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2010	1040	US	Client Information	1

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Tax Return Appointment

Date:
Time:
Location:

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

CLIENT INFORMATION

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

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2010	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2010.

CLIENT INFORMATION

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

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2010	1040	US	Dependents	2

Please add, change or delete information for 2010.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

2010	1040	US	Miscellaneous Questions

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

YES	NO	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return?
☐	☐	Were there any changes in dependents?
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you receive any disability income?
☐	☐	Did you buy or sell any stocks, bonds or other investment property?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
☐	☐	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another?
☐	☐	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you use your car on the job (other than to and from work)?
☐	☐	Do you want to electronically file your tax return?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Was your home rented out or used for business?
☐	☐	Were you notified or audited by either the IRS or the State taxing agency?
☐	☐	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

2010	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2010 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

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

BANK INFORMATION

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

2010 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009				
1st quarter payment (due 4/15/10)				
2nd quarter payment (due 6/15/10)				
3rd quarter payment (due 9/15/10)				
4th quarter payment (due 1/17/11)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

State

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009				
1st quarter payment (due 4/15/10)				
2nd quarter payment (due 6/15/10)				
3rd quarter payment (due 9/15/10)				
4th quarter payment (due 1/17/11)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

2010	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2010 information.

APPLICATION OF 2010 OVERPAYMENT (7.1)

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 different from 2010? . . . . Yes ☐ No ☐
If "yes" explain any differences in income, deductions, dependents, etc.: ____________________

Do you expect your 2011 withholding to be different from 2010? . . . . Yes ☐ No ☐
If "yes" explain any differences: ____________________

2010	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

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

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

(T=taxpayer, S=spouse, Blank=joint)

2010	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2010 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income: Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income: Seller-Financed Mtg. (Box 1)	Interest Income: U.S. Bonds, T-Bills (Box 3)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2009 Interest

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income: Total Ordinary Dividends (Box 1a)	Dividend Income: Qualified Dividends (Box 1b)	Dividend Income: Total Capital Gain Distrib. (Box 2a)	Dividend Income: U.S. Bonds (% or amt.)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2009 Dividends

2010	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

2010	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

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

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

No.		2010 1099-G Amount
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2010 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2009 (Box 3)	
	Federal income tax withheld (Box 4)	
	ATAA payments (Box 5)	
	Taxable energy grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

No.		
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2010 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2009 (Box 3)	
	Federal income tax withheld (Box 4)	
	ATAA payments (Box 5)	
	Taxable energy grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

2010	1040	US	Education Distributions (ESA's and QTP's)	14.3

Please enter all pertinent 2010 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

No.		2010 Amount	2009 Amount
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2010 contributions to this ESA		
	Value of this account at 12/31/10 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/09		

No.		2010 Amount	2009 Amount
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2010 contributions to this ESA		
	Value of this account at 12/31/10 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/09		

No.		2010 Amount	2009 Amount
	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2010 contributions to this ESA		
	Value of this account at 12/31/10 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/09		

2010	1040	US	Business Income (Schedule C)	No.	16

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

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual	
Inventory method: 1=cost, 2=lower cost/market, 3=other	
1=change of inventory method	
1=spouse, 2=joint	
1=first Schedule C filed for this business	
1=W-2 earnings as statutory employee	
1=not subject to self-employment tax	
1=did not "materially participate"	
1=personal services is not a material income producing factor	
1=investment	
1=minister's Schedule C	
1=single member limited liability company	

INCOME

	2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

	2010 Amount	2009 Amount
Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

2010	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

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

EXPENSES

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

Other expenses:

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

2010	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2010, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

2010	1040	US	Installment Sales (Form 6252)	17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2010	1040	US	Sale of Home & Moving Expenses	17, 27

If you sold your home or moved in 2010, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

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

Adjusted Basis

Original cost	
Improvements:	
Adjusted basis	

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

Total expenses of sale	

Reduced Exclusion

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

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

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

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

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

2010	1040	US	Rental & Royalty Income (Schedule E)	No.	18

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

GENERAL INFORMATION

Kind of property	
Location of property	

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

INCOME

	2010 Amount	2009 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

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

	2010 Amount	2009 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

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

2010	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2010 Amount	2009 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

	2010 Amount	2009 Amount
Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2010 Amount	2009 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

	2010 Amount	2009 Amount

2010	1040	US	Farm Income (Schedule F/Form 4835)	No.	19

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

GENERAL INFORMATION

Principal product	
Employer ID number	

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

FARM INCOME

	2010 Amount	2009 Amount
Cash method:		
Sales of livestock, etc. bought for resale		
Cost or basis of livestock, etc. bought for resale		
Sales of livestock, etc. you raised		
Accrual method:		
Sales of livestock, produce, grains, etc		
Inventory of livestock, etc. at beginning of year		
Cost of livestock, etc. purchased		
Inventory of livestock, etc. at end of year		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2010		
Taxable crop insurance proceeds received in 2010		
Taxable crop insurance proceeds deferred from 2009		
Custom hire (machine work) income		
Other income:		

2010	1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No.	19 p2

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

FARM EXPENSES

	2010 Amount	2009 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		

Other expenses:

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

2010	1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

20.1,20.2

2010	1040	US	Estate or Trust and REMIC Information	20.3,20.4

Please add, change or delete 2010 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

20.3,20.4

2010	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2010, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

2010 | 1040 | US | Asset Acquisition List | 22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2010, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

22 p2

2010	1040	US	Vehicle Expenses	No.	22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

2010	1040	US	Adjustments to Income	24

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

TRADITIONAL IRA CONTRIBUTIONS

	2010 Amount Taxpayer	2010 Amount Spouse	2009 Amount Taxpayer	2009 Amount Spouse
IRA contributions you made or expect to make (1=maximum) ($5,000/$6,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2010 payments from 1/1/11 to 4/15/11				

ROTH IRA CONTRIBUTIONS

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($5,000/$6,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				
______________________				
______________________				
______________________				

Alimony paid:

	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2009 amt:	2009 amt:

2010	1040	US	Itemized Deductions	25

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

MEDICAL AND DENTAL EXPENSES

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

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

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

	2010 Amount	TS	2009 Amount
State income taxes - 1/10 payment on 2009 state estimate			
State income taxes - paid with 2009 state extension			
State income taxes - paid with 2009 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/10 payment on 2009 city/local estimate			
City/local income taxes - paid with 2009 city/local extension			
City/local income taxes - paid with 2009 city/local return			

SALES AND USE TAXES PAID

	2010 Amount	TS	2009 Amount
State and local sales taxes (except autos and special items)			
Use taxes paid on 2010 purchases			
Use taxes paid with 2009 state return			
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees paid			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

	2010 Amount	TS	2009 Amount
Real estate taxes - principal residence:			
Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

* NOTE: Attach information on additional vehicles if more than one was purchased between 2/17/09 - 12/31/09.

2010	1040	US	Itemized Deductions (continued)	25 p2

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

INTEREST PAID

	2010 Amount	TS	2009 Amount
Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:			
Home mortgage interest not reported on Form 1098:			
Payee's name			
Payee's SSN or FEIN			
Payee's street address			
Payee's city, state, ZIP			
Amount paid			
Points not reported on Form 1098:			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)			
Investment interest (interest on margin accounts):			
Passive interest			
Certain home mortgage interest included above (6251)			

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

CASH CONTRIBUTIONS

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

	2010 Amount	TS	2009 Amount
Churches, schools, hospitals, and other charitable organizations (50% limitation):			
Contributions by cash or check:			
Volunteer expenses (out-of-pocket)			
Number of charitable miles			
Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):			
Contributions by cash or check:			
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

2010	1040	US	Itemized Deductions (continued)	25 p3

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

NONCASH CONTRIBUTIONS

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

	2010 Amount	TS	2009 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

	2010 Amount	TS	2009 Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

(T=taxpayer, S=spouse, Blank=joint)

2010	1040	US	Itemized Deductions (continued)	25 p4

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

OTHER MISCELLANEOUS DEDUCTIONS

	2010 Amount	TS	2009 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

2010	1040	US	Itemized Deductions (continued)	25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded $100,000 at any time during 2010 ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.

2. Total home acquisition debt exceeded $1,000,000 at any time during 2010 ($500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

	2010 Amount	TS	2009 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1	2010 Amount	TS	2009 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Loan #2	2010 Amount	TS	2009 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2010	1040	US	Noncash Contributions (Form 8283)	26

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

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

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

DONATED PROPERTY INFORMATION

No.		Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	
No.		Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	
No.		Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	

1 How Property was Acquired

1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

2 Method Used to Determine FMV

1 = Appraisal
2 = Thrift shop value
3 = Catalog
4 = Comparable sales

For other methods, see IRS Pub. 561.

26

2010	1040	US	Business Use of Home (Form 8829)	No.	29

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

BUSINESS USE OF HOME

	2010 Amount	2009 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

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

	2010 Amount	2009 Amount
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

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

	2010 Amount	2009 Amount
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2010	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

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

GENERAL INFORMATION

Occupation, if different from Form 1040		
Form		
Number of form (1=first Schedule C, 2=second, etc.)		
1=spouse		
1=performance artist, 2=handicapped, 3=fee-basis government official		

EMPLOYEE BUSINESS EXPENSES

	2010 Amount	2009 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (80% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

2010	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

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

VEHICLE INFORMATION

	2010 Amount	2009 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

	2010 Amount	2009 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

	2010 Amount	2009 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2010	1040	US	Health Savings Accounts (8889)	32.1

Please enter all pertinent 2010 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

2010	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled		
	1=spouse, 2=joint		

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled		
	1=spouse, 2=joint		

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.			
	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2010		2009 amt:
	1=spouse, 2=joint		

No.			
	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2010		2009 amt:
	1=spouse, 2=joint		

2010	1040	US	Qualified Adoption Expenses (Form 8839)	37

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

ELIGIBLE CHILDREN

		2010 Amount	2009 Amount
No.	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 1992 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2010		
	Qualified Adoption Expenses Paid in 2009 for adoption not finalized by end of 2010		
	Prior years for adoption of foreign child finalized in 2010		
	2009 and 2010 for adoption finalized in 2010		
	2010 for adoption finalized before 2010		
	1=spouse, 2=joint		

		2010 Amount	2009 Amount
No.	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 1992 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2010		
	Qualified Adoption Expenses Paid in 2009 for adoption not finalized by end of 2010		
	Prior years for adoption of foreign child finalized in 2010		
	2009 and 2010 for adoption finalized in 2010		
	2010 for adoption finalized before 2010		
	1=spouse, 2=joint		

		2010 Amount	2009 Amount
No.	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 1992 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2010		
	Qualified Adoption Expenses Paid in 2009 for adoption not finalized by end of 2010		
	Prior years for adoption of foreign child finalized in 2010		
	2009 and 2010 for adoption finalized in 2010		
	2010 for adoption finalized before 2010		
	1=spouse, 2=joint		

2010	1040	US	Education Credits / Tuition Deduction	38

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

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

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

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

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

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

2010	1040	US	Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.

2010	1040	US	Topical Index

2010	1040	US	Tax Organizer

Rountree Consulting, Inc.
300 S. El Camino Real Suite 206
San Clemente, CA 92672
Telephone number: (949) 366-3180
Fax number: 949-366-3181
E-mail address: rountreeconsulting.com

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please enter all pertinent 2010 information.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2010	1040	US	Tax Organizer

Please enter all pertinent 2010 information. If you have attached a government form for an item, check the box and do not enter a 2010 amount.

WAGES, SALARIES AND TIPS

Employer name:	2010 Amount	2009 Amount
☐	Attach Forms W-2	
☐		
☐		
☐		
☐		

INTEREST INCOME

Payer name:	2010 Amount	2009 Amount
☐	Attach Forms 1099-INT	
☐		
☐		
☐		
☐		

DIVIDEND INCOME

Payer name:	2010 Amount	2009 Amount
☐	Attach Forms 1099-DIV	
☐		
☐		
☐		
☐		

PENSIONS, IRA AND GAMBLING INCOME

Payer name:	2010 Amount	2009 Amount
☐	Attach Forms 1099-R & W-2G	
☐		
☐		
☐		
☐		
Winnings not reported on W-2G		
Total gambling losses		

OTHER GOVERNMENT FORMS - INCOME

	2010 Amount	2009 Amount
☐ Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income		
☐ Form 1099-S - Sales of real estate (also include closing statements)		
☐ Form 1099-G - State tax refunds	Attach Forms 1099	
Taxpayer:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
Spouse:		
☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		

MISCELLANEOUS INCOME

	2010 Amount	2009 Amount
Taxpayer: Alimony received		
Spouse: Alimony received		
Other:		

2010	1040	US	Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

	2010 Amount	2009 Amount
Taxpayer: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		
Spouse: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

	2010 Amount	2009 Amount
☐ Form 1098-E - Student loan interest	Attach Forms 1098	
☐ Form 1098-T - Tuition and related expenses		

ADJUSTMENTS TO INCOME

	2010 Amount	2009 Amount
Taxpayer:		
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		
Spouse:		
Self-employed health insurance premiums		
Educator expenses		
Expenses from rental of personal property		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		

MEDICAL AND DENTAL EXPENSES

	2010 Amount	2009 Amount
Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Long-term care premiums - taxpayer		
Long-term care premiums - spouse		
Insurance reimbursement		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		

TAXES PAID

	2010 Amount	2009 Amount
State income taxes - 1/10 payment on 2009 state estimate		
State income taxes - paid with 2009 state extension		
State income taxes - paid with 2009 state return		
State income taxes - paid for prior years and/or to other states		

2010	1040	US	Tax Organizer

TAXES PAID (continued)

	2010 Amount	2009 Amount
City/local income taxes - 1/10 payment on 2009 city/local estimate		
City/local income taxes - paid with 2009 city/local extension		
City/local income taxes - paid with 2009 city/local return		
State and local sales taxes (except autos and special items)		
Sales taxes paid on vehicles, boats, and aircraft		
Use taxes paid on 2010 purchases		
Use taxes paid on 2009 state return		
☐ Taxes paid in 2010 on new motor vehicles purchased 2/17/09 - 12/31/09	Attach Vehicle/Tax Information	
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft, and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
☐ Personal property taxes (including automobile fees in some states)	Attach Tax Notice	

INTEREST PAID

	2010 Amount	2009 Amount
Home mortgage interest and points paid:		
☐	Attach Forms 1098	
☐		
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):		
Points not reported on Form 1098:		
Mortgage insurance premiums on post 12/31/06 contracts		
Investment interest (interest on margin accounts):		
Passive interest		

CASH CONTRIBUTIONS

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

	2010 Amount	2009 Amount
Volunteer expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

	2010 Amount	2009 Amount

MISCELLANEOUS DEDUCTIONS

	2010 Amount	2009 Amount
Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		
Unreimbursed employee expenses:		
Other:		

2010	1040	US	Client Information	1

Rountree Consulting, Inc.
300 S. El Camino Real Suite 206
San Clemente, CA 92672
Telephone number: (949) 366-3180
Fax number: 949-366-3181
E-mail address: rountreeconsulting.com

Tax Return Appointment

Date:
Time:
Location:

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

CLIENT INFORMATION

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

Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

2010	1040	US/CA	Client Information (continued)	1 p2

Please add, change or delete information for 2010.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Pager number	
	Fax number	
	E-mail address	
Spouse Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Pager number	
	Fax number	
	E-mail address	
CA State Information	Registered domestic partner filing status (see table)	
	1=PMB no. in address	
	NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.	

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2010	1040	US	Dependents	2

Please add, change or delete information for 2010.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

2010	1040	US	Miscellaneous Questions

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

YES	NO	
		PERSONAL INFORMATION
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for 2010?
		DEPENDENTS
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of $950, or total investment income in excess of $1,900?
		INCOME
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2010?
☐	☐	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
☐	☐	Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
☐	☐	Did you have any debts cancelled or forgiven?
☐	☐	Does anyone owe you money which has become uncollectible?

2010	1040	US	Miscellaneous Questions (continued)

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

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

2010	1040	US	Miscellaneous Questions (continued)

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

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

2010 | 1040 | US | Miscellaneous Questions

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

YES	NO	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return?
☐	☐	Were there any changes in dependents?
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you receive any disability income?
☐	☐	Did you buy or sell any stocks, bonds or other investment property?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
☐	☐	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another?
☐	☐	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you use your car on the job (other than to and from work)?
☐	☐	Do you want to electronically file your tax return?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Was your home rented out or used for business?
☐	☐	Were you notified or audited by either the IRS or the State taxing agency?
☐	☐	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

2010	1040	US/CA	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2010 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	
1=direct deposit CA refund to one account, 2=split deposit between two accounts	
1=electronic payment of CA state tax balance due	
1=electronic payment of CA estimated tax	

BANK INFORMATION

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

2010 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009				
1st quarter payment (due 4/15/10)				
2nd quarter payment (due 6/15/10)				
3rd quarter payment (due 9/15/10)				
4th quarter payment (due 1/17/11)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

State

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009				
1st quarter payment (due 4/15/10)				
2nd quarter payment (due 6/15/10)				
3rd quarter payment (due 9/15/10)				
4th quarter payment (due 1/17/11)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

3, 6

2010	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2010 information.

APPLICATION OF 2010 OVERPAYMENT (7.1)

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 different from 2010? . . . . Yes ☐ No ☐
If "yes" explain any differences in income, deductions, dependents, etc.: ____________________

Do you expect your 2011 withholding to be different from 2010? . . . . Yes ☐ No ☐
If "yes" explain any differences: ____________________

2010	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)	1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	2009 Wages

PENSIONS, IRA DISTRIBUTIONS (13.1)

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

GAMBLING WINNINGS (W-2G) (13.2)

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

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

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

10, 13.1, 13.2

2010	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2010 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income: Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income: Seller-Financed Mtg. (Box 1)	Interest Income: U.S. Bonds, T-Bills (Box 3)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	2009 Interest

DIVIDEND INCOME (12)

No.	Name of Payer	1=tp 2=sp	Dividend Income: Total Ordinary Dividends (Box 1a)	Dividend Income: Qualified Dividends (Box 1b)	Dividend Income: Total Capital Gain Distrib. (Box 2a)	Dividend Income: U.S. Bonds (% or amt.)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 6)	2009 Dividends

11, 12

2010	1040	US	Miscellaneous Income	14.1

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

MISCELLANEOUS INCOME

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				
Other income (1099-MISC, box 3)				

TAX WITHHELD (not entered elsewhere)

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

2010	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

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

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

No.		2010 1099-G Amount
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2010 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2009 (Box 3)	
	Federal income tax withheld (Box 4)	
	ATAA payments (Box 5)	
	Taxable energy grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

No.		
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2010 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2009 (Box 3)	
	Federal income tax withheld (Box 4)	
	ATAA payments (Box 5)	
	Taxable energy grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

2010	1040	US	Education Distributions (ESA's and QTP's)	14.3

Please enter all pertinent 2010 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

		2010 Amount	2009 Amount
No.	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2010 contributions to this ESA		
	Value of this account at 12/31/10 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/09		

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

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

2010	1040	US/CA	Business Income (Schedule C)	No.	16

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

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, state, ZIP code, if different from Form 1040	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual	
Inventory method: 1=cost, 2=lower cost/market, 3=other	
1=change of inventory method	
1=spouse, 2=joint	
1=first Schedule C filed for this business	
1=W-2 earnings as statutory employee	
1=not subject to self-employment tax	
1=did not "materially participate"	
1=personal services is not a material income producing factor	
1=investment	
1=minister's Schedule C	
1=single member limited liability company	
CA FTB Form 3805V:	
1=eligible small business	
Qualified new business year: 1=1st, 2=2nd, 3=3rd	
Principle business code (SIC 1987)	

INCOME

	2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

2010	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

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

EXPENSES

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

Other expenses:

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

2010	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2010, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

2010	1040	US	Installment Sales (Form 6252)	17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

		2010 Amount	2009 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2010	1040	US	Sale of Home & Moving Expenses	17, 27

If you sold your home or moved in 2010, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

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

Adjusted Basis

Original cost	
Improvements:	
Adjusted basis	

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

Total expenses of sale	

Reduced Exclusion

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

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

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

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

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

2010	1040	US/CA	Rental & Royalty Income (Schedule E)	No.	18

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

GENERAL INFORMATION

Kind of property	
Location of property	

Percentage of ownership if not 100% (.xxxx)	
Percentage of tenant occupancy if not 100% (.xxxx)	
1=spouse, 2=joint	
1=nonpassive activity, 2=passive royalty	
1=did not actively participate	
1=real estate professional	
1=rental other than real estate	
1=investment	
1=single member limited liability company	
CA FTB Form 3805V:	
1=eligible small business	
Qualified new business year: 1, 2 or 3	
Principle business code (SIC 1987)	

INCOME

	2010 Amount	2009 Amount
Rents received (Form 1099-MISC, box 1)		
Royalties received (Form 1099-MISC, box 2)		

DIRECT EXPENSES

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

	2010 Amount	2009 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

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

2010	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2010 Amount	2009 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

VACATION HOME

	2010 Amount	2009 Amount
Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

	2010 Amount	2009 Amount
Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		

Other:

	2010 Amount	2009 Amount

2010	1040	US/CA	Farm Income (Schedule F/Form 4835)	No.	19

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

GENERAL INFORMATION

Principal product	
Employer ID number	

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
1=crop insurance proceeds election		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Form 4835 only)		
1=real estate professional (Form 4835 only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Form 4835 only)		
CA FTB Form 3805V:		
1=eligible small business		
Qualified new business year: 1=1st, 2=2nd, 3=3rd		
Principle business code (SIC 1987)		

FARM INCOME

	2010 Amount	2009 Amount
Cash method:		
Sales of livestock, etc. bought for resale		
Cost or basis of livestock, etc. bought for resale		
Sales of livestock, etc. you raised		
Accrual method:		
Sales of livestock, produce, grains, etc		
Inventory of livestock, etc. at beginning of year		
Cost of livestock, etc. purchased		
Inventory of livestock, etc. at end of year		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2010		
Taxable crop insurance proceeds received in 2010		
Taxable crop insurance proceeds deferred from 2009		
Custom hire (machine work) income		
Other income:		

2010	1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No.	19 p2

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

FARM EXPENSES

	2010 Amount	2009 Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		

Other expenses:

	2010 Amount	2009 Amount

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

2010	1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

2010	1040	US	Estate or Trust and REMIC Information	20.3,20.4

Please add, change or delete 2010 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

2010 | 1040 | US | Asset Disposition List | 22

**If you disposed of any business assets in 2010, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.**

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

2010	1040	US	Asset Acquisition List	22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2010, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

2010	1040	US	Vehicle Expenses	No.	22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

	2010 Amount	2009 Amount
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

	2010 Amount	2009 Amount
Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2010	1040	US	Adjustments to Income	24

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

TRADITIONAL IRA CONTRIBUTIONS

	2010 Amount Taxpayer	2010 Amount Spouse	2009 Amount Taxpayer	2009 Amount Spouse
IRA contributions you made or expect to make (1=maximum) ($5,000/$6,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2010 payments from 1/1/11 to 4/15/11				

ROTH IRA CONTRIBUTIONS

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($5,000/$6,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

Alimony paid:	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2009 amt:	2009 amt:

2010	1040	US	Itemized Deductions	25

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

MEDICAL AND DENTAL EXPENSES

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

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

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

	2010 Amount	TS	2009 Amount
State income taxes - 1/10 payment on 2009 state estimate			
State income taxes - paid with 2009 state extension			
State income taxes - paid with 2009 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/10 payment on 2009 city/local estimate			
City/local income taxes - paid with 2009 city/local extension			
City/local income taxes - paid with 2009 city/local return			

SALES AND USE TAXES PAID

	2010 Amount	TS	2009 Amount
State and local sales taxes (except autos and special items)			
Use taxes paid on 2010 purchases			
Use taxes paid with 2009 state return			
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees paid			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

	2010 Amount	TS	2009 Amount
Real estate taxes - principal residence:			
Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

* NOTE: Attach information on additional vehicles if more than one was purchased between 2/17/09 - 12/31/09.

2010	1040	US	Itemized Deductions (continued)	25 p2

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

INTEREST PAID

	2010 Amount	TS	2009 Amount
Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:			
Home mortgage interest not reported on Form 1098:			
Payee's name			
Payee's SSN or FEIN			
Payee's street address			
Payee's city, state, ZIP			
Amount paid			
Points not reported on Form 1098:			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)			
Investment interest (interest on margin accounts):			
Passive interest			
Certain home mortgage interest included above (6251)			

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:	2010 Amount	TS	2009 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

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

Contributions by cash or check:	2010 Amount	TS	2009 Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

2010	1040	US/CA	Itemized Deductions (continued)	25 p3

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

NONCASH CONTRIBUTIONS

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

	2010 Amount	TS	2009 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

	2010 Amount	TS	2009 Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			
Federal only:			
State only:			

2010	1040	US/CA	Itemized Deductions (continued)	25 p4

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

OTHER MISCELLANEOUS DEDUCTIONS

	2010 Amount	TS	2009 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			
Federal only:			
State only:			

2010	1040	US	Itemized Deductions (continued)	25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded $100,000 at any time during 2010 ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.

2. Total home acquisition debt exceeded $1,000,000 at any time during 2010 ($500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

	2010 Amount	TS	2009 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

	2010 Amount	TS	2009 Amount
Loan #1			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			
Loan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2010	1040	US	Noncash Contributions (Form 8283)	26

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

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

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

DONATED PROPERTY INFORMATION

No.		Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	
No.		Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	
No.		Name of charitable organization (donee)	
		Street address	
		City, state, ZIP code	
		1=spouse, 2=joint	
		Property description (other than vehicle)	
	Vehicle	Year (yyyy)	
		Make and model	
		Condition and mileage	
		Date of contribution (m/d/y) *	
		Date acquired by donor (m/y) *	
		How acquired by donor (Table 1 or describe)	
		Donor's cost or basis	
		Fair market value	
		Method used to determine FMV (Table 2 or describe)	

1 **How Property was Acquired**

1 = Purchase
2 = Gift
3 = Inheritance
4 = Exchange

2 **Method Used to Determine FMV**

1 = Appraisal
2 = Thrift shop value
3 = Catalog
4 = Comparable sales

For other methods, see IRS Pub. 561.

2010	1040	US	Business Use of Home (Form 8829)	No.	29

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

BUSINESS USE OF HOME

	2010 Amount	2009 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

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

	2010 Amount	2009 Amount
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Other indirect expenses:		

DIRECT EXPENSES

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

	2010 Amount	2009 Amount
Mortgage interest		
Real estate taxes		
Qualified mortgage insurance premiums		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

2010	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

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

GENERAL INFORMATION

Occupation, if different from Form 1040	

Form		
Number of form (1=first Schedule C, 2=second, etc.)		
1=spouse		
1=performance artist, 2=handicapped, 3=fee-basis government official		

EMPLOYEE BUSINESS EXPENSES

	2010 Amount	2009 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (80% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

2010	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

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

VEHICLE INFORMATION

	2010 Amount	2009 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

	2010 Amount	2009 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

	2010 Amount	2009 Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of vehicle business use (if not 12)		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2010	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.1

Please enter all pertinent 2010 information.

GENERAL INFORMATION

1=spouse	
Foreign address of taxpayer, if different from Form 1040:	
Street address	
City	
Region	
Postal code	
Country	
Employer:	
Name	
U.S. street address	
U.S. city	
U.S. state	
U.S. ZIP code	
Foreign street address	
Foreign city	
Foreign region	
Foreign postal code	
Foreign country	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	
Employer type, if other	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective

Country of citizenship	

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)

2010	1040	US	Foreign Income Exclusion (2555)	No.	31.1 p2

Please enter all pertinent 2010 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2010 as well as travel for 2011 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	
Ending date for bona fide residence (m/d/y)	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer	

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad

1=submitted statement to country of bona fide residence	
1=required to pay income tax to country of bona fide residence	
Contractual terms relating to length of employment abroad	
Type of visa you entered foreign country under	
Explanation why visa limited stay or employment in country (if applicable)	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment

FOREIGN HOUSING EXPENSES

	2010 Amount	2009 Amount
Qualified housing expenses		

Location of housing expenses:	Qualifying days in location (multiple locations only)

Travel Type

1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

2010	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.2

Please enter all pertinent 2010 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2010 Amount	2009 Amount
Name or number		
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		

Other properties or facilities:

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		

Other purposes:

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		

Other Foreign Earned Income

2010 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

2010	1040	US	Health Savings Accounts (8889)	32.1

Please enter all pertinent 2010 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

	2010 Taxpayer	2010 Spouse	2009 Taxpayer	2009 Spouse
Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

2010	1040	US/CA	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

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

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled		
	1=spouse, 2=joint		

No.			
	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2010		2009 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.			
	Name of provider		
	Street address		
	City, state, ZIP code		
	Address where care provided (if different):		
	Street address		
	City, state, ZIP code		
	Telephone number		
	Identification number (SSN or EIN)		
	1=organization is tax-exempt		
	1=care provider is a person		
	Amount paid to care provider in 2010		2009 amt:
	1=spouse, 2=joint		

No.			
	Name of provider		
	Street address		
	City, state, ZIP code		
	Address where care provided (if different):		
	Street address		
	City, state, ZIP code		
	Telephone number		
	Identification number (SSN or EIN)		
	1=organization is tax-exempt		
	1=care provider is a person		
	Amount paid to care provider in 2010		2009 amt:
	1=spouse, 2=joint		

2010	1040	US	Qualified Adoption Expenses (Form 8839)	37

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

ELIGIBLE CHILDREN

			2010 Amount	2009 Amount
No.	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1992 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2010			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010		
		Prior years for adoption of foreign child finalized in 2010		
		2009 and 2010 for adoption finalized in 2010		
		2010 for adoption finalized before 2010		
	1=spouse, 2=joint			

			2010 Amount	2009 Amount
No.	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1992 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2010			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010		
		Prior years for adoption of foreign child finalized in 2010		
		2009 and 2010 for adoption finalized in 2010		
		2010 for adoption finalized before 2010		
	1=spouse, 2=joint			

			2010 Amount	2009 Amount
No.	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1992 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2010			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010		
		Prior years for adoption of foreign child finalized in 2010		
		2009 and 2010 for adoption finalized in 2010		
		2010 for adoption finalized before 2010		
	1=spouse, 2=joint			

2010	1040	US	Education Credits / Tuition Deduction	38

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

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

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

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

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

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

2010	1040	US	Household Employment Taxes (Schedule H)	42

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of $1,700 or more in 2010; withheld federal income tax during 2010 for any household employee; or paid total cash wages of $1,000 or more in any calendar quarter of 2009 or 2010 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2010 Amount	2009 Amount
1=paid any one employee cash wages of $1,700 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Advance earned income credit payments		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of $1,000 or more in any calendar quarter of 2009 or 2010		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/11		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

2010	1040	US	Parent's Election to Report Child's Inc.	No.	44

Please enter all pertinent 2010 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	
Last name	
Social security number	
Date of birth (m/d/y)	
1=nontaxable to federal	
1=nontaxable to state	

INTEREST INCOME (Form 1099-INT)

	2010 Amount	2009 Amount
Banks, credit unions, etc. (Box 1):		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Adjustments:		
Nominee distribution		
Accrued interest		
Tax-exempt interest (1099-INT in error)		
OID adjustment		
ABP adjustment		
Foreign:		
1=interest in or authority over foreign account		
Name of foreign country		
1=grantor/transferor or received distribution from foreign trust		
Post 8/7/86 private activity bond interest (included above) (6251)		

DIVIDEND INCOME (Form 1099-DIV)

	2010 Amount	2009 Amount
Total ordinary dividends (Box 1a):		
Qualified dividends (Box 1b)		
Total capital gain distributions (Box 2a):		
Unrecaptured section 1250 gain (Box 2b)		
Section 1202 gain (Box 2c)		
Collectibles (28%) gain (Box 2d)		
Nontaxable distributions (Box 3)		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Nominee distributions:		
Ordinary dividends		
Qualified dividends		
Capital gain distributions		
Alaska permanent fund dividends included above		

2010	1040	CA	Other Credits	53.014

Please enter all pertinent 2010 information.

RENTER'S CREDIT

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter	
1=filing separate, claiming spouse's credit	
1=filing jointly and one spouse claimed homeowner's property tax exemption	
Number of months in California, if part-year resident	

2010	1040	US	Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.