = Schedule F 3 = Form 2106			
Which multiple of the form or schedule selected above?			
For Sch C / K-1 Only:	Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797		
For Schedule F Only:	Business expenses that are NOT from business use of the home		
For Form 2106 Only:	Employee net income (Form W-2 wages less other business expenses)		

ALLOWABLE DEDUCTION		DIRECT EXPENSES		INDIRECT EXPENSES	
		2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
9. Casualty losses	9.				
10. Deductible mortgage interest					
Qualified mortgage insurance premium	10.				
11. Real estate taxes	11.				
16. Excess mortgage interest	16.				
17. Insurance	17.				
18. Rent	18.				
19. Repairs and maintenance	19.				
20. Utilities	20.				
21. Other expenses	21.				
24. Operating expenses carryover from 2009 Form 8829, line 42	24.				
28. Excess casualty losses	28.				
30. Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43	30.				

DEPRECIATION OF HOME		2010 AMOUNTS	2009 AMOUNTS
36. Smaller of home's adjusted basis or fair market value (see depreciation organizer)	36.		
37. Value of land included in home's adjusted basis or fair market value	37.		

Date business use began ____________

CAPITAL GAINS AND LOSSES

CLIENT ____________

IF YOU SOLD ANY STOCKS, BONDS, OR OTHER PROPERTY IN 2010,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH SALE BELOW.

Description of Property	No. of Shares	T S	Date Acquired	Date Sold	Term	Gross Sales Price	Cost or Other Basis	AMT Cost/Basis (if different)	St Cost / Basis (if different)

Short-term capital loss carryover from 2009 Schedule D Capital Loss Carryover Worksheet, line 8. . . . . ( )

Long-term capital loss carryover from 2009 Schedule D Capital Loss Carryover Worksheet, line 13 . . . . ( )

1099R

PENSIONS AND ANNUITIES

CLIENT ______

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.

Taxpayer or Spouse . . . . | Payer's federal identification no.
Payer's name . . . .
Payer's street address . . . .
Payer's city . . . . | State | ZIP code
Account number . . . . | Foreign address . . . . | Yes

		2009 AMOUNTS		
1. Gross distribution			7. Distribution code	
			IRA/SEP/SIMPLE	Yes
2a. Taxable amount			Distrib rolled over 1 = IRA, 2 = Roth	
2b. Tax amount not determined . . .	Yes		8. Other	
Total distribution?	Yes		Percent of other	
Qualified Charitable Dist (QCD)			9a. Percent of total distribution	
Qual health svgs acct funding . .			9b. Total employee contrib . .	
Insurance premium - retired public safety officer			10. Name of state . .	
			State tax withheld	
3. Capital gain (included in box 2a)			11. Payer's state I.D. number:	
4. Federal income tax withheld . . .				
5. Employee contrib or ins prem . .			12. State distribution	
6. Net unrealized appreciation . . .			13. Local tax withheld	
			14. Name of locality	
Disability is earned income? . . .	Yes		15. Local distribution	

SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)

Cost in plan at starting date			Amount recd tax-free after 1986	
Age at starting date			# mos payments made this year	
Annuity starting date			Using Table 1 or Table 2 . . .	

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.

Taxpayer or Spouse . . . . | Payer's federal identification no.
Payer's name . . . .
Payer's street address . . . .
Payer's city . . . . | State | ZIP code
Account number . . . . | Foreign address . . . . | Yes

		2009 AMOUNTS		
1. Gross distribution			7. Distribution code	
			IRA/SEP/SIMPLE	Yes
2a. Taxable amount			Distrib rolled over 1 = IRA, 2 = Roth	
2b. Tax amount not determined . . .	Yes		8. Other	
Total distribution?	Yes		Percent of other	
Qualified Charitable Dist (QCD)			9a. Percent of total distribution	
Qual health svgs acct funding . .			9b. Total employee contrib . .	
Insurance premium - retired public safety officer			10. Name of state . .	
			State tax withheld	
3. Capital gain (included in box 2a)			11. Payer's state I.D. number:	
4. Federal income tax withheld . . .				
5. Employee contrib or ins prem . .			12. State distribution	
6. Net unrealized appreciation . . .			13. Local tax withheld	
			14. Name of locality	
Disability is earned income? . . .	Yes		15. Local distribution	

SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)

Cost in plan at starting date			Amount recd tax-free after 1986	
Age at starting date			# mos payments made this year	
Annuity starting date			Using Table 1 or Table 2 . . .	

ATTACH ANY ADDITIONAL 1099-R'S

8606

NONDEDUCTIBLE IRAs

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs	TAXPAYER		SPOUSE	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
1. Nondeductible traditional IRA contributions for 2010. . .				
2. Total traditional IRA basis for 2009 and prior years. . . .				
4. IRA contributions made from 01/01/2011 to 04/15/2011				
6. Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12/31/2010.				
Outstanding rollovers.				
7. Total distributions received from traditional, SEP, and SIMPLE IRAs during 2010.				
8. Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2010				
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs).				

2010 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
17. Basis of net conversions to Roth IRAs.				
19. Elect to report entire amount in 2010 (rather than half in 2011 and half in 2012)	☐ Yes	NEW		

ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAs	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
21. Rollovers from qualified retirement plans to Roth IRAs in 2010 (do not include amounts later recharacterized to traditional IRAs in 2010 or 2011)		NEW		NEW
22. Basis in rollover.		NEW		NEW
Elect to report entire taxable amount in 2010 (rather than half in 2011 and half in 2012).	☐ Yes	NEW		

DISTRIBUTIONS FROM ROTH IRAs	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
26. Total Roth IRA distributions received in 2010 including first-time homebuyer distributions				
27. Qualified first-time homebuyer expenses.				
29. Basis in Roth IRA contributions				
34. Basis in Roth IRA conversions.				

NOTES OR QUESTIONS:

E1 ______

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010. LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1. Property description . . .		
City.		State / Zip code
Type of activity*:		

* 1 - Passive rental real estate with active participation
2 - Passive rental real estate
3 - Real estate professional
4 - Nonpassive rental real estate
5 - Land lease (nonpassive investment income)
6 - Self-rental to business in which taxpayer materially participated
7 - Not rented for profit (related party for less than FMV rental)
8 - Vacation home
9 - Royalty (portfolio, nonpassive)

		2010 AMOUNTS	2009 AMOUNTS
Ownership code (T = Taxpayer; S = Spouse; J = Joint)			
Two-letter state code			
Final disposition.		Yes	
Rental is part of personal residence		Yes	
Percent of ownership			
2. Personally used for 14 days or 10% of total rental days	2.	Yes	

INCOME		2010 AMOUNTS	2009 AMOUNTS
3. Rents received	3.	2876	
4. Royalties received	4.	2873	

EXPENSES		DIRECT EXPENSES 2010 AMOUNTS	DIRECT EXPENSES 2009 AMOUNTS	INDIRECT EXPENSES 2010 AMOUNTS	INDIRECT EXPENSES 2009 AMOUNTS
5. Advertising.	5.				NEW
6. Auto expense (see vehicle deprec organizer)					NEW
Other travel expenses	6.				NEW
7. Cleaning and maintenance	7.				NEW
8. Commissions	8.				NEW
9. Insurance.	9.				NEW
10. Legal and other professional fees	10.				NEW
11. Management fees	11.				NEW
12. Mortgage interest paid to banks, etc	12.				NEW
Qualified mortgage insurance			NEW		NEW
13. Other interest	13.				NEW
14. Repairs	14.				NEW
15. Supplies	15.				NEW
16. Taxes.	16.				NEW
17. Utilities	17.				NEW
18. Other expenses:					NEW
					NEW
					NEW
					NEW
					NEW
Amortization (see depreciation organizer)					NEW
Office in home deduction			NEW		NEW
Oil and gas deduction	18.				NEW
20. Depreciation expense (see deprec organizer)					NEW
Depletion (see depreciation organizer).	20.				NEW

ADDITIONAL EXPENSES ______________________________

E1 ____

INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES	2010 AMOUNTS	2009 AMOUNTS
Prior year unallowed loss	( )	
Alternative minimum prior year unallowed losses	( )	
State ← Prior year loss (if different)	( )	
State ← Alt min prior year operating loss (if different)	( )	

VACATION HOME CARRYOVERS ONLY

Operating expense carryover		
Depreciation carryover		
Alternative minimum depreciation carryover		

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2010 AMOUNTS	2009 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2010 AMOUNTS	2009 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

PTK1 ________ **PARTNERSHIP SCHEDULE K-1 RECEIVED**

CLIENT ________

ATTACH A COPY OF FORM 1065, SCHEDULE K-1 TO THIS PAGE.

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		
Entity ownership code: T = Taxpayer S = Spouse J = Joint (default)		
A. Partnership identification number		
B. Partnership name		
Partnership street address		
Partnership ZIP code, city and state		
D. Publicly-traded partnership?		Yes
G. Are you a general partner or LLC member-manager?		Yes
Are you a limited partner or other LLC member?		Yes
Adjust limited partner or other LLC member's self-employment income by any section 179, unreimbursed partnership or depletion expenses		No
Are you a real estate professional?		Yes
Did you materially participate in this trade or business activity?		Yes
Is this activity from active rental real estate?		Yes
Foreign entity?		Yes
This a final disposition or entity is exempt from limitation		Yes
Some is not at risk		Yes

DISTRIBUTIVE SHARE ITEMS

K-1 Box Number	K-1 Code	Decscription	2010 AMOUNTS	2009 AMOUNTS

* Revised code for 2010

CSK1 ________ **S CORPORATION SCHEDULE K-1 RECEIVED**

CLIENT ________

ATTACH A COPY OF FORM 1120S, SCHEDULE K-1 TO THIS PAGE.

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		
Entity ownership code: T = Taxpayer S = Spouse J = Joint (default)		
A. S Corporation identification number	A.	
B. S Corporation name		
S Corporation street address		
S Corporation ZIP code, city and state		
Are you a real estate professional?		Yes
Did you materially participate in this trade or business activity?		Yes
Is this activity from active rental real estate?		Yes
Foreign entity?		Yes
This a final disposition or entity is exempt from limitation		Yes
Some is not at risk	B.	Yes

DISTRIBUTIVE SHARE ITEMS

K-1 Box Number	K-1 Code	Description	2010 AMOUNTS	2009 AMOUNTS

* Revised code for 2010

FDK1_____

FIDUCIARY SCHEDULE K-1 RECEIVED

CLIENT ____________

FOR ACCURACY, PLEASE INCLUDE A COPY OF THE SCHEDULE K-1.

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION

Entity ownership code: T = Taxpayer S = Spouse J = Joint (default)		
A. Entity identification number	A.	
B. Estate's or trust's name	B.	
C. Fiduciary name		
Fiduciary street address		
Fiduciary ZIP code, city and state		
Are you a real estate professional?		Yes
Did you materially participate in this trade or business activity?		Yes
Is this activity from active rental real estate?		Yes
Foreign entity?	C.	Yes
E. This a final disposition or entity is exempt from limitation	E.	Yes

DISTRIBUTIVE SHARE ITEMS

K-1 Box Number	K-1 Code	Description	2010 AMOUNTS	2009 AMOUNTS

* Revised code for 2010

F_____

PROFIT OR LOSS FROM FARMING, CONT'D

CLIENT ___________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010. LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

FARM EXPENSES		2010 AMOUNTS	2009 AMOUNTS
12. Car and truck expenses (see vehicle depreciation organizer)	12.		
13. Chemicals	13.		
14. Conservation expenses	14.		
15. Custom hire (machine work)	15.		
16. Depreciation and section 179 expense deduction (see depreciation organizer)	16.		
17. Employee benefit programs (other than pension and profit-sharing)	17.		
18. Feed purchased	18.		
19. Fertilizers and lime	19.		
20. Freight and trucking	20.		
21. Gasoline, fuel and oil	21.		
22. Insurance (other than health)	22.		
23. Interest: Mortgage (paid to banks, etc.)			
Other interest	23.		
24. Labor hired less employment credits	24.		
25. Pension and profit-sharing plans	25.		
26. Rent or lease: Vehicles, machinery, and equipment			
Other (land, animals, etc.)	26.		
27. Repairs and maintenance	27.		
28. Seeds and plants	28.		
29. Storage and warehousing	29.		
30. Supplies	30.		
31. Taxes	31.		
32. Utilities	32.		
33. Veterinary, breeding, and medicine	33.		
34. Other expenses: Amortization (see depreciation organizer)			
Miscellaneous			
Office in home expense	34.		NEW
37. Amount at risk	37.		

FARM INCOME - ACCRUAL METHOD		2010 AMOUNTS	2009 AMOUNTS
Unit-livestock or farm price method used		Yes	
38. Sales of livestock, produce, grains, and other products	38.		
39a. Cooperative distributions (Form(s) 1099-PATR)	a.		
b. Taxable amount	39a.		
40a. Agricultural program payments	a.		
b. Taxable amount	40b.		
41a. Commodity Credit Corporation loans reported under election	a.		
b. CCC loans forfeited	b.		
42. Taxable amount	41c.		
Crop insurance proceeds	42.		
43. Custom hire (machine work) income	43.		
44. Other income. Include federal and state gas tax credit or refund	44.		
46. Inventory of livestock, produce, grains, and other products at beg of year	46.		
47. Cost of livestock, produce, grains, and other products purchased during year	47.		
49. Less: Inventory of livestock, produce, and other products at end of year	49.	( )	( )

F____

PROFIT OR LOSS FROM FARMING

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
	This is the spouse's farm income		Yes	
	Two-letter State code			
	If this is a joint Schedule F, the taxpayer's ownership percentage is:			NEW
	This Schedule F is considered community property for self-employment purposes		Yes	NEW
A.	Principal activity			
	Principal product	A.		
B.	Principal agricultural activity code	B.		
D.	Employer ID number (EIN), if any			
	Did you "materially participate" in the operation of this business?	D.	No	

	FARM INCOME - CASH METHOD		2010 AMOUNTS	2009 AMOUNTS
1.	Sales of livestock and other items bought for resale	1.		
2.	Less: Cost or other basis of livestock, etc	2.	( )	( )
4.	Sales of livestock, produce, grains, and other products you raised	4.		
5a.	Total cooperative distributions (Form(s) 1099-PATR)	a.		
b.	Taxable amount	5b.		
6a.	Agricultural program payments	a.		
b.	Taxable amount	6b.		
7a.	Commodity Credit Corporation loans reported under election	a.		
	Explain CCC loans reported under election:			
b.	CCC loans forfeited or repaid with certificates	b.		
c.	Taxable amount	7c.		
8a.	Crop insurance proceeds and Federal crop disaster pmts received this year	a.		
b.	Taxable amount	b.		
c.	Election is made to defer crop insurance proceeds to next year	c.	Yes	
	Explain election to defer crop insurance proceeds:			
d.	Crop insurance proceeds deferred from last year	8d.		
9.	Custom hire (machine work) income	9.		
10.	Other income. Include federal and state gas tax credit or refund	10.		

NOTES OR QUESTIONS:

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010. LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME	2010 AMOUNTS		2009 AMOUNTS	
	TAXPAYER	SPOUSE	TAXPAYER	SPOUSE
7. Taxable scholarship / fellowship income ... 7.				
10. IF YOU ITEMIZED LAST YEAR: Deducted 2009 state/local sales tax	Yes	Yes		
State tax refund				
2009 state and local taxes ...				
2009 itemized deductions ... 10.				
11. Alimony received .... 11.				
19. Unemployment compensation received ...				
Repaid unemployment compensation ..... 19.				
20. SOCIAL SECURITY BENEFITS: Social security benefits received				
Medicare premiums withheld				
Medicare prescription drug prem				
Tier 1 Railroad retirement received				
Federal withholding ...... 20.				
21. Net operating loss carryover............ 21.				
Other income: SE? T/S	ST	ST		

ADJUSTMENTS TO INCOME	2010 AMOUNTS		2009 AMOUNTS	
23. Educator expenses .... 23.				
25. Health savings account deduction .... 25.				
26. Moving expenses .... 26.				
28. Self-employed SEP, SIMPLE, and qual plans 28.				
29. Self-employed health insurance				
Health insurance premium from S Corp ... 29.				
30. Penalty on early withdrawal of savings..... 30.				
31. Alimony paid .... 31.				
Recipient's Name SSN	ST	ST		
32. Payments to your IRA (see 8606 organizer).				
Covered by employer's retirement plan ... 32.	Yes	Yes		
33. Student loan interest deduction .... 33.				
34. Tuition and fees deduction .... 34.				
35. Domestic production activities .... 35.				
36. Jury duty pay given to employer				
Other adjustments: T/S	ST	ST		

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010. LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2010 AMOUNTS TAXPAYER	SPOUSE	2009 AMOUNTS
1. Prescription medicines and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Medical miles driven in 2010	MI	MI	
LONG TERM CARE PREMIUMS: Taxpayer's amount			
Spouse's amount			
Dependent's amount 1.			
Dependent's birth date: 0046			
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2010 AMOUNTS		2009 AMOUNTS
5. Additional state and local income taxes 5.			
6. Real estate taxes (state and local) (not land held for investment)			
Foreign real estate taxes 6.			
7. Personal property taxes (includes DMV tax based on value) 7.			
8. Foreign income taxes paid 8.			
Other taxes:			

INTEREST PAID	2010 AMOUNTS		2009 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 10.			

11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098

First name ..... ______________ T, S, J ☐
Address ______________
City, state, zip ______________
SSN ______________
FEIN ______________ Amount ______________

Second name .. ______________ T, S, J ☐
Address ______________
City, state, zip ______________
SSN ______________
FEIN ______________ Amount ______________

Third name .... ______________ T, S, J ☐
Address ______________
City, state, zip ______________
SSN ______________
FEIN ______________ Amount ______________

Details: ______________

12. Points not reported on Form 1098 12.			
13. Qualified mortgage insurance premiums 13.			
14. Deductible investment interest 14.			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

A

ITEMIZED DEDUCTIONS, CONT'D

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

CONTRIBUTIONS	2010 AMOUNTS		2009 AMOUNTS
	TAXPAYER	SPOUSE	
16. Gifts made by cash or check:			
Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17. Contributions made other than by cash or check: (provide details)			
18. Contribution carryover from prior year			

CASUALTY AND THEFT	2010 AMOUNTS		2009 AMOUNTS
20. Net loss before applying 10% of AGI 20.			
Details: ______________			

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2010 AMOUNTS		2009 AMOUNTS
20. Union and professional dues 20.			
Job education			
Form 2106 or Form 2106-EZ			
Other unreimbursed expenses:			
22. Tax return preparation fees 22.			
23. Investment fees			
Safe deposit box 23.			
Other limited miscellaneous deductions:			

OTHER MISCELLANEOUS DEDUCTIONS	2010 AMOUNTS		2009 AMOUNTS
28. Gambling losses 28.			
Other miscellaneous deductions:			

8283 ______

NONCASH CHARITABLE CONTRIBUTIONS

CLIENT ____________

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2010,
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF $5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES

INFORMATION ON DONATED PROPERTY

Donee Organization / Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION (Complete line 2 if less than an entire interest in property listed in Part I was given up)
(Complete line 3 if conditions were placed on a contribution listed in Part I)

2a. Enter letter from Part I that identifies the property ______

b. Total amount claimed as deduction for property listed in Part I: (1) For this tax year ______

(2) For any prior tax years ______

c. Name and address of each organization to which any such contribution was made in a prior year (only if different from above)

Name of charitable organization ______

Address (number, street, and room or suite no.) ______

City or town ______ State ______ ZIP code ______

d. For tangible property, enter place where property is located or kept ______

e. Name of any person, other than the donee organization having actual possession of the property

______

If an agreement between the donor and donee places conditions on any contribution listed in Part I, answer the following questions. Attach statement

3a. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . ☐ Yes

b. Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . ☐ Yes

c. Is there a restriction limiting the donated property for a particular use? . . . ☐ Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER $5,000 PER ITEM OR GROUP)

INFORMATION ON DONATED PROPERTY

Enter kind of donated property from the listing below:

1 = Art (contribution over $20,000)
2 = Art (contribution under $20,000)
3 = Collectibles
4 = Qualified conservation contribution
5 = Other real estate
6 = Intellectual property (patents, etc.)
7 = Equipment
8 = Securities
9 = Other

Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities

Attach any declarations of appraisal and donee acknowledgments

2106 ____

EMPLOYEE BUSINESS EXPENSES

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
Occupation in which expenses were incurred			
Business expense owner (Taxpayer or Spouse)			
Two-letter state code			
Employee business expense is for a Clergy return		Yes	

EMPLOYEE BUSINESS EXPENSE			2010 AMOUNTS	2009 AMOUNTS
2. Parking fees, tolls, local transportation, etc		2.		
3. TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment)	Lodging	3.		
	Car rental			
	Other			
4. Other business expenses not included above		4.		
5. Total meals and entertainment expenses				
Dept. of Transportation employee		5.	Yes	
6. REIMBURSEMENT NOT ON FORM(S) W-2	Other than meals and entertainment	7A.		
	Meals and entertainment	B.		

LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10. Business owner is Armed Forces Reservist		Amount allocated to Armed Forces Reservist	
Business owner is a Qualified Performing Artist		Amount allocated to Qualified Performing Artist	
Business owner is a fee-basis state/local government employee		Amount allocated to fee-basis state/local government employee	
Business owner is a disabled employee		Amount allocated to disabled employee	

	VEHICLE 1		VEHICLE 2	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2010				
Business miles vehicle driven in 2010				
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn				
Limitation amount				

NOTES OR QUESTIONS:

EMPLOYEE BUSINESS EXPENSES, PG 2

CLIENT ____________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	VEHICLE 3		VEHICLE 4	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2010				
Business miles vehicle driven in 2010				
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn				
Limitation amount				

	VEHICLE 5		VEHICLE 6	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description				
Method				
Date vehicle was placed in service				
Total vehicle miles driven in 2010				
Business miles vehicle driven in 2010				
Average daily round trip commuting miles				
Commuting miles included in the total miles				
Gasoline				
Oil				
Repairs				
Auto insurance				
Other maintenance expense				
Vehicle rental or lease expense				
Inclusion amount				
Value of employer-provided vehicle				
Cost or other basis				
Amount of section 179 deduction				
Depreciation method				
Depreciation percentage				
Depreciation before limitation and sec 179 dedn				
Limitation amount				

NOTES OR QUESTIONS:

2441 **CHILD AND DEPENDENT CARE EXPENSES**

CLIENT ______________

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE

Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2010 Amts	2009 Amounts
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2010 AMOUNTS	2009 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.		
5. Number of months taxpayer was a student or disabled, if applicable	5.		
Number of months spouse was a student or disabled, if applicable			
Worksheet for 2009 Expenses Paid for Dependent Care Expenses in 2010			
1 Amount of 2009 qualified expenses paid in 2009	1.		
2 Amount of 2009 qualified expenses paid in 2010	2.		
4 Care for 2009 was for 2 or more qualifying children	4.	Yes	
5 Dependent care benefits received for 2009 and excluded from income	5.		
7 Smaller of taxpayer's earned income and spouse's earned income for 2009	7.		
9 Amount on which the credit for 2009 was figured	9.		
11 2009 adjusted gross income	11.		

Name SSN

Expenses paid for: ______________

Explanation of expenses: ______________

PART III - DEPENDENT CARE BENEFITS		2010 AMOUNTS	2009 AMOUNTS
14. Total employer-provided dependent care benefits	14.		
15. Carryover from 2009 that was used in 2010 during the grace period	15.		
16. Forfeited amount of employer-provided dependent care benefits	16.		
18. Qualified expenses incurred in 2010	18.		
20. Taxpayer elects to include nontaxable combat pay	20.	Yes	Yes
Spouse elects to include nontaxable combat pay		Yes	Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.		

NOTES OR QUESTIONS:

ES **2010 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION**

CLIENT ______________

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

2010 FEDERAL ESTIMATED TAX PAYMENTS	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2009 return				
1st quarter payment	04-15-2010		- -	
2nd quarter payment	06-15-2010		- -	
3rd quarter payment	09-15-2010		- -	
4th quarter payment	01-18-2011		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2009) tax amount	
Are you a Farmer / Fisherman?	☐ Yes
Prior year adjusted gross income	
Was the income received uneven? (seasonal employment)	☐ Yes

APPLICATION OF 2010 OVERPAYMENT

If you have an overpayment of 2010 taxes, do you want the excess refunded? ☐ or applied to 2011 estimate? ☐

Other (please explain): ______________________________

2011 ESTIMATED TAX INFORMATION

Do you expect your 2011 taxable income to be generally the same as 2010? ☐ Yes ☐ No

If "No," enter any differences in income, deductions, dependents, etc.

Filing Status ______________

Personal exemptions ______________ TP over 65 ☐ Yes TP blind ☐ Yes

SP over 65 ☐ Yes SP blind ☐ Yes

Dependent exemptions ______________

Qualified Child tax credit ______________

1. Wages increase or (-) decrease ... Taxpayer ________ Spouse ________		
Ordinary income increase or (-) decrease	1.	
2. Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%)	2.	
3. Self-employment income ... 3. Taxpayer ________ Spouse ________		
4. Adjustments increase or (-) decrease	4.	
6. Itemized deductions increase or (-) decrease	6.	
9. Taxable income increase or (-) decrease	9.	
10. Tax increase or (-) decrease	10.	
11. Alternative minimum tax increase or (-) decrease	11.	
12. Nonrefundable credits increase or (-) decrease	12.	
14. Other taxes increase or (-) decrease	14.	
15. Refundable credits increase or (-) decrease	15.	
19. Withholding increase or (-) decrease	19.	
20. Total 2011 estimated tax payments paid to date	20.	

If you owe a tax for 2011, do you want estimated tax vouchers prepared? ☐ Yes

NOTES OR QUESTIONS: