Form ID: INDX

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.

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.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]

Mark if you were married but living apart all year ____[2]

	Taxpayer	Spouse
Social security number	____[3]	____[4]
First name	____[5]	____[6]
Last name	____[7]	____[8]
Occupation	____[9]	____[10]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[11]	____[13]
Mark if legally blind	____[14]	____[15]
Mark if dependent of another taxpayer	____[16]	____[17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[18]	
Date of birth	____[21]	____[22]
Date of death	____[23]	____[24]
Work/daytime telephone number/ext number	____[25] ____[26]	____[27] ____[28]
Home/evening telephone number	____[29]	____[30]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[31]	

Present Mailing Address

Address ____[35]

Apartment number ____[36]

City, state postal code, zip code ____[37] ____[38] ____[39]

In care of addressee ____[40]

Dependent Information

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

[41]

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

Name of child who lived with you but is not your dependent ____[42]

Social security number of qualifying person ____[43]

Dependent Codes

***Basic**
- **1 = Child who lived with you**
- **2 = Child who did not live with you**
- **3 = Other dependent**
- **4 = Claimed under pre-1985 agreement**
- **5 = Qualifying child for Earned Income Credit only**
- **6 = Children who lived with you, but do not qualify for Earned Income Credit**
- **7 = Children who lived with you, but do not qualify for Child Tax Credit**
- **8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit**

****Other**
- **1 = Student (Age 19 - 23)**
- **2 = Disabled dependent**
- **3 = Dependent who is both a student and disabled**

*****Months**
- **77 = Reported on odd year return**
- **88 = Reported on even year return**
- **99 = Not reported on return**

Client Contact Information

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:

Direct Deposit/Electronic Funds Withdrawal Information

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]

Electronic Filing

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:

Estimated Taxes

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:

2010 State Estimated Tax Payments

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 name ________________________________[28]

Amount paid with 2009 return + ____________________[31]

2009 overpayment applied to '10 estimates + ____________________[32]

Treat calculated amounts as paid __[36]

	Date Paid	**Amount Paid**
1st quarter payment	______________[37]	+ ____________________[38]
2nd quarter payment	______________[39]	+ ____________________[40]
3rd quarter payment	______________[41]	+ ____________________[42]
4th quarter payment	______________[43]	+ ____________________[44]

Calculated Amount

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

City #2

City name ________________________________[50]

Amount paid with 2009 return + ____________________[53]

2009 overpayment applied to '10 estimates + ____________________[54]

Treat calculated amounts as paid __[58]

	Date Paid	**Amount Paid**
1st quarter payment	______________[59]	+ ____________________[60]
2nd quarter payment	______________[61]	+ ____________________[62]
3rd quarter payment	______________[63]	+ ____________________[64]
4th quarter payment	______________[65]	+ ____________________[66]

Calculated Amount

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

City #3

City name ________________________________[72]

Amount paid with 2009 return + ____________________[75]

2009 overpayment applied to '10 estimates + ____________________[76]

Treat calculated amounts as paid __[80]

	Date Paid	**Amount Paid**
1st quarter payment	______________[81]	+ ____________________[82]
2nd quarter payment	______________[83]	+ ____________________[84]
3rd quarter payment	______________[85]	+ ____________________[86]
4th quarter payment	______________[87]	+ ____________________[88]

Calculated Amount

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

City #4

City name ________________________________[94]

Amount paid with 2009 return + ____________________[97]

2009 overpayment applied to '10 estimates + ____________________[98]

Treat calculated amounts as paid __[102]

	Date Paid	**Amount Paid**
1st quarter payment	______________[103]	+ ____________________[104]
2nd quarter payment	______________[105]	+ ____________________[106]
3rd quarter payment	______________[107]	+ ____________________[108]
4th quarter payment	______________[109]	+ ____________________[110]

Calculated Amount

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

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 +

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 +

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

	Control Totals +		Form ID: B1

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 J	Type 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

	Control Totals +		Form ID: B2

Form ID: D

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2010? (Y, N) __[9]

Did you have any debts become uncollectible during 2010? (Y, N) __[10]

Did you have any commodity sales, short sales, or straddles? (Y, N) __[11]

Did you exchange any securities or investments for something other than cash? (Y, N) __[13]

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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	Control Totals +		Form ID: D

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) __[1]

State postal code ___[2]

Social Security Benefits

		2010 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2010 (Box 3 minus Box 4) **(Box 5)**	+	______________ [8]	______________
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:

Other Income

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]	

	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds		2010 Information: + ____ [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]	

Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

T/S/J	Self-Employment Income ? (Y, N)	Description	2010 Information	Prior Year Information
__	__	____	+ ____ [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]
Interest if included in box 2 **(Box 3)** + __________[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]

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]
Fair market value of property **(Box 4)** + __________[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]
Interest if included in box 2 **(Box 3)** + __________[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]

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]
Fair market value of property **(Box 4)** + __________[18]
Personally liable for repayment of the debt? **(Box 5)** Yes __[19] No __[20]

	Control Totals +	

NOTES/QUESTIONS:

Schedule C - General Information

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]	
Enter an explanation if there was a change in determining your inventory:	[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]	

Schedule C - Expenses

Preparer use only

Principal business or profession ______

		2010 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs:				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)	+		[22]	
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[28]	
Pension and profit sharing:				
	+		[30]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[32]	
Other business property	+		[34]	
Repairs and maintenance	+		[36]	
Supplies	+		[38]	
Taxes and licenses:				
	+		[40]	
	+			
	+			
	+			
	+			
Travel, meals, and entertainment:				
Travel	+		[42]	
Meals and entertainment	+		[44]	
Meals (Enter 100% subject to DOT 80% limit)	+		[46]	
Utilities	+		[50]	
Wages (Less employment credit):				
	+		[52]	
	+			
Other expenses:				
	+		[54]	
	+			
	+			
	+			
	+			

Preparer use only

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

Control Totals +

Form ID: Rent

Rent and Royalty Property - General Information

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 +		**Form ID: Rent**

Rent and Royalty Properties - Vacation Home, Passive and Other Information

Preparer use only

Description ______________________________

Vacation Home Information

	2010 Information	Prior Year 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]	

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:

Partnerships and S Corporations

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]	

Estates and Trusts

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]

Sale of Principal Residence

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:

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:

Medical and Health Savings Account Contributions

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:

Moving Expenses

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:

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

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:

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]				

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

***Mortgage Types**

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

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

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

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

Refinancing Points paid in 2010 -

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

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

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]	
__		+	

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 +	

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 +		**Form ID: MortgInt**

Employee Business Expenses

Preparer use only

		2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[2]	
Occupation in which expenses were incurred		[3]	
State postal code		[5]	
If the employee expenses were from an occupation listed below, enter the applicable code		[6]	
1 = Qualified performing artist, 2 = Handicapped employee, 3 = Fee-basis official			
Mark if these employee expenses are related to qualified services as a minister or religious worker		[10]	
Parking fees and tolls	+	[17]	
Local transportation	+	[19]	
Travel expenses	+	[22]	
Other business expenses:			
	+	[25]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
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	+		
	+		
	+		
	+		
	+		
	+		
Nonvehicle depreciation	+	[27]	
Meals and entertainment	+	[29]	
Meals for individuals subject to DOT hours of service limitation	+	[31]	

Employer Reimbursements

		2010 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	[59]	
Reimbursements for meals and entertainment not included on Form W-2	+	[61]	
Reimbursements for meals for DOT service limitation not included on Form W-2	+	[63]	

	Control Totals +		Form ID: 2106

Employee Business Expenses

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:

Noncash Contributions Exceeding $500

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

	Control Totals +	

Noncash Contributions Exceeding $500

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

	Control Totals +	

Noncash Contributions Exceeding $500

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

	Control Totals +	

NOTES/QUESTIONS:

Form ID: 8829

Home Office General Information

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:

Form ID: Auto

Auto Worksheet

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]	

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 + ____

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:

First-Time Homebuyer Credit

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 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 ________

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:

Tax Return History

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: