2010 1040 US Topical Index

| TOPIC                                     | FORM               | TOPIC                                | FORM           |
|---|--------------------|--------------------------------------|----------------|
| Adoption expenses                         | . 37               | IRA distributions                    | 10, 13.1, 13.2 |
| Alimony paid                              | . 24               | Medical and dental expenses          | 25             |
| Alimony received                          | . 14.1             | Miscellaneous income                 |                |
| Business income and expenses              | . 16               | Miscellaneous itemized deductions    | 25 p3, 25 p4   |
| Business use of home                      | . 29               | Mortgage interest expense            | 25 p2          |
| Capital gains/losses                      | . 17               | Moving expenses                      | 17, 27         |
| Charitable contributions                  | . 25 p2, 25 p3, 26 | Partnership information              | 20.1, 20.2     |
| Child and dependent care expenses         | . 33.1, 33.2       | Pension distributions                | 10, 13.1, 13.2 |
| Children's interest/dividend income       | . 44               | Purchase of business assets          | 22 p2          |
| Client information                        | . 1                | Qualified Plan (Keogh) contributions | 24             |
| Dependents                                | . 2                | Qualified tuition programs           | 14.3           |
| Direct deposit of refund                  | . 3, 6, 7.1        | Railroad retirement benefits         | 14.1           |
| Dividend income                           | . 11, 12           | Real estate taxes paid               | 25             |
| Education expenses                        | . 38               | REMIC information                    | 20.3, 20.4     |
| Education Savings Accounts                | . 14.3             | Rental & royalty income & expenses   | 18             |
| Employee business expenses                | . 30 p1            | S corporation information            | 20.1, 20.2     |
| Estate information                        | . 20.3, 20.4       | Sale of business assets              | 22             |
| Estate tax                                | . 25 p4            | Sale of home                         | 17, 27         |
| Estimated taxes                           | . 3, 6, 7.1        | Sale of stocks and bonds             | 17             |
| Excess Mortgage Interest                  | . 25 p5            | Sales and use taxes paid             | 25             |
| Farm income and expenses                  | . 19               | Self-employed elective deferrals     | 24             |
| Foreign information                       | . 31.1             | SEP contributions                    | 24             |
| Foreign wages and other income            | . 31.2             | SIMPLE contributions                 | 24             |
| Gambling income/losses                    | . 10, 13.1, 13.2   | Social security benefits received    | 14.1           |
| Health insurance premiums (self-employed) | . 24               | State and local tax refunds          | 14.2           |
| Health savings accounts                   | . 32.1             | Student loan interest paid           | 24             |
| Household employment taxes                | . 42               | Taxes paid                           | 25             |
| Installment sales                         | . 17 p2            | Tax return preparation fee           | 25 p3          |
| Interest income                           | . 11, 12           | Trust information                    | 20.3, 20.4     |
| Interest paid                             | . 25 p2            | Unemployment compensation            | 14.2           |
| Investment expense                        | . 25 p3            | Vacation home                        | 18, 18 p2      |
| Investment interest expense               | . 25 p2            | Vehicle information                  | 22 p3, 30 p2   |
| IRA contributions                         | 24                 | Wages salaries tins                  | 10 13 1 13 2   |

Series: Topical Index

#### Page 2 **ORGANIZER Client Information** US 2010 1040 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    | Filing status (table)                                    |
|-----------|--|
| Status    | 1=married filing separate and lived with spouse          |
|           | Year spouse died, if qualifying widow(er) (2008 or 2009) |
|           | First name and initial                                   |
|           | Last name  |
|           | Title/suffix   |
| Taxpayer  | Social security number                                   |
| . anpayo. | Occupation   |
|           | Date of birth (m/d/y)                                    |
|           | Date of death (m/d/y)                                    |
|           | 1=blind  |
|           | First name and initial                                   |
|           | Last name  |
|           | Title/suffix   |
| Spouse    | Social security number                                   |
| -         | Occupation   |
|           | Date of birth (m/d/y)                                    |
|           | Date of death (m/d/y)                                    |
|           | 1=blind  |
|           | In care of   |
|           | Street address   |
| Address   | Apartment number   |
|           | City   |
|           | State  |
|           | ZIP code   |
| Foreign   | Region   |
| Address   | Postal code  |
|           | Country  |

### **Filing Status**

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

1 p2

| 2010         | 1040               | US | Dependents |
|--------------|--------------------|----|------------|
| <b>4</b> 010 | 1 U <del>4</del> U | US | Dependents |

### Please add, change or delete information for 2010.

### **DEPENDENTS**

|                                  | Dependent  | Dependent    |            |
|----------------------------------|------------|--------------|------------|
| First name                       |            |              |            |
| Last name                        |            |              | 1          |
| Title/suffix                     |            |              |            |
| Date of birth (m/d/y)            |            |              | 1 =<br>2 = |
| Social security number           |            |              | 3 =        |
| Relationship                     |            |              | 4 =        |
| Months lived at home             |            |              | 5 =        |
| Type of dependent (see table)    |            |              |            |
| Earned income credit (see table) |            |              |            |
| Claimed by: 1=taxpayer, 2=spouse |            |              |            |
|                                  | Dependent  | Dependent    | E          |
| First name                       |            |              |            |
| Last name                        |            |              | 1 =        |
| Title/suffix                     |            |              | 2 =<br>3 = |
| Date of birth (m/d/y).           |            |              | 4 =        |
| Social security number           |            |              | 5 =        |
| Relationship                     |            |              |            |
| Months lived at home.            |            |              |            |
| Type of dependent (see table)    |            |              |            |
| Earned income credit (see table) |            |              |            |
|                                  |            |              |            |
| Claimed by: 1=taxpayer, 2=spouse | Danasadant | Dan and dant |            |
| First same                       | 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) |            |              |            |
| Earrica incomo crean (see table) |            |              |            |

### Type of Dependent

2

- Child living w/taxpayer Child not living w/taxpayer Dependent other than child Head of household only, not a dependent Earned income credit only, not a dependent

### arned Income Credit

- When applicable (default) Student age 19 to 23 Disabled Force Suppress

Page 5 ORGANIZER **Miscellaneous Questions** 2010 1040 US 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. 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 vocátional 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?

**ORGANIZER** Page 6 **Direct Deposit & Estimates (Form 1040 ES)** US 2010 1040 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** Percent to Type of Type of **Deposit** Account Invest. Name of Bank **Routing Number Account Number** (Table 1) (Table 2) (xx.xx)2010 ESTIMATED TAX / 1040-ES (6) **Federal Amount Paid Date Paid** 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) 2010 State **Voucher Amount Amount Paid Date Paid** 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) 2 1 Type of Account 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 1 = Savings 2 = Checking

**ORGANIZER** Page 7 Direct Deposit & Estimates (Form 1040 ES) (cont.) US 2010 1040 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 If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2011 withholding to be different from 2010? . . . . . . . . . Yes If "yes" explain any differences:

7.1

**ORGANIZER** Wages, Pensions, Gambling Winnings 10, 13.1, 13.2 US 2010 1040 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) 1=retirement Tax Withheld Wages, Tips, plan (Box 13) 2009 Other Name of Employer (Box c) Social No. Federal Medicare State Local Compensation Wages Security (Box 4) (Box 2) (Box 6) (Box 17) (Box 19) =spouse (Box 1) PENSIONS, IRA DISTRIBUTIONS (13.1) Distribution code #2 Tax Withheld Value of Distribution code #1 Gross Taxable 2009 all IRAs No. Name of Payer Distribution Amount =IRA/SEP/SIMPLE Federal State Distribution (Box 2a) (Box 1) (Box 4) (Box 10) 12/31/10 =spouse **GAMBLING WINNINGS (W-2G) (13.2)** Tax Withheld **Gross Winnings** 2009 No. Name of Payer 1=spouse (Box 1) Winnings Federal (Box 2) State (Box 14)

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

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)**

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

## **DIVIDEND INCOME (12)**

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

14.1

| ORGANIZER |      |    |                      | Pa |
|-----------|------|----|----------------------|----|
| 2010      | 1040 | US | Miscellaneous Income | •  |

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

| 2010 | 1040 | US | State & Local Tax Refunds / Unemployment Compensation | 14 | 4.2 |
|------|------|----|---|----|-----|

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)

| UNEMPLO       | 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)                          |  |
| No.           | ATAA payments (Box 5)  |  |
| · <del></del> | 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)                           |  |
|               |  |  |
|               | 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)                          |  |
| No.           | ATAA payments (Box 5)  |  |
| · <del></del> | Taxable energy grants:                                       |  |
|               | Federal taxable amount (Box 6)                               |  |
|               |  |  |
|               | State taxable amount, if different                           |  |
|               | State taxable amount, if different                           |  |
|               | Farm amounts:  |  |
|               |  |  |
|               | Farm amounts: Agriculture payments (Box 7)                   |  |
|               | Farm amounts:  Agriculture payments (Box 7)                  |  |
|               | Farm amounts:  Agriculture payments (Box 7)                  |  |
|               | Farm amounts:  Agriculture payments (Box 7)                  |  |

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 A  | AND QTP'S (Form 1099-Q)  | 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)  |             |             |
| No.      | 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   |             |             |
|          |  |             |             |
|          | Name of payer  |             |             |
|          | 1=spouse   |             |             |
|          | Qualified expenses:  |             |             |
|          | Higher education (net of nontaxable benefits)                            |             |             |
|          | Elementary & secondary education (net of nontaxable benefits).           |             |             |
|          | Form 1099-Q:   |             |             |
|          |  |             |             |
| No.      | Gross distributions (Box 1)  |             |             |
| NO.      | 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.  |             |             |
|          | Dasis III tilis EGA as of 12/3/103                                       |             |             |
|          | 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)  |             |             |
| No.      | Earnings (Box 2)   |             |             |
| <u> </u> | 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   |             |             |

| 10   | 1040  | US              | Business Income (Schedule  | (C)               | No.               | 16   |
|--|---|-----------------|--|-------------------|-------------------|------|
|  | Please e  | nter all pe     | rtinent 2010 amounts. Last year's amoun  | ts are provided f | or your reference | ·.   |
| GEN  | IERAL IN  | FORMAT          | <b>FION</b>  |                   |                   |      |
| Princir  | nal husiness/n  | rofession       |  |                   |                   |      |
|  |   |                 |  |                   |                   |      |
|  |   |                 | Form 1040  |                   |                   |      |
|  |   |                 | m Form 1040  |                   |                   |      |
|  | •   |                 | from Form 1040   |                   |                   |      |
|  |   |                 |  |                   |                   |      |
| Other  | accounting m  | ethod           |  |                   |                   |      |
| Accou  | nting method:   | 1=cash, 2=      | accrual  |                   |                   |      |
| Invent   | ory method:   | 1=cost, 2=lov   | ver cost/market, 3=other   |                   |                   |      |
| 1=cha  | nge of invento  | ory method      |  |                   |                   |      |
|  |   |                 |  |                   |                   |      |
| 1=first  | Schedule C f  | iled for this b | ousiness   |                   |                   |      |
|  | -   |                 | oloyee   |                   |                   |      |
|  | •   |                 | ıt tax   |                   |                   |      |
|  |   |                 |  |                   |                   |      |
|  |   |                 | terial income producing factor   |                   |                   |      |
|  |   |                 |  |                   |                   |      |
|  |   |                 | company.   |                   |                   |      |
| 1-31110  | jie membei m  | micu nability   | Company  |                   |                   |      |
| INICA  |   |                 |  |                   |                   |      |
| INC  | OME   | -               |  | 2010 Amount       | 2009 Am           | ount |
|  |   |                 | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross  | receipts or sa  | les (Form 10    |  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa  | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return                                      | receipts or sa<br>s and allowar   | les (Form 10    | 99-MISC, box 7)  | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return<br>Other                             | receipts or sa<br>s and allowar   | les (Form 10    | 999-MISC, box 7)   | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return<br>Other                             | receipts or sa is and allowar income:  ST OF GO ory at beginni            | ODS SO          | DILD   | 2010 Amount       | 2009 Am           | ount |
| Gross<br>Return<br>Other                             | receipts or sa<br>as and allowar<br>income:<br>ST OF GO<br>ory at beginni | ODS SO          | Disposition of the state of the | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of        | receipts or sans and allowar income:  ST OF GO ory at beginningses        | ODS SO          | D99-MISC, box 7)   | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of        | ST OF GO ory at beginningses  | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | D99-MISC, box 7)   | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of        | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | bunt |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |
| Gross Return Other  COS Invent Purcha Cost of Materi | ST OF GO ory at beginniases   | ODS SO          | PSP-MISC, box 7).  | 2010 Amount       | 2009 Am           | ount |

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.   |                             | <u> </u>    |
| 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   |                             |             |
| Oll   |                             |             |
| Other expenses:   |                             |             |
|   |                             |             |
|   |                             |             |
|   |                             |             |
|   |                             |             |
|   |                             |             |
|   |                             |             |
| NOTE: If you purchased or disposed of any business ass          | sets inlease complete Sheet | 22          |

16 p2

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<br>(Box 5) | Description of Property<br>(Box 7) | Date<br>Acquired | Date Sold<br>(Box 1a) | Sales Price<br>(gross or net)<br>(Box 2) | Cost or Basis | Expenses of Sale<br>(if gross sales<br>price entered) | Federal Income<br>Tax Withheld<br>(Box 4) |
|-----|---------------------|------------------------------------|------------------|-----------------------|--|---------------|---|---|
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |

| MARINELIN |      |     |                               | Tage It |
|-----------|------|-----|-------------------------------|---------|
| 2010      | 1040 | IIS | Installment Sales (Form 6252) | 17 -2   |

|          | NSTALLMENT SALE                           | 2010 Amount | 2009 Amount |
|----------|---|-------------|-------------|
|          | cription of property                      |             |             |
| No. Date | e acquired (m/d/y)                        |             | 4           |
| Date     | e sold (m/d/y).                           |             |             |
|          | ss profit ratio (.xxxx)                   |             |             |
| Cur      | rent year principal payments (-1 if none) |             |             |
| Des      | cription of property                      |             |             |
| Date     | e acquired (m/d/y)                        |             |             |
| No. Date | e sold (m/d/y)                            |             |             |
| Gro      | ss profit ratio (.xxxx)                   |             |             |
|          | rent year principal payments (-1 if none) |             |             |
| Des      | cription of property                      |             |             |
|          | e acquired (m/d/y).                       |             |             |
| No. Date | e sold (m/d/y).                           |             |             |
| Cro      | ss profit ratio (.xxxx)                   |             |             |
| Cur      | rent year principal payments (-1 if none) |             |             |
| Cui      | ент уеаг рипстраг раушенть (-т и попе)    |             |             |
|          | cription of property                      |             |             |
| Date     | e acquired (m/d/y)                        |             |             |
| No. Date | e sold (m/d/y)                            |             |             |
| Gro      | ss profit ratio (.xxxx)                   |             |             |
|          | rent year principal payments (-1 if none) |             |             |
| Doo      | cription of property                      |             |             |
| Des      | a cognized (m/d/s)                        |             |             |
| No. Date | e acquired (m/d/y)                        |             |             |
| Dali     | e sold (m/d/y).                           |             |             |
|          | ss profit ratio (.xxxx)                   |             |             |
| Cur      | rent year principal payments (-1 if none) |             |             |
| Des      | cription of property                      |             |             |
|          | e acquired (m/d/y)                        |             |             |
|          | e sold (m/d/y)                            |             |             |
| Gro      | ss profit ratio (.xxxx)                   |             |             |
| Cur      | ent year principal payments (-1 if none)  |             |             |
| Des      | cription of property                      |             |             |
|          | e acquired (m/d/y).                       |             |             |
|          | e sold (m/d/y).                           |             |             |
|          | ss profit ratio (.xxxx).                  |             |             |
|          | rent year principal payments (-1 if none) |             |             |
|          | ent year principal payments (*1 ii none)  |             |             |
|          | cription of property.                     |             |             |
| Date     | e acquired (m/d/y)                        |             |             |
| No. Date | e sold (m/d/y)                            |             |             |
|          | ss profit ratio (.xxxx)                   |             |             |
| Cur      | ent year principal payments (-1 if none)  |             | 1           |

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

If you sold your home or moved in 2010, please complete the information below.

| CALE OF HOME (17)   |   |
|---|---|
| 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)   |   |
| I=sale of home  |   |
| I =owned and used property as main home for at least 2 of 5 years before sale   |   |
| I = first-time homebuyer credit was previously taken on this home   |   |
| I=business use in year of sale  |   |
| number of days after December 31, 2008 that nome was not used as principal residence  |   |
| Adjusted Basis  |   |
| Original cost   |   |
| mprovements:  |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Adjusted basis  |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Total expenses of sale  |   |
|   |   |
| Reduced Exclusion   |   |
| Reduced Exclusion   |   |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen  a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen b) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = sale due to change in health, employment or unforeseen circumstances.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = sale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.  Days used as main home - spouse   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) it is also used as main home of taxpayer.  Days used as main home of taxpayer.  Days property owned of taxpayer.  Days property owned of taxpayer.  Days property owned of spouse.  MOVING EXPENSES (27) (If you moved because of a change in the location of your job)  | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) alesale 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)  Ilespouse, 2=joint.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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)  I = spouse, 2 = joint.  II = armed forces move due to permanent change of station.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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)  I = spouse, 2 = joint.  II = armed forces move due to permanent change of station.  Wiles from old home to new work place.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed by Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May for excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) it is 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) it is spouse, 2=joint.  It = armed forces move due to permanent change of station.  Wiles from old home to new work place.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May if excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) it esale due to change in health, employment or unforeseen circumstances.  Days used as main home - taxpayer.  Days property owned - taxpayer.  Days property owned - taxpayer.  Days property owned - spouse.  MOVING EXPENSES (27) (If you moved because of a change in the location of your job) it espouse, 2=joint.  It = armed forces move due to permanent change of station.  Wiles from old home to new work place.  Expenses for transportation and storage of household goods and personal effects.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseen a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I=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) I=spouse, 2=joint.  I=armed forces move due to permanent change of station.  Wiles from old home to new work place.  Wiles from old home to old work place.  Expenses for transportation and storage of household goods and personal effects.  Lodging and travel (excluding meals):                                 | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseer a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) I = 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)  I = spouse, 2 = joint.  I = armed forces move due to permanent change of station.  Wiles from old home to new work place.  Expenses for transportation and storage of household goods and personal effects.  Lodging and travel (excluding meals):  Lodging and travel (excluding automobile).                    | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseer a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May f excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) alesale 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) alespouse, 2=joint.  Il=armed forces move due to permanent change of station.  Wiles from old home to new 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. | n circumstances you either: 6, 1997.    |

17, 27

| 10  | 1040            | US                 | Rental & Royalty Income (Sc  | hedule E)   | No.      | 18     |  |
|---|-----------------|--------------------|--|-------------|----------|--------|--|
| Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. |                 |                    |  |             |          |        |  |
| GEN   | IERAL IN        | FORMA <sup>*</sup> | TION   |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   | of property     |                    |  |             |          |        |  |
| Locali  | on of property. |                    |  |             |          |        |  |
| Doroor  | atogo of owns   | rahin if nat 1     | 1009/ ( , , , , , , , )  |             |          |        |  |
|   | -               |                    | 100% (.xxxx)   |             |          |        |  |
|   |                 |                    | / if not 100% (.xxxx)  |             | -        |        |  |
|   |                 |                    | o rought   |             |          |        |  |
|   |                 |                    | e royalty  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   |                 |                    |  |             | -        |        |  |
|   |                 |                    | / company  |             |          |        |  |
|   |                 | пточ парпіту       | , company.   |             |          |        |  |
| INC   | OME             |                    |  | 2010 Amount | 2009 Amo | unt    |  |
| Rents   | received (For   | n 1099-MIS         | C, box 1)  |             | 2003 Ame | , dire |  |
|   |                 |                    | VISC, box 2)   |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   | rental agency   | y fees, adve       | ted only to the rental activity. These include rtising, and office supplies. |             | T        |        |  |
|   | -               |                    |  |             |          |        |  |
|   |                 |                    | ewhere).   |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   | •               |                    |  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   | o .             |                    |  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
| 9   | •               |                    |  |             |          |        |  |
| Manac   | gement fees     |                    |  |             |          |        |  |
| Miscel  | laneous         |                    |  |             |          |        |  |
|   |                 |                    | s, etc.)   |             |          |        |  |
|   |                 |                    | remiums  |             |          |        |  |
| Exces   | s mortgage in   | terest             |  |             |          |        |  |
| Other   | interest (not e | ntered elsev       | where)   |             |          |        |  |
| Paintir   | ng and decora   | ting               |  |             |          |        |  |
| Pest c  | ontrol          |                    |  |             |          |        |  |
| Plumb   | ing and electr  | ical               |  |             |          |        |  |
| Repair  | S               |                    |  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
| Taxes   | - real estate.  |                    |  |             |          |        |  |
|   | •               |                    | vhere)   |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
|   |                 |                    |  |             |          |        |  |
| Other:  |                 |                    |  |             | T        |        |  |
| -   |                 |                    |  |             |          |        |  |
| -   |                 |                    |  |             | 1        |        |  |
| -   |                 |                    | ·  |             |          |        |  |
| -<br>-<br>-   |                 |                    |  |             |          |        |  |

| IIZER     |                 |                                       |   |                            |                 | Page    |
|-----------|-----------------|---------------------------------------|---|----------------------------|-----------------|---------|
| 10        | 1040            | US                                    | Rental & Royalty Income   | (Sch. E) (cont.)           | No.             | 18      |
| Pleas     | se enter all    | pertinent                             | : 2010 amounts. Last year's amounts                                   | s are provided for your re | ference. The in | ndirect |
| ex        | xpense col      | umn shou                              | ld only be used for vacation homes                                    | or less than 100% tenant   | occupied rent   | als.    |
| OIL       | AND GAS         | 6                                     |   | 2010 Amount                | 2009 Amo        | unt     |
| Produc    | ction type (pre | parer use or                          | nly)  |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
| Percen    | ntage depletio  | n rate or am                          | ount  |                            |                 |         |
| State o   | cost depletion  | , if different                        | (-1 if none)  |                            |                 |         |
|           |                 |                                       | nt, if different (-1 if none)   |                            |                 |         |
| VAC       | ATION H         | OME                                   |   |                            |                 |         |
| Numbo     | or of days ron  | tod at fair m                         | arket value   |                            |                 |         |
|           |                 |                                       | arket value.  |                            |                 |         |
|           |                 |                                       | nal method elected)   |                            |                 |         |
|           |                 |                                       | _   |                            | l .             |         |
| INDI      | RECT EX         | PENSES                                | 3   |                            |                 |         |
| NOTF      | :Indirect expe  | enses are rel                         | ated to operating or maintaining the dwelling                         | unit.                      |                 |         |
|           | These includ    | e repairs, in                         | ated to operating or maintaining the dwelling surance, and utilities. |                            |                 |         |
| Adverti   | ising           |                                       |   |                            |                 |         |
|           | -               |                                       |   |                            |                 |         |
| Auto a    | nd travel (not  | entered else                          | ewhere)   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           | -               |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
|           |                 |                                       | , etc.)   |                            |                 |         |
| -         | - "             |                                       | emiums  |                            |                 |         |
| Excess    | s mortgage in   | terest                                |   |                            |                 |         |
|           |                 |                                       | vhere)  |                            |                 |         |
| Paintin   | ng and decora   | ting                                  |   |                            |                 |         |
| Pest co   | ontrol          |                                       |   |                            |                 |         |
| Plumbi    | ing and electr  | ical                                  |   |                            |                 |         |
| Repairs   | s               |                                       |   |                            |                 |         |
| Supplie   | es              |                                       |   |                            |                 |         |
| Taxes     | - real estate.  |                                       |   |                            |                 |         |
| Taxes     | - other (not e  | ntered elsew                          | /here)  |                            |                 |         |
| Teleph    | one             |                                       |   |                            |                 |         |
| Utilities | S               |                                       |   |                            |                 |         |
| Wages     | and salaries.   |                                       |   |                            |                 |         |
| Other:    |                 |                                       |   |                            |                 |         |
| _         |                 |                                       |   |                            |                 |         |
| _         |                 |                                       |   |                            |                 |         |
| _         |                 |                                       |   |                            |                 |         |
| _         |                 |                                       |   |                            |                 |         |
| _         |                 |                                       |   |                            |                 |         |
| _         |                 |                                       |   |                            |                 |         |
| -         |                 |                                       |   |                            |                 |         |
|           |                 |                                       |   |                            |                 |         |
| _         |                 | · · · · · · · · · · · · · · · · · · · |   |                            |                 |         |

| )10  | 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 |                 |                    |                                    |         |      |  |  |  |
| GEN  | IERAL IN        | FORMA <sup>®</sup> | TION                               |         |      |  |  |  |
| Princip  | pal product     |                    |                                    |         |      |  |  |  |
| Emplo  | yer ID numbe    | r                  |                                    |         |      |  |  |  |
|  |                 |                    |                                    |         |      |  |  |  |
| Α.   |                 |                    |                                    |         |      |  |  |  |
| -  | -               |                    | accrual                            | —       |      |  |  |  |
|  |                 |                    | actrual                            | -       |      |  |  |  |
| •  |                 |                    |                                    | _       |      |  |  |  |
|  | •               | -                  | tion.                              | _       |      |  |  |  |
|  |                 |                    | " (Schedule F only)                | _       |      |  |  |  |
|  |                 |                    | orm 4835 only)                     |         |      |  |  |  |
|  |                 |                    | n 4835 only)                       |         |      |  |  |  |
|  |                 |                    | company                            |         |      |  |  |  |
|  |                 |                    | xx) (Form 4835 only)               |         |      |  |  |  |
|  | M INCOM         | . –                |                                    |         |      |  |  |  |
| FAR  |                 |                    |                                    |         |      |  |  |  |
| Cash r   | method:         |                    | 2010 Amount                        | 2009 Am | ount |  |  |  |
|  |                 | _                  | ht for resale                      |         |      |  |  |  |
|  |                 |                    | tc. bought for resale              |         |      |  |  |  |
|  |                 | ck, etc. you r     | raised                             |         |      |  |  |  |
|  | al method:      |                    |                                    |         |      |  |  |  |
|  |                 |                    | grains, etc                        |         |      |  |  |  |
|  |                 |                    | t beginning of year                |         |      |  |  |  |
|  |                 |                    | ased                               |         |      |  |  |  |
|  | farm income:    | Stock, etc. a      | t end of year                      |         |      |  |  |  |
|  |                 | o distribution     | ns                                 |         |      |  |  |  |
|  | •               |                    | tions                              |         |      |  |  |  |
|  |                 |                    | ayments (other than CRP).          |         |      |  |  |  |
|  |                 |                    | n payments (other than CRP)        |         |      |  |  |  |
|  |                 |                    | program payments                   |         |      |  |  |  |
|  |                 |                    | e program payments                 |         |      |  |  |  |
|  |                 |                    | orted under election               |         |      |  |  |  |
|  |                 |                    | s forfeited or repaid              |         |      |  |  |  |
| Ta   | xable commo     | dity credit lo     | ans forfeited or repaid            |         |      |  |  |  |
| То   | tal crop insura | ance procee        | ds received in 2010                |         |      |  |  |  |
| Ta   | xable crop ins  | surance prod       | eeds received in 2010              |         |      |  |  |  |
|  |                 |                    | seeds deferred from 2009           |         |      |  |  |  |
| Cı   | ıstom hire (ma  | achine work)       | income                             |         |      |  |  |  |
| Other  | income:         |                    |                                    |         |      |  |  |  |
| -  |                 |                    | _                                  |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    |                                    |         |      |  |  |  |
| -  |                 |                    | L                                  |         |      |  |  |  |

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   |             |             |
| nsurance (other than health)                                      |             |             |
| Mortgage interest (paid to banks, etc.)                           |             |             |
| Other interest (not entered elsewhere)                            |             |             |
| _abor 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)                                     |             |             |
| raxes (not official diseminary)                                   |             |             |
| Itilities   |             |             |
| Utilities   |             |             |
| /eterinary, breeding, and medicine                                |             |             |
| Veterinary, breeding, and medicine                                |             |             |
| /eterinary, breeding, and medicine                                |             |             |
| Veterinary, breeding, and medicine                                |             |             |

| ORGANIZEI 2010   |         | US             | Partnersl  | nip and S corpora                    | tion Information                      | Page 22<br><b>20.1,20.2</b>                        |  |  |  |  |
|--|---------|----------------|------------|--------------------------------------|---------------------------------------|--|--|--|--|--|
| Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.  PARTNERSHIP INFORMATION (20.1) |         |                |            |                                      |                                       |  |  |  |  |  |
| No.  |         | ne of Partner: |            | Employer<br>Identification<br>Number | Tax Shelter<br>Registration<br>Number | Additional Amounts<br>Invested in<br>Partnership   |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |
| S C  | ORPORAT | TION INF       | ORMATION ( | 20.2)                                |                                       |  |  |  |  |  |
| No.  | Name    | e of S corpor  | ation      | Employer<br>Identification<br>Number | Tax Shelter<br>Registration<br>Number | Additional Amounts<br>Invested in<br>S corporation |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |
|  |         |                |            |                                      |                                       |  |  |  |  |  |

20.1,20.2

**ORGANIZER Estate or Trust and REMIC Information** US 2010 1040 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)** Tax Shelter Employer Registration Number No. Name of Estate or Trust Identification Number **REMIC INFORMATION (20.4)** Employer No. Name of REMIC Identification Number

| JAGANIZER |      |    |                        | raye | <u> </u> |
|-----------|------|----|------------------------|------|----------|
| 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<br>in Service | Date Sold<br>(Box 1) | Sales Price<br>(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.

|     |                         | Preparer Use Only                  |      | Only           | 04       |                        | Preparer Us         | se Only                |                        |
|-----|-------------------------|------------------------------------|------|----------------|----------|------------------------|---------------------|------------------------|------------------------|
| No. | Description of Property | Related<br>Business<br>or Activity | Form | No. of<br>Form | Category | Date Placed in Service | Cost<br>or<br>Basis | Current<br>Section 179 | Method                 |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     |                        |                        |
|     |                         |                                    |      |                |          |                        |                     | 22                     | <b>2</b> <sub>p2</sub> |

| MUZER |      |    |                  |     | 1490 20      |
|-------|------|----|------------------|-----|--------------|
| 2010  | 1040 | US | Vehicle Expenses | No. | <b>22</b> p3 |

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

| <del></del>  | 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)  |             |             |
| ACTUAL EXPENSES  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil  Repairs  Tires  Insurance  Miscellaneous  Auto license (other than personal property taxes)  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil  Repairs  Tires  Insurance  Miscellaneous   |             |             |
| 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) |             |             |
| 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)  |             |             |
| 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) |             |             |

2010 1040 US Adjustments to Income 24

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

| TRADITIONAL IDA CONTRIBUTIONO   | 2010 Amount |              | 2009 Amount     |
|---|-------------|--------------|-----------------|
| TRADITIONAL IRA CONTRIBUTIONS   | Taxpayer    | Spouse       | Taxpayer Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)                                   |             |              |                 |
| Contributions made to date  |             |              |                 |
| 2010 payments from 1/1/11 to 4/15/11  |             |              |                 |
| ROTH IRA CONTRIBUTIONS  | 1           |              |                 |
|   |             |              |                 |
| 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)     |              |                 |
| 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)   |             |              |                 |
|   |             |              |                 |
| Contributions made to date  |             |              |                 |
| ADJUSTMENTS TO INCOME   |             |              |                 |
| 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:  |             |              | 1               |
|   |             |              |                 |
|   |             |              |                 |
|   |             | J <u>L</u> _ | l l             |
| Alimony paid: Taxpayer  |             | Spouse       |                 |
| Recipient's first name  |             |              |                 |
| Recipient's last name   |             |              |                 |
|   | 009 amt:    |              | 2009 amt:       |
| · <u></u>   |             |              |                 |

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 | VND  | DENTAL | <b>EXPENSES</b> |
|---------|------|--------|-----------------|
| MEDICAL | AIIU | DENIAL | EVLEIJOEO       |

| Medicare insurance premiums on Sheet 14.  | 2010 Amount                   | TS    | 2009 Am    | ount |
|---|-------------------------------|-------|------------|------|
| Prescription medicines and drugs  |                               |       |            |      |
| Poctors, dentists and nurses  |                               |       |            |      |
| lospitals and nursing homes   |                               |       |            |      |
| nsurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)    |                               |       |            |      |
| ong-term care premiums - taxpayer   |                               |       |            |      |
| ong-term care premiums - spouse   |                               |       |            |      |
| nsurance reimbursement (enter as a positive number)                                       |                               |       |            |      |
| odging and transportation:  |                               |       |            |      |
| Out-of-pocket expenses  |                               |       |            |      |
| Medical miles driven  |                               |       |            |      |
| Other medical and dental expenses:  |                               |       |            |      |
| The medical and dental expenses.  |                               |       |            |      |
|   |                               |       |            |      |
|   |                               |       |            |      |
|   |                               |       |            |      |
| TAXES PAID (State and local withholding and 2010 estimates are a                          | automatic.)                   |       |            |      |
| 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  |                               |       |            |      |
| State and local sales taxes (except autos and special items)                              |                               |       |            |      |
| ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |                               |       |            |      |
| Use taxes paid on 2010 purchases.   |                               |       |            |      |
| Use taxes paid with 2009 state return   |                               | 1100  | 10/21/00 * |      |
| axes paid in 2010 on New passenger autos, light trucks, motorcycles, an                   | id motor nomes purchased 2/17 | 709 - | 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  |                               |       |            |      |
|   |                               |       |            |      |
| Real estate taxes - principal residence:  |                               |       | T          |      |
|   |                               |       |            |      |
|   |                               |       |            |      |
|   |                               |       |            |      |
|   |                               |       |            |      |
| Real estate taxes - property held for investment  |                               |       |            |      |
| ersonal property taxes (including auto fees in some states. Provide a copy of tax notice) |                               | 1     |            |      |
| Foreign income taxes  |                               |       |            |      |
| Other taxes:  |                               |       | 1          |      |
| THIS LANCE.   |                               |       |            |      |
|   |                               | +     |            |      |
|   |                               | +     |            |      |
|   |                               | 1     | i          |      |

2010 1040 US Itemized Deductions (continued) 25 p2

| ne mortgage int. (Box 1) and points (Box 2) reported on Form 1098:  | 2010 Amount  | TS                  | 2009 Amount                |
|---|--|---------------------|----------------------------|
|   |  |                     |                            |
|   |  |                     |                            |
|   |  |                     |                            |
| 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.   |  |                     | 1                          |
| Amount paid   |  |                     |                            |
| nts not reported on Form 1098:  |  |                     | 4                          |
|   |  |                     |                            |
|   |  |                     |                            |
| tgage insurance premiums on post 12/31/06 contracts (Box 4)   |  |                     |                            |
| estment interest (interest on margin accounts):   |  |                     |                            |
|   |  |                     |                            |
|   |  |                     |                            |
|   |  |                     |                            |
| ssive interest  |  |                     |                            |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your mage for these types of loans also provide the dates and lives of the loans also provide the dates and lives of the loans.  ASH CONTRIBUTIONS  TE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contributions.  | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your mage for these types of loans also provide the dates and lives of the loans also provide the loans also pr | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your mage for these types of loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans.  TE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contributions.   | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your mage for these types of loans also provide the dates and lives of the loans also provide the loans also pr | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your mage for these types of loans also provide the dates and lives of the loans also provide the loans also pr | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your mage for these types of loans also provide the dates and lives of the loans also provide the loans also pr | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your material For these types of loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans.  TE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contributions, schools, hospitals, and other charitable organizations (50% lines).   | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)  TE: Points paid on loans other than to buy, build, or improve your material For these types of loans also provide the dates and lives of the loans also provide the dates and lives of the loans also provide the dates and lives of the loans.  TE: No deduction is allowed for cash or check contributions unless the from the donee, showing the name of the organization, contributions, schools, hospitals, and other charitable organizations (50% lines).   | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)   | nin home are deductible over<br>vans.  e donor maintains a bank recon date(s), and contribution  | cord, or            | a written communication    |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):                                | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):  rtain private nonoperating fo | cord, or<br>amount( | a written communications). |
| tain home mortgage interest included above (6251)   | in home are deductible over bans.  e donor maintains a bank recon date(s), and contribution initation):  rtain private nonoperating fo | cord, or<br>amount( | a written communications). |

2010 1040 US Itemized Deductions (continued) 25 p3

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

| NONC    | ۸СП             | COL | ITDIDI | PINONS |
|---------|-----------------|-----|--------|--------|
| MC INC. | $\Delta \sim H$ |     | JIKIKI |        |

| NOTE:Use | Sheet 26   | if total | noncash   | contributions   | are over   | \$500.    | No deduction | n is allow | ved for | contribution | ons of | clothing  | and hou  | sehold   | items |
|----------|------------|----------|-----------|-----------------|------------|-----------|--------------|------------|---------|--------------|--------|-----------|----------|----------|-------|
| that     | are not in | aood i   | used cond | dition or bette | er. In add | lition. a | a deduction  | for any it | em with | h minimal    | monet  | tarv valŭ | e may be | e denied | d.    |

| 50% limitation (see above):  | 2010 Amount | TS       | 2009 Amount |
|--|-------------|----------|-------------|
|  |             |          |             |
|  |             |          |             |
|  |             |          |             |
| 30% limitation (see above):  |             | <u> </u> | _           |
|  |             |          |             |
|  |             |          |             |
|  |             |          |             |
| 80% 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.)          |             |          |             |
| .0% capital gain property (girts of capital gain property to horr-30% illinit orgs.)       | ).          |          |             |
|  |             |          |             |
|  |             |          |             |
| ·  |             |          |             |
| MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)  Union and professional dues            |             |          |             |
| professional subscriptions, employment agency fees, and certain edu. expense               | es):        |          |             |
|  |             |          |             |
|  |             |          |             |
| -  |             |          |             |
|  |             |          |             |
| nvestment expense:   |             |          |             |
|  |             |          |             |
|  |             |          |             |
|  |             |          |             |
|  |             |          |             |
| Fax return preparation fee   |             |          |             |
| Safe deposit box rental  |             |          |             |
| Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees): |             |          |             |
| -  |             |          |             |
|  |             |          |             |
|  |             |          |             |
|  |             |          |             |
|  |             |          |             |

| 2010 | 1040 | US | Itemized Deductions (continued) | 25 n4 |
|------|------|----|---------------------------------|-------|
|      |      |    |                                 |       |

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

| THER MISCELLANEOUS DEDUCTIONS | 2010 Amount | TS | 2009 Amount |
|-------------------------------|-------------|----|-------------|
| ate tax, section 691(c)       |             |    |             |
| ner miscellaneous deductions: |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               | _           |    |             |
|                               |             |    |             |
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|                               |             |    |             |
| _                             |             |    |             |
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|                               | _           | ++ |             |
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|                               | _           |    |             |
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|                               |             |    |             |
|                               | _           |    |             |
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|                               | _           |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               |             |    |             |
|                               | _           |    |             |
|                               |             |    |             |

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.

| <u> </u>   | 2010 Amount | TS | 2009 Amount |
|--|-------------|----|-------------|
| air market value of the property on the date that the last debt was secured      |             |    |             |
| lome acquisition and grandfather debt on the date that the last debt was secured |             |    |             |
| OAN INFORMATION  |             |    |             |
|  |             |    |             |
| 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                                     |             |    |             |
| _oan #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 (defaul   |             |    |             |
| 2 = Business use of ho<br>3 = Schedule E   | me          |    |             |

| 2010           | 10/0                                    | 110 | Noncash Contributions ( | Earm 2222  |
|----------------|---|-----|-------------------------|------------|
| <b>Z</b> U I U | I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | U 3 | Noncash Contributions ( | .FOrm 8285 |

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.

| DONATEL | PROPERTY INFORMATION                              |  |
|---------|---|--|
|         | Name of charitable organization (donee)           |  |
|         | Street address                                    |  |
|         | City, state, ZIP code                             |  |
|         | 1=spouse, 2=joint                                 |  |
| I       | Property description (other than vehicle)         |  |
|         | Year (yyyy)                                       |  |
| No.     | Vehicle 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 |  |
|         | Name of charitable organization (donee)           |  |
|         | Street address                                    |  |
|         | City, state, ZIP code.                            |  |
|         |   |  |
|         | 1=spouse, 2=joint                                 |  |
|         | Property description (other than vehicle)         |  |
| No 🗆    | Year (yyyy)                                       |  |
| No.     | Vehicle 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 | 2)   |
|         | Name of charitable organization (donee)           |  |
|         | Street address                                    |  |
|         | City, state, ZIP code                             |  |
|         | 1=spouse, 2=joint                                 |  |
|         | Property description (other than vehicle)         |  |
|         | Year (yyyy)                                       |  |
| No.     | Vehicle 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                         | 2 Method Used to Determine FMV                             |
| 1       | = Purchase 3 = Inheritance                        | 1 = Appraisal 3 = Catalog                                  |
|         | = Furchase 3 = fine fitance 4 = Exchange          | 2 = Thrift shop value  3 = Containing 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.

|   | 2010 Amount  | 2009 Amount |
|---|--------------|-------------|
| orm   |              |             |
| lumber of form (e.g., enter 2 for Schedule C number 2)  |              | _           |
| Business use area (square footage)  |              |             |
| otal area of home (square footage)  |              |             |
| otal hours facility used (for daycare facilities only)  |              |             |
| otal hours available (if not 8,760)   |              |             |
| 6 (.xx) or amount of gross income from home if not 100% (-1 if none)  |              |             |
| 6 (.xx) or amount of expenses from home if not 100% (-1 if none)  |              |             |
| NDIRECT EXPENSES  |              |             |
| IOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.  |              |             |
| Mortgage interest   |              |             |
| Real estate taxes   |              |             |
| Qualified mortgage insurance premiums   |              |             |
| Casualty losses.  |              |             |
| nsurance  |              |             |
|   |              |             |
| Miscellaneous   |              |             |
| Rent  |              |             |
| Repairs and maintenance   |              |             |
| Utilities   |              |             |
| xcess mortgage interest   |              |             |
| Other indirect expenses:  |              |             |
|   |              |             |
|   |              |             |
|   |              |             |
|   |              |             |
|   |              |             |
|   |              |             |
| DIRECT EXPENSES   |              |             |
| DIRECT EXPENSES  NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines  | nclude<br>s. |             |
| NOTE: Direct expenses benefit only the business part of your home. They in  | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines   | s.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines for fortgage interest.  | s.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums   | s.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines for fortgage interest.  | s.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.   | s.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Nortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Niscellaneous.  | s.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Nortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.   | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.   | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.   | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.                          | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.   | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.                          | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.  Excess casualty losses. | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.  Excess casualty losses. | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.  Excess casualty losses. | S.           |             |
| NOTE: Direct expenses benefit only the business part of your home. They in painting or repairs made to specific areas or rooms used for busines.  Mortgage interest.  Real estate taxes.  Qualified mortgage insurance premiums.  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities.  Excess mortgage interest.  Excess casualty losses. | S.           |             |

Employee/Vehicle Bus. Exp. (Form 2106) 2010 US No. 1040 30 Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Occupation, if different from Form 1040..... 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 1=Department of Transportation (80% meal allowance)..... Local transportation (bus, taxi, train, etc.).... Reimbursements not included on Form W-2, box 1..... Other business expenses:

30

| 10     | 1040            | US             | Vehicle Expenses (Form 2               | 106) (cont.)         | No.                | 30 |
|--------|-----------------|----------------|--|----------------------|--------------------|----|
|        | Please e        | nter all pe    | ertinent 2010 amounts. Last year's amo | unts are provided fo | or your reference. |    |
| VEH    | IICLE INF       | ORMAT          | ION                                    | 2010 Amount          | 2009 Amou          | nt |
| 1=veh  | icle used prin  | narily by mor  | re than 5% owner                       | 2010 Amount          | 2005 Amou          |    |
|        |                 |                | ty personal use                        |                      |                    |    |
|        |                 |                | for personal use                       |                      |                    |    |
| 1=no   | evidence to s   | upport your o  | deduction                              |                      |                    |    |
| 1=no v | written evider  | ice to suppor  | rt your deduction                      |                      |                    |    |
| VEH    | IICLE 1         |                |  |                      |                    |    |
| Descri | iption of vehic | le             |  |                      |                    |    |
|        | •               |                |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
| Comm   | nuting mileage  | e (for the tax | year)                                  |                      |                    |    |
| Avera  | ge daily round  | d-trip commu   | ıte                                    |                      |                    |    |
| Numb   | er of months    | of vehicle bu  | ısiness use (if not 12)                |                      |                    |    |
| Parkin | ng fees and to  | lls (business  | s portion only)                        |                      |                    |    |
| Actual | expenses:       |                |  |                      |                    |    |
| Ga     | asoline, lube,  | oil            |  |                      |                    |    |
| Re     | epairs          |                |  |                      |                    |    |
| Tir    | res             |                |  |                      |                    |    |
| Ins    | surance         |                |  |                      |                    |    |
| Mi     | scellaneous.    |                |  |                      |                    |    |
|        |                 |                | sonal property taxes)                  |                      |                    |    |
|        |                 | -              | sed on car's value)                    |                      |                    |    |
|        | -               |                | dule C, E & F)                         |                      |                    |    |
|        |                 |                | ents                                   |                      |                    |    |
|        |                 |                | positive)                              |                      |                    |    |
|        |                 | yer-provided   | vehicle on Form W-2 (2106)             |                      |                    |    |
|        | IICLE 2         |                |  |                      | 1                  |    |
|        |                 |                |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
|        |                 |                | ·····                                  |                      |                    |    |
|        |                 |                | year)                                  |                      | _                  |    |
|        |                 |                | ite                                    |                      |                    |    |
|        |                 |                | usiness use (if not 12)                |                      |                    |    |
|        |                 | ilis (business | s portion only)                        |                      |                    |    |
|        | l expenses:     | oil            |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
|        | •               |                |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
|        |                 |                |  |                      |                    |    |
|        |                 |                | rsonal property taxes)                 |                      |                    |    |
|        |                 |                | sed on car's value)                    |                      |                    |    |
|        |                 |                | dule C, E and F).                      |                      |                    |    |
|        |                 |                | ents                                   |                      |                    |    |

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 A   | Amount | 2009 A   | mount  |
|--|----------|--------|----------|--------|
|  | 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  | ·        |        |          |        |

ORGANIZER

**Child and Dependent Care Expenses (Form 2441)** US 2010 1040 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. 2010 Amount 2009 Amount **DEPENDENT CARE EXPENSES (33.1)** Taxpayer Spouse Taxpayer Spouse Dependent care expenses incurred but not paid in 2010. . . Employer-provided benefits forfeited in 2010 . . . . . . . . . . . . PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT Last name..... Date of birth (m/d/y)..... No. Social security number..... Qualified dependent care expenses incurred and paid in 2010..... 2009 amt: 1=disabled..... Last name..... Date of birth (m/d/y)..... No. Qualified dependent care expenses incurred and paid in 2010..... 2009 amt: 1=disabled..... Last name..... Date of birth (m/d/y)..... No. Qualified dependent care expenses incurred and paid in 2010..... 2009 amt: PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2) Name of provider..... Street address..... No. City, state, ZIP code..... Identification number (SSN or EIN)..... Amount paid to care provider in 2010..... 2009 amt: Name of provider..... Street address..... No. City, state, ZIP code..... Identification number (SSN or EIN)..... Amount paid to care provider in 2010..... 2009 amt: 

| 2010 | 1040 | US US           | Qualified Adoption Expense                                  | es (Form 8839) | 37          |
|------|------|-----------------|---|----------------|-------------|
| ELI  |      | e enter all pe  | ertinent 2010 information. Last year's amou                 | ·              |             |
|      |      | T               |   | 2010 Amount    | 2009 Amount |
|      |      | Last name       | number  |                |             |
|      |      | Date of birth ( | m/d/y)  |                |             |
|      |      |                 | 1992 and was disabled                                       |                |             |
|      |      |                 | ds child  |                |             |
| No.  |      |                 | <u> </u>  |                |             |
|      |      |                 | as not final in 2010  |                |             |
|      |      | Qualificu       | 2009 for adoption not finalized by end of 2010              |                |             |
|      |      | Fundance        | Prior years for adoption of foreign child finalized in 2010 |                |             |
|      |      | Paid in 1       | 2009 and 2010 for adoption finalized in 2010                |                |             |
|      |      |                 | 2010 for adoption finalized before 2010                     |                |             |
|      |      | T=spouse, 2=j   | oint  |                |             |
|      |      | First name      |   |                |             |
|      |      |                 |   |                |             |
|      |      |                 | number  |                |             |
|      |      |                 | m/d/y)  |                |             |
|      |      | 1=born before   | 1992 and was disabled                                       |                |             |
|      |      | 1=special nee   | ds child  |                |             |
| No.  |      | 1=foreign child | d   |                |             |
|      |      |                 | as not final in 2010  |                |             |
|      |      | Qualified       | 2009 for adoption not finalized by end of 2010              |                |             |
|      |      | Adoption F      | Prior years for adoption of foreign child finalized in 2010 |                |             |
|      |      | Paid in         | 2009 and 2010 for adoption finalized in 2010                |                |             |
|      |      |                 | 2010 ( ) 1' (' )' 11 ( 0010                                 |                |             |

|     | Last name           |   |  |
|-----|---------------------|---|--|
|     | Identification      | number  |  |
|     | Date of birth       | (m/d/y)   |  |
|     | 1=born before       | re 1992 and was disabled                                    |  |
|     | 1=special ne        | eds child   |  |
| No. | 1=foreign ch        | ild   |  |
|     | 1=adoption v        | was not final in 2010                                       |  |
|     | Qualified           | 2009 for adoption not finalized by end of 2010              |  |
|     | Adoption            | Prior years for adoption of foreign child finalized in 2010 |  |
|     | Expenses<br>Paid in | 2009 and 2010 for adoption finalized in 2010                |  |
|     | i alu iii           | 2010 for adoption finalized before 2010                     |  |
|     | 1=spouse, 2         | -<br>=joint   |  |

2010 for adoption finalized before 2010 .....

First name.....

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.

|     |  | 1-toynovor 2-chouse   | 2010 Amount | 2009 Amount |  |  |
|-----|--|---|-------------|-------------|--|--|
|     | Cturdomt   | 1=taxpayer, 2=spouse  |             |             |  |  |
|     | Student<br>Info.   | First name  |             |             |  |  |
|     |  | Last name   |             |             |  |  |
|     |  | Social security number.   |             |             |  |  |
|     |  | opportunity credit, 2=lifetime learning credit                            |             |             |  |  |
| . — | -  | rears hope credit claimed   |             | -           |  |  |
| lo. | -  | rears American opportunity credit claimed                                 |             |             |  |  |
|     | Student comple   | ted 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no           |             |             |  |  |
|     | Qualified tui<br>(net of refur   | tion and fees paid in 2010<br>nd or assistance and not entered elsewhere) |             |             |  |  |
|     |  | supplies required to be purchased from institution                        |             |             |  |  |
|     | Books and s  | supplies not entered above  |             |             |  |  |
|     |  | prior year refund or assistance *   |             |             |  |  |
|     |  | ,   |             |             |  |  |
|     |  | 1=taxpayer, 2=spouse  |             |             |  |  |
|     | Student  | First name  |             |             |  |  |
|     | Info.  | Last name   |             |             |  |  |
|     |  | Social security number.   |             |             |  |  |
|     | 1=American   | opportunity credit, 2=lifetime learning credit                            |             |             |  |  |
|     |  | years hope credit claimed   |             |             |  |  |
| lo. | -  | vears American opportunity credit claimed                                 |             |             |  |  |
|     | 1  | ., ,  |             |             |  |  |
|     | Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. |   |             |             |  |  |
|     | Qualified tui<br>(net of refur   |   |             |             |  |  |
|     |  | supplies required to be purchased from institution                        |             |             |  |  |
|     | Books and s  | supplies not entered above  |             |             |  |  |
|     | Amount of p  | prior year refund or assistance *   |             |             |  |  |
|     | 1  |   |             |             |  |  |
|     |  | 1=taxpayer, 2=spouse  |             |             |  |  |
|     | Student  | First name  |             |             |  |  |
|     | Info.  | Last name   |             |             |  |  |
|     |  | Social security number  |             |             |  |  |
|     | 1=American   | opportunity credit, 2=lifetime learning credit                            |             |             |  |  |
|     | Number of y  | rears hope credit claimed   |             |             |  |  |
| lo. | Number of y  | rears American opportunity credit claimed                                 |             |             |  |  |
|     | Student comple   | ted 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no           |             |             |  |  |
|     | Qualified tui  | tion and fees paid in 2010 and or assistance and not entered elsewhere)   |             |             |  |  |
|     |  | supplies required to be purchased from institution                        |             |             |  |  |
|     |  | supplies not entered above.   |             |             |  |  |
|     |  | prior year refund or assistance *   |             |             |  |  |
|     | $\Delta m_{0}$ into $r$  |   |             |             |  |  |

| 20 | 010   | 1040       | US          | Additional Information   |
|----|-------|------------|-------------|--|
|    | Pleas | se furnish | any additio | onal information or supporting details not provided elsewhere in this tax organizer. |
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2010 1040 US Topical Index

| TOPIC                                      | FORM             | TOPIC                                | FORM           |
|--|------------------|--------------------------------------|----------------|
| Adoption expenses                          | 37               | IRA distributions                    | 10, 13.1, 13.2 |
| Alimony paid                               | 24               | Medical and dental expenses          | 25             |
| Alimony received                           | 14.1             | Miscellaneous income                 | 14.1           |
| Business income and expenses               | 16               | Miscellaneous itemized deductions    | 25 p3, 25 p4   |
| Business use of home                       | 29               | Mortgage interest expense            | 25 p2          |
| Capital gains/losses                       | 17               | Moving expenses                      | 17, 27         |
| Charitable contributions                   | 25 p2, 25 p3, 26 | Partnership information              | 20.1, 20.2     |
| Child and dependent care expenses          | 33.1, 33.2       | Pension distributions                | 10, 13.1, 13.2 |
| Children's interest/dividend income        | 44               | Purchase of business assets          | 22 p2          |
| Client information                         | 1                | Qualified Plan (Keogh) contributions | 24             |
| Dependents                                 | 2                | Qualified tuition programs           | 14.3           |
| Direct deposit of refund                   | 3, 6, 7.1        | Railroad retirement benefits         | 14.1           |
| Dividend income                            | 11, 12           | Real estate taxes paid               | 25             |
| Education expenses                         | 38               | REMIC information                    | 20.3, 20.4     |
| Education Savings Accounts                 | 14.3             | Rental & royalty income & expenses   | 18             |
| Employee business expenses                 | 30 p1            | S corporation information            | 20.1, 20.2     |
| Estate information                         | 20.3, 20.4       | Sale of business assets              | 22             |
| Estate tax                                 | 25 p4            | Sale of home                         | 17, 27         |
| Estimated taxes                            | 3, 6, 7.1        | Sale of stocks and bonds             | 17             |
| Excess Mortgage Interest                   | 25 p5            | Sales and use taxes paid             | 25             |
| Farm income and expenses                   | 19               | Self-employed elective deferrals     | 24             |
| Foreign information                        | 31.1             | SEP contributions                    | 24             |
| Foreign wages and other income             | 31.2             | SIMPLE contributions                 | 24             |
| Gambling income/losses                     | 10, 13.1, 13.2   | Social security benefits received    | 14.1           |
| Health insurance premiums (self-employed). | 24               | State and local tax refunds          | 14.2           |
| Health savings accounts                    | 32.1             | Student loan interest paid           | 24             |
| Household employment taxes                 | 42               | Taxes paid                           | 25             |
| Installment sales                          | 17 p2            | Tax return preparation fee           | 25 p3          |
| Interest income                            | 11, 12           | Trust information                    | 20.3, 20.4     |
| Interest paid                              | 25 p2            | Unemployment compensation            | 14.2           |
| Investment expense                         | 25 p3            | Vacation home                        | 18, 18 p2      |
| Investment interest expense                | 25 p2            | Vehicle information                  | 22 p3, 30 p2   |
| IRA contributions                          | 24               | Wages, salaries, tips                | 10, 13.1, 13.2 |

Series: Topical Index

ORGANIZER Page 43 **Tax Organizer** US 2010 1040 **Tax Return Appointment** Rountree Consulting, Inc. 300 S. El Camino Real Suite 206 San Clemente, CA 92672 Date: Telephone number: (949) 366-3180 Time: 949-366-3181 Fax number: Location: E-mail address: rountreeconsulting.com 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 .... In care of ..... Street address.... Apartment number. . Address City..... 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 . . .

| 10              | 1040   | US   | Tax Or   | ganizer                                       |                       |  |                 |
|-----------------|--|--|--|---|-----------------------|--|-----------------|
| WAC             |  | governme   | ent form for   | pertinent 20<br>an item, che                  | 110 informa           | tion. If you have attach<br>and do not enter a 201 | ed<br>0 amount. |
|                 | GES, SALAF<br>oyer name:   | RIES AND   | IIPS   |   |                       | 2010 Amount  | 2009 Amount     |
|                 |  |  |  |   |                       |  |                 |
| H               |  |  |  |   |                       | Attach Forms W-2                                   |                 |
| Д.              |  |  |  |   |                       |  |                 |
| INTE            | REST INCO  | MF   |  |   |                       |  |                 |
|                 | name:  | ····-  |  |   |                       |  |                 |
| -               |  |  |  |   |                       |  |                 |
| -               |  |  |  |   |                       | Attach Forms 1099-IN                               | т               |
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|                 |  |  |  |   |                       | Alle de Ferre 1000 DI                              |                 |
| Ш.              |  |  |  |   |                       | Attach Forms 1099-DI                               | V               |
|                 |  |  |  |   |                       |  |                 |
|                 | SIONS, IRA   | AND GAN  | IBLING INC   | OME   |                       |  |                 |
|                 |  | AND GAN  | IBLING INC   | OME   |                       | Attach Forms<br>1099-R & W-2G                      |                 |
| Payer           | name:  Winnings not i  | reported on V  | V-2G   |   |                       |  |                 |
| Payer           | name:  Winnings not i  | reported on V  | V-2G   |   |                       |  |                 |
| Payer           | Winnings not in Total gambling   | reported on Vg losses  | V-2G   | OME   |                       |  |                 |
| Payer OTH       | Winnings not a Total gambling  ER GOVER Form 1099-B  | reported on V g losses  NMENT FC Sales of sto  | V-2G  DRMS - INC  ock (also include  | OME<br>de transaction his                     | story)                | 1099-R & W-2G                                      | Forms 1099      |
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| OTH             | Winnings not in Total gambling  ER GOVER Form 1099-B - Form 1099-MIS Form 1099-S -   | reported on V<br>g losses<br>NMENT FC<br>Sales of sto<br>SC - Miscella<br>Sales of rea   | W-2G  DRMS - INCock (also includanceous income al estate (also income  | OME<br>le transaction his                     | story)                | 1099-R & W-2G                                      | Forms 1099      |
| OTH             | Winnings not in Total gambling  ER GOVER Form 1099-B - Form 1099-S - Form 1099-G - For | reported on V<br>g losses<br>NMENT FC<br>Sales of sto<br>SC - Miscella<br>Sales of rea   | W-2G  DRMS - INCock (also includanceous income al estate (also income  | OME<br>le transaction his                     | story)                | 1099-R & W-2G                                      | Forms 1099      |
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| OTH Spous       | Winnings not in Total gambling  ER GOVER Form 1099-B - Form 1099-S - Form 1099-G - Form 1099-G - Form SSA-109 Form 1099-G - Form SSA-109 Form 1099-G - Form  | reported on Variables of Sc. Miscella Sales of read State tax results of Sc. State tax results of Sc. Unemployment of Sc. Unem | N-2G  DRMS - INC ock (also include an estate (also income al e | include closing s                             | story)                | Attach Forms 1099  Attach Forms 1099               | Forms 1099      |
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|                     |                | LAN CONT         | DIPLITIONS                                   |                   |             |
|---------------------|----------------|------------------|--|-------------------|-------------|
| axpay               |                |                  | KIDUTIONS                                    | 2010 Amount       | 2009 Amount |
|                     | er: Traditiona | al IRA contribu  | utions (1=maximum) [                         |                   |             |
|                     | Roth IRA       | contributions    | (1=maximum)                                  |                   |             |
|                     | Self-employ    | ed, SEP, SIMPLE, | , & qualified plan contributions (1=maximum) |                   |             |
| Spouse              | e: Traditiona  | al IRA contribu  | utions (1=maximum)                           |                   |             |
|                     | Roth IRA       | contributions    | (1=maximum)                                  |                   |             |
|                     | Self-employ    | ed, SEP, SIMPLE, | . & qualified plan contributions (1=maximum) |                   |             |
| OTHE                | R GOVER        | NMENT FO         | RMS - DEDUCTIONS                             |                   |             |
| For                 | m 1098-E - S   | Student Ioan ii  | nterest                                      | Attach Forms 1098 |             |
| For                 | m 1098-T - T   | uition and rel   | ated expenses                                | Attach Forms 1036 |             |
| <b>ADJU</b>         | STMENTS        | TO INCOM         | 1E   |                   |             |
| ахрау               | er:            |                  | _  |                   |             |
| Sel                 | lf-employed h  | ealth insuran    | ce premiums                                  |                   |             |
| Edi                 | ucator expens  | ses              |  |                   |             |
| Exp                 | penses from i  | ental of perso   | onal property                                |                   |             |
| Oth                 | ner adjustmer  | nts to income:   | _  |                   |             |
|                     |                |                  |  |                   |             |
|                     |                |                  |  |                   |             |
| Alir                | mony paid - F  | Recipient nam    | e & SSN                                      |                   |             |
|                     | - •            | •                |  |                   |             |
|                     |                |                  |  |                   |             |
| Spouse              | e:             |                  |  | •                 |             |
|                     |                | ealth insuran    | ce premiums                                  |                   |             |
| Edı                 | ucator expens  | ses              |  |                   |             |
|                     |                |                  | onal property                                |                   |             |
|                     |                | its to income:   |  | 1                 |             |
|                     | ,              |                  | Γ  |                   |             |
|                     |                |                  |  |                   |             |
| Alir                | mony paid - F  | Recipient nam    | e & SSN                                      |                   |             |
| ****                | 2 F            | ,                |  |                   |             |
|                     |                |                  | `  |                   |             |
|                     |                |                  |  |                   |             |
| MEDI                | CAL AND I      | DENTAL EX        | KPENSES                                      |                   |             |
| <sup>2</sup> rescri | ption medicir  | es and drugs     |  |                   |             |
| Doctors             | s, dentists an | d nurses         |  |                   |             |
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|                     |                |                  | ortation expenses                            |                   |             |
|                     |                |                  |  |                   |             |
| Other:              |                |                  |  |                   |             |
|                     |                |                  |  |                   |             |
|                     | -              |                  |  |                   |             |
| ΓΑΧF                | S PAID         |                  |  |                   |             |
|                     |                | - 1/10 navme     | nt on 2009 state estimate                    |                   |             |
|                     |                |                  | 009 state extension                          | <u> </u>          |             |
| Julie II            |                |                  | 009 state return                             |                   |             |
|                     | INVITED INVEST | paid Willi 20    | JOS State Tetami                             |                   |             |

ORGANIZER Page 46 Tax Organizer US 2010 1040 **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..... Sales taxes paid on vehicles, boats, and aircraft..... Use taxes paid on 2010 purchases..... Use taxes paid on 2009 state return ..... Attach Vehicle/Tax Information Taxes paid in 2010 on new motor vehicles purchased 2/17/09 - 12/31/09..... 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..... **Attach Tax Notice** Personal property taxes (including automobile fees in some states) . . . **INTEREST PAID** Home mortgage interest and points paid: **Attach Forms 1098** Home mortgage interest not on Form 1098 (include name, SSN, & address of payee): Ρ

| nts not reported on Form 1098:   |   |                                   |                                 |
|--|---|-----------------------------------|---------------------------------|
|  |   |                                   |                                 |
|  |   |                                   |                                 |
| tgage insurance premiums on post 12/31/06 contracts  |   |                                   |                                 |
| estment interest (interest on margin accounts):  |   | 1                                 |                                 |
|  |   |                                   |                                 |
| sive interest  |   |                                   |                                 |
| SH CONTRIBUTIONS   |   |                                   |                                 |
| TE: No deduction is allowed for cash or check contributions unless the d from the donee, showing the name of the organization, contribution  | onor maintains a ba<br>date(s), and contrib | nk record, or a<br>ution amount(s | a written communication<br>s).  |
|  |   |                                   |                                 |
| unteer expenses (out-of-pocket)  |   |                                   |                                 |
| nber of charitable miles.  |   |                                   |                                 |
|  |   |                                   |                                 |
| NCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household in  | tems that are not in                        | good used co                      | ondition or better, in addit    |
| NCASH CONTRIBUTIONS  | tems that are not in                        | good used co                      | ondition or better, in addit    |
| PNCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie   | tems that are not in                        | good used co                      | ondition or better, in addit    |
| NCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household in  | tems that are not in                        | good used co                      | ondition or better, in addit    |
| PNCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS   | tems that are not in                        | good used co                      | ondition or better, in addit    |
| PNCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS  on and professional dues   | tems that are not in                        | good used co                      | ondition or better, in addit    |
| PNCASH CONTRIBUTIONS TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS on and professional dues return preparation fee  | tems that are not in                        | good used co                      | ondition or better, in addit    |
| PNCASH CONTRIBUTIONS TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS On and professional dues return preparation fee de deposit box rental  | tems that are not in                        | good used co                      | ondition or better, in addit    |
| PINCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS  on and professional dues  return preparation fee deposit box rental estment expenses  | tems that are not in                        | good used co                      | ondition or better, in addit    |
| CELLANEOUS DEDUCTIONS on and professional dues return preparation fee de deposit box rental estment expenses ate tax, section 691(c)   | tems that are not in                        | good used co                      | ondition or better, in addit    |
| INCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS  On and professional dues  return preparation fee de deposit box rental destinent expenses date tax, section 691(c) deimbursed employee expenses: | tems that are not in                        | good used co                      | ondition or better, in addit    |
| CELLANEOUS DEDUCTIONS on and professional dues return preparation fee de deposit box rental estment expenses ate tax, section 691(c)   | tems that are not in                        | good used co                      | ondition or better, in addit    |
| INCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS  On and professional dues  return preparation fee de deposit box rental destinent expenses date tax, section 691(c) deimbursed employee expenses: | tems that are not in                        | good used co                      | ondition or better, in addit    |
| INCASH CONTRIBUTIONS  TE: No deduction is allowed for contributions of clothing and household is a deduction for any item with minimal monetary value may be denie  SCELLANEOUS DEDUCTIONS  On and professional dues  return preparation fee de deposit box rental destinent expenses date tax, section 691(c) deimbursed employee expenses: | tems that are not in                        | good used co                      | ondition or better, in addition |

#### **Client Information** US 2010 1040 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     | Filing status (table)                                    |  |
|------------|--|--|
| Status     | 1=married filing separate and lived with spouse          |  |
|            | Year spouse died, if qualifying widow(er) (2008 or 2009) |  |
|            | First name and initial                                   |  |
|            | Last name  |  |
|            | Title/suffix   |  |
| Taxpayer   | Social security number                                   |  |
| тахраўсі   | Occupation   |  |
|            | Date of birth (m/d/y)                                    |  |
|            | Date of death (m/d/y)                                    |  |
|            | 1=blind  |  |
|            | First name and initial                                   |  |
|            | Last name  |  |
|            | Title/suffix   |  |
| Spouse     | Social security number                                   |  |
| орошоо     | Occupation   |  |
|            | Date of birth (m/d/y)                                    |  |
|            | Date of death (m/d/y)                                    |  |
|            | 1=blind  |  |
|            | In care of   |  |
|            | Street address   |  |
| Address    | Apartment number   |  |
| , tau. 555 | City   |  |
|            | State  |  |
|            | ZIP code   |  |
| Foreign    | Region   |  |
| Address    | 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)   |                                  | <b>1</b> p2 |
|------------------------------------|--|--------------------------------|--|----------------------------------|-------------|
|                                    |  |                                | Please add, change or delete information for 2010.   |                                  |             |
| CLIE                               | NT INFO  | RMATION                        |  |                                  |             |
| Taxpayer<br>Contact<br>Information | Work phon Work exter Daytime pho Mobile pho Pager num  | ensionnsionnone (table)nnenone |  | <b>Daytime</b> 1 = W 2 = H 3 = M | ork<br>ome  |
| Spouse<br>Contact<br>Information   | E-mail add<br>Home phon<br>Work phon<br>Work exter<br>Daytime pl<br>Mobile pho<br>Pager num<br>Fax numbe | resseene                       |  |                                  |             |
| CA State<br>Information            | 1=PMB no<br>NOTE: If th  | . in address                   | nailing address includes a private mail box number (PMB), indicate this ne PMB number in the "Apartment Number" field in the Address area of |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  |                                  |             |
|                                    |  |                                |  | ,                                |             |
|                                    |  |                                |  |                                  | <b>1</b> p2 |

US 2010 1040 **Dependents**  2

#### Please add, change or delete information for 2010.

## **DEPENDENTS**

| Dependent   | Dependent    |   |
|-------------|--------------|---|
|             |              |   |
|             |              |   |
|             |              |   |
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|             |              | 5   |
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| Dependent   | ı Dependent  |   |
| 2 op om dom | 2 op on a on |   |
|             |              |   |
|             |              | 2   |
|             |              | 2   |
|             |              | 5   |
|             |              |   |
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|             |              |   |
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|             | <u> </u>     |   |
| Dependent   | Dependent    |   |
|             |              |   |
|             |              |   |
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|             |              |   |
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| Dependent   | Dependent    |   |
|             |              |   |
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|             |              |   |
|             |              |   |
|             |              |   |
|             |              |   |
|             |              |   |
|             | Dependent    | Dependent Dependent  Dependent Dependent  Dependent Dependent |

## **Type of Dependent**

- = Child living w/taxpayer = Child not living w/taxpayer = Dependent other than child = Head of household only, not a dependent = Earned income credit only, not a dependent

#### **Earned Income Credit**

- = When applicable (default)
  != Student age 19 to 23
  != Disabled
  != Force
  != Suppress

ORGANIZER Page 50 **Miscellaneous Questions** 2010 1040 US 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. PERSONAL INFORMATION 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 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?

ORGANIZER Page 51 **Miscellaneous Questions (continued)** 2010 1040 US 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. RETIREMENT PLANS YES NO 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 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 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?

ORGANIZER Page 52 **Miscellaneous Questions (continued)** 2010 1040 US 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. **MISCELLANEOUS** (continued) YES NO 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?

ORGANIZER Page 53 **Miscellaneous Questions** 2010 1040 US 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. 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 vocátional 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?

| Federal Overpayment applied from 2009. 1st quarter payment (due 4/15/10). 2nd quarter payment (due 9/15/10). 4th quarter payment (due 1/17/11).  Additional Estimated Tax Payment applied from 2009. 1st quarter payment (due 4/15/10). 2st quarter payment applied from 2009. 1st quarter payment (due 4/15/10). 2st quarter payment (due 4/15/10). 2nd quarter payment (due 4/15/10). 2nd quarter payment (due 6/15/10). 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   |              |
|--|--------------|
| DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)   =clectronic payment of federal tax refund into bank account.    =clectronic payment of estimated tax.    =clectronic payment of estimated tax.    =clectronic payment of CA state tax balance due.    =clectronic payment of CA state tax balance due.    =clectronic payment of CA estimated tax.    =clectronic payment of CA estimated tax    =clectronic payment of tax    =clectronic payment of CA estimated tax    =clectronic payment of tax     | 3,           |
| 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=electronic payment of estimated tax.  1=electronic payment of CA state tax balance due.  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  Account Number  Account Number  Account Number  Account Number  Type  Account Number  Account N |              |
| electronic payment of balance due   electronic payment of estimated tax.   electronic payment of estimated tax.   electronic payment of estimated tax.   electronic payment of CA state tax balance due.   electronic payment of CA state tax balance due.   electronic payment of CA estimated tax.   electronic payment payment (alue 4/15/10).   electronic payment applied from 2009.   electronic payment applied from 2009.   electronic payment (alue 9/15/10).   electronic payment (alue 4/15/10).   electronic payment (alue    |              |
| =electronic payment of balance due   =electronic payment of estimated tax   =electronic payment of estimated tax   =electronic payment of CA state tax balance due   =electronic payment of CA state tax balance due   =electronic payment of CA estimated tax   =electronic payment of    |              |
| =electronic payment of estimated tax   =direct deposit CA refund to one account, 2-split deposit between two accounts.   = electronic payment of CA estimated tax   = electronic payment   = electronic payme   |              |
| edirect deposit CA refund to one account, 2=split deposit between two accounts.  |              |
| BANK INFORMATION Name of Bank  Percent to Deposit (xx.xx) Routing Number  Account Number  Type Acco (Table)  2010 ESTIMATED TAX / 1040-ES (6)  Federal  Amount Paid Date Paid Ts Vouche  Paid quarter payment (due 4/15/10) Additional Estimated Tax Payment (due 9/15/10) Ist quarter payment applied from 2009.  Additional Estimated Tax Payments  Amount Paid Date Paid Ts Vouche  Vouche  Amount Paid Date Paid Ts Vouche  Vouche  Additional Estimated Tax Payments  Amount Paid Date Paid Ts Vouche  Amount Paid Date Paid Ts Vouche  Amount Paid Date Paid Ts Vouche  Additional Estimated Tax Payment (due 4/15/10) Additional Estimated Tax Payment (due 6/15/10) Additional Estimated Tax Payment (due 9/15/10) Additional Estimated Tax Payment (due 9/15/10) Additional Estimated Tax Payment (due 9/15/10) Additional Estimated Tax Payment (due 1/17/11) Additional Estimated Tax Payment (due 1/17/11) Additional Estimated Tax Payments   |              |
| BANK INFORMATION Deposit (xx.xx) Routing Number Account Number (Table Account Number (Table Account Number)  2010 ESTIMATED TAX / 1040-ES (6)  Federal Amount Paid Date Paid Ts Vouche (Overpayment applied from 2009. Ist quarter payment (due 4/15/10). 2nd quarter payment (due 6/15/10). 3rd 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 Vouche (Overpayment applied from 2009. Ist quarter payment (due 4/15/10). 2nd quarter payment (due 4/15/10). 2nd quarter payment (due 4/15/10). 3rd quarter payment (due 6/15/10). 3rd quarter payment (due 6/15/10). 3rd quarter payment (due 9/15/10). 4th quarter payment (due 1/17/11).  Additional Estimated Tax Payments  |              |
| Name of Bank    Deposit   (xx.xx)   Routing Number   Account Number   Account Number   Account Number   Account Number   |              |
| 2010 ESTIMATED TAX / 1040-ES (6)  Federal  | nt Invest.   |
| Amount Paid Date Paid Ts Vouche  Overpayment applied from 2009   |              |
| Amount Paid Date Paid Ts Vouche  Overpayment applied from 2009   |              |
| Amount Paid Date Paid Ts Vouche  Overpayment applied from 2009   |              |
| Overpayment applied from 2009.  1st quarter payment (due 4/15/10). 2nd quarter payment (due 9/15/10).  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  Overpayment applied from 2009.  1st quarter payment (due 4/15/10).  2nd 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  Additional Estimated Tax Payments  | 10<br>Amount |
| 2nd quarter payment (due 6/15/10)  |              |
| Additional Estimated Tax Payment (due 4/15/10)   |              |
| Additional Estimated Tax Payments  Amount Paid  Amount Paid  Date Paid  To Vouche  Amount Paid  Date Paid  Additional Estimated Tax Payments  Amount Paid  Date Paid  Amount Paid  Additional Estimated Tax Payment (due 4/15/10)  |              |
| Additional Estimated Tax Payments  Paid with extension (not later than 4/18/11)  State  Overpayment applied from 2009  |              |
| Tax Payments  Paid with extension (not later than 4/18/11)  State  Amount Paid  Date Paid  Ts  Vouche  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   |              |
| Tax Payments  Paid with extension (not later than 4/18/11)  State  Amount Paid  Date Paid  Ts  Vouche  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   |              |
| State Overpayment applied from 2009.  1st quarter payment (due 4/15/10). 2nd quarter payment (due 6/15/10). 3rd quarter payment (due 9/15/10). 4th quarter payment (due 1/17/11).  Additional Estimated Tax Payments   |              |
| State Overpayment applied from 2009. 1st quarter payment (due 4/15/10). 2nd quarter payment (due 6/15/10). 3rd quarter payment (due 9/15/10). 4th quarter payment (due 1/17/11).  Additional Estimated Tax Payments  |              |
| State  Amount Paid  Date Paid  TS  Voucher  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   |              |
| Overpayment applied from 2009  | 10<br>Amount |
| 2nd quarter payment (due 6/15/10)  | 7 tillount   |
| 3rd quarter payment (due 9/15/10)  |              |
| Ath quarter payment (due 1/17/11)  Additional Estimated Tax Payments   |              |
| Additional Estimated Tax Payments  |              |
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| Paid with autorain (not later than 4/10/11)  |              |
| Poid with extracion (act later than A/2013)  |              |
| Paid with extension (not later than 4/18/11)   |              |
|  |              |
| 1 Type of Account 2 Type of Investment   |              |
| Type of Account  |              |
| 2 = Checking 2 = Taxpayer's IRA (next year limits) 7 = Other   |              |
| 3 = Spouse's IRA (next year limits) 8 = Taxpayer's IRA (current year limits) 4 = Health savings account (HSA) 9 = Spouse's IRA (current year limits) 5 = Archer MSA 10 = Series   treasury bonds   |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |

Page 55 **ORGANIZER** Direct Deposit & Estimates (Form 1040 ES) (cont.) US 2010 1040 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 If "yes" explain any differences in income, deductions, dependents, etc.: Do you expect your 2011 withholding to be different from 2010? . . . . . . . . . Yes 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)

|     |                          | 1=retire | ement | Wages, Tips.                                     |                    |                               | Tax Withheld        |                   |                 |               |
|-----|--------------------------|----------|-------|--|--------------------|-------------------------------|---------------------|-------------------|-----------------|---------------|
| No. | Name of Employer (Box c) | 1=spous  |       | Wages, Tips,<br>Other<br>Compensation<br>(Box 1) | Federal<br>(Box 2) | Social<br>Security<br>(Box 4) | Medicare<br>(Box 6) | State<br>(Box 17) | SDI<br>(Box 14) | 2009<br>Wages |
|     |                          |          |       |  |                    |                               |                     |                   |                 |               |
|     |                          |          |       |  |                    |                               |                     |                   |                 |               |
|     |                          |          |       |  |                    |                               |                     |                   |                 |               |
|     |                          |          |       |  |                    |                               |                     |                   |                 |               |
|     |                          |          |       |  |                    |                               |                     |                   |                 |               |

### PENSIONS, IRA DISTRIBUTIONS (13.1)

|     |               | Distri                           | butio | n cod | e #2 | 2 |                                  |                               | Tax W              | ithheld           |  |                      |
|-----|---------------|----------------------------------|-------|-------|------|---|----------------------------------|-------------------------------|--------------------|-------------------|--|----------------------|
| No. | Name of Payer | Distribu<br>1=IRA/SEI<br>1=spous | P/SIN |       | #1   |   | Gross<br>Distribution<br>(Box 1) | Taxable<br>Amount<br>(Box 2a) | Federal<br>(Box 4) | State<br>(Box 10) | Value of<br>all IRAs<br>at<br>12/31/10 | 2009<br>Distribution |
|     |               |                                  |       |       |      |   |                                  |                               |                    |                   |  |                      |
|     |               |                                  |       |       |      |   |                                  |                               |                    |                   |  |                      |
|     |               |                                  |       |       |      |   |                                  |                               |                    |                   |  |                      |
|     |               |                                  |       |       |      |   |                                  |                               |                    |                   |  |                      |
|     |               |                                  |       |       |      |   |                                  |                               |                    |                   |  |                      |
|     |               |                                  |       |       |      |   |                                  |                               |                    |                   |  |                      |

## **GAMBLING WINNINGS (W-2G) (13.2)**

|     |               |          |                           | Tax W           | ithheld        |                  |
|-----|---------------|----------|---------------------------|-----------------|----------------|------------------|
| No. | Name of Payer | 1=spouse | Gross Winnings<br>(Box 1) | Federal (Box 2) | State (Box 14) | 2009<br>Winnings |
|     |               |          |                           |                 |                |                  |
|     |               |          |                           |                 |                |                  |
|     |               |          |                           |                 |                |                  |

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

| (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)**

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

## **DIVIDEND INCOME (12)**

|     |               |              |   | Dividend                           | Income                                     |                           | Tax-Exem                    | pt Interest                           |                                |                   |
|-----|---------------|--------------|---|------------------------------------|--|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
| No. | Name of Payer | 1=tp<br>2=sp | Total Ordinary<br>Dividends<br>(Box 1a) | Qualified<br>Dividends<br>(Box 1b) | Total Capital<br>Gain Distrib.<br>(Box 2a) | U.S. Bonds<br>(% or amt.) | Total<br>Municipal<br>Bonds | In-state<br>Muni-bonds<br>(% or amt.) | Foreign<br>Tax Paid<br>(Box 6) | 2009<br>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 A   | mount  | 2009 A   | mount  |
|---|----------|--------|----------|--------|
|   | 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)                 |          |        |          |        |
|   |          |        |          |        |
|   |          |        |          |        |
|   |          |        |          |        |
|   |          |        |          |        |
|   |          |        |          |        |
|   |          |        |          |        |
|   |          |        |          |        |
| TAV MUTUUELD                                    |          |        |          |        |
| TAX WITHHELD (not entered elsewhere)            |          |        |          |        |
| Federal income tax withheld                     |          |        |          |        |
| State income tax withheld                       |          |        |          |        |
| Local income tax withheld                       |          |        |          |        |

**ORGANIZER** \_\_\_\_\_\_ Page 59

| 2010        | 1040 | IIC | State & Local Tax Polynds / Unomployment Compensation | 1/1/2 |
|-------------|------|-----|---|-------|
| <b>ZUIU</b> | 1040 | U3  | 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)

|     | TIMENT COM ENSATION (FORM 1055-a)   | 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)   |                    |
| No. | 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)  |                    |
|     |   |                    |
|     |   |                    |
|     | Name of payer   |                    |
|     |   |                    |
|     | 1=spouse.   |                    |
|     | 1=spouse  |                    |
|     | 1=spouse. Unemployment compensation: Total received (Box 1).  |                    |
|     | 1=spouse  |                    |
|     | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
|     | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
|     | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
|     | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
| No. | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
| No. | 1=spouse.  Unemployment compensation:  Total received (Box 1)   |                    |
| No. | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
| No. | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
| No. | 1=spouse.  Unemployment compensation:  Total received (Box 1)  2010 Overpayment repaid.  State and local refunds:  State and local income tax refund, credit or offsets (Box 2)  1=city or local income tax refund  Tax year for box 2 if not 2009 (Box 3).  Federal income tax withheld (Box 4).  ATAA payments (Box 5).  Taxable energy grants:  Federal taxable amount (Box 6).  State taxable amount, if different.   |                    |
| No. | 1=spouse. Unemployment compensation: Total received (Box 1)   |                    |
| No. | 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).  |                    |
| No. | 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:   |                    |
| No. | 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).                        |                    |
| No. | 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 |                    |
| No. | 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).                        |                    |

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 AN | ID QTP'S (Form 1099-Q)   | 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)  |             |             |
| No.      | 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.                                      |             |             |
|          |  |             |             |
|          | 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)  |             |             |
| No.      | 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                                       |             |             |
| L        |  |             | -           |
|          | 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)  |             |             |
| No.      | 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                                       |             |             |
|          | 243.5 11 4110 207 40 01 12/01/05                                       |             | ı           |

|   | 1040   | US/CA            | Business Income (Schedule C              | No No                 | ·           |
|---|--|------------------|--|-----------------------|-------------|
|   | Please 6   | enter all per    | tinent 2010 amounts. Last year's amounts | are provided for your | reference.  |
| GEN   | IERAL IN   | IFORMAT          | TION                                     |                       |             |
| Princir                                       | nal husiness/  | profession       |  |                       |             |
|   | •  |                  |  |                       |             |
| Busine  | ess name, if   | different from   | Form 1040                                |                       |             |
| Busine  | ess address,   | if different fro | m Form 1040                              |                       |             |
| City, s                                       | state, ZIP cod   | le, if different | from Form 1040                           |                       |             |
|   |  |                  |  |                       |             |
| Other   | accounting n   | nethod           |  |                       |             |
| Accou   | nting method   | : 1=cash, 2=a    | accrual                                  |                       |             |
| Invent  | ory method:  | 1=cost, 2=low    | ver cost/market, 3=other                 |                       |             |
|   | -  | -                |  |                       |             |
|   |  |                  |  |                       |             |
|   |  |                  | usiness                                  |                       |             |
|   | -  |                  | loyee                                    |                       |             |
|   |  |                  | t tax                                    |                       |             |
|   |  |                  | erial income producing factor            |                       |             |
|   |  |                  |  |                       |             |
|   |  |                  |  |                       |             |
|   |  |                  | company                                  |                       |             |
| CA FT   | B Form 3805  | V:               |  |                       |             |
| 1=  | eligible smal  | l business       |  |                       |             |
|   |  |                  | 1=1st, 2=2nd, 3=3rd                      |                       |             |
| Pri   | inciple busine   | ess code (SIC    | 1987)                                    |                       |             |
| INC   | OME  |                  | 2  | 010 Amount            | 2009 Amount |
|   | •  | •                | 99-MISC, box 7)                          |                       |             |
|   |  | nces             |  |                       |             |
| Other   | income:  |                  |  |                       |             |
|   |  |                  |  |                       |             |
| -   |  |                  |  |                       |             |
| -   |  |                  |  |                       |             |
| -<br>-<br>-                                   |  |                  |  |                       |             |
| -<br>-<br>-                                   |  |                  |  |                       |             |
| -<br>-<br>-<br>-                              |  |                  |  |                       |             |
| cos   | ST OF GO   | DODS SO          | LD                                       |                       |             |
|   |  |                  | LD                                       |                       |             |
| Invent  | ory at beginn  | ing of the yea   |  |                       |             |
| Invento<br>Purcha                             | ory at beginr  | ing of the yea   | r  |                       |             |
| Invento<br>Purcha<br>Cost o<br>Cost o         | cory at beginnases   | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost o Cost o Materia         | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor<br>Purcha<br>Cost o                  | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost o Cost o Materia         | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost o Cost o Materia         | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost o Cost o Materia         | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost o Cost o Materia         | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost o Cost o Materia         | cory at beginn ases  | ing of the yea   | r  |                       |             |
| Inventor Purcha Cost of Cost of Materia Other | cory at beginn<br>ases<br>of items for proof labor<br>als and supp<br>costs: | ersonal use      | r  |                       |             |

**Business Income (Schedule C) (cont.)** US 2010 1040

| NI. |  |
|-----|--|
| 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   |             |             |
| Fravel  |             |             |
| Total meals and entertainment in full (50%)                     |             |             |
| Department of Transportation meals in full (80%)                |             |             |
| Jniforms.   |             |             |
| Jtilities   |             |             |
| Wages   |             |             |
|   |             |             |
| Other expenses:   |             |             |
|   |             |             |
|   |             |             |
|   |             |             |
|   |             |             |
|   |             |             |
|   |             |             |

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<br>(Box 5) | Description of Property<br>(Box 7) | Date<br>Acquired | Date Sold<br>(Box 1a) | Sales Price<br>(gross or net)<br>(Box 2) | Cost or Basis | Expenses of Sale<br>(if gross sales<br>price entered) | Federal Income<br>Tax Withheld<br>(Box 4) |
|-----|---------------------|------------------------------------|------------------|-----------------------|--|---------------|---|---|
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |
|     |                     |                                    |                  |                       |  |               |   |   |

| MUANIZER |      |    |                               | raye 04      |
|----------|------|----|-------------------------------|--------------|
| 2010     | 1040 | US | Installment Sales (Form 6252) | <b>17</b> p2 |

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

| RIOR TEA | R INSTALLMENT SALE                           | 2010 Amount | 2009 Amount |
|----------|--|-------------|-------------|
|          | Description of property                      |             |             |
| No.      | Date acquired (m/d/y)                        |             |             |
| No.      | Date sold (m/d/y).                           |             |             |
|          | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          | Description of property.                     |             |             |
|          | Date acquired (m/d/y)                        |             |             |
| No.      | Date sold (m/d/y)                            |             |             |
|          | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          | Description of property                      |             |             |
|          | Date acquired (m/d/y)                        |             |             |
| No.      | Date sold (m/d/y)                            |             |             |
| <u> </u> | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          | Description of property                      |             |             |
|          | Date acquired (m/d/y).                       |             |             |
| No.      | Date sold (m/d/y).                           |             | -           |
|          | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          |  |             |             |
|          | Description of property.                     |             |             |
| Na 🗆     | Date acquired (m/d/y)                        |             |             |
| No.      | Date sold (m/d/y)                            |             |             |
|          | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          | Description of property                      |             |             |
|          | Date acquired (m/d/y)                        |             |             |
| No.      | Date sold (m/d/y)                            |             |             |
|          | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          | Description of property                      |             |             |
|          | Date acquired (m/d/y)                        |             |             |
| No.      | Date sold (m/d/y)                            |             |             |
| -        | Gross profit ratio (.xxxx)                   |             |             |
|          | Current year principal payments (-1 if none) |             |             |
|          | Description of property                      |             |             |
|          | Date acquired (m/d/y).                       |             |             |
| No.      | 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)  |   |
|--|---|
| escription of property (Box 3)   |   |
| ate acquired (m/d/y)   |   |
| pate sold (m/d/y) (Box 1)  |   |
| ales price (Box 2)   |   |
| =sale of home  |   |
| =owned and used property as main home for at least 2 of 5 years before sale  |   |
| =first-time homebuyer credit was previously taken on this home   |   |
| =business use in year of sale  |   |
| lumber of days after December 31, 2008 that home was not used as principal residence   |   |
| Adjusted Basis   |   |
| Priginal cost  |   |
| mprovements:   |   |
|  |   |
|  |   |
|  |   |
|  |   |
| djusted basis  |   |
|  |   |
|  |   |
|  |   |
| otal expenses of sale.   |   |
|  |   |
| Reduced Exclusion  |   |
| Reduced Exclusion  |   |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May  | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee  Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May  excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)  | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee in Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May it excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in health, or unforeseen circumstances.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Pays used as main home - taxpayer.  Pays used as main home - spouse.  Pays property owned - taxpayer.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee in Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May it excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in health, or unforeseen circumstances.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in health, or unforeseen sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in health, place of employment, or unforeseen sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in health, place of employment, or unforeseen sale, enter date of sale (m/d/y) = sale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed in the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please of employment, or unforeseen circumstances.  Please of employment, or unforeseen circumstances.  Please of another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please of employment, or unforeseen circumstances.  Please of employment | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May it excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in the location of your job)  Please complete the following information if due to a change in health, place of employment, or unforeseen sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in the location of your job)  Please complete the following information if due to a change in the location of your job)  Please complete the following information if due to a change in the location of your job)   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in the sale of employment, or unforeseen sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please complete the following information if due to a change in the sale of employment, or unforeseen circumstances.  Please complete the following information if due to a change in the location of your job) espouse.  Please complete the following information if due to a change in the location of your job) espouse, 2=joint estation.   | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please as main home - taxpayer.  Please as main home -  | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please as main home - taxpayer.  Please as main home -  | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforeseed Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Plays used as main home - taxpayer.  Plays used as main home - spouse.  Plays property owned - taxpayer.  Plays property owned - spouse.  Plays property owned - spouse | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee on the complete the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - s | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please as main home - taxpayer.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - taxpayer | n circumstances you either:<br>6, 1997. |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee on Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main  | n circumstances you either: 6, 1997.    |
| Reduced Exclusion  Please complete the following information if due to a change in health, place of employment, or unforesee of Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) esale due to change in health, employment or unforeseen circumstances.  Please as main home - taxpayer.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - spouse.  Please as main home - taxpayer.  Please as main home - taxpayer | n circumstances you either: 6, 1997.    |

17, 27

|  | 1040  | chedule E)  | No.                                   | 18                  |                  |      |
|--|---|---|---------------------------------------|---------------------|------------------|------|
|  | Please  | enter all per   | tinent 2010 amounts. Last year's amou | nts are provided fo | r your reference |      |
| GEN  | NERAL IN  | NFORMAT   | TON                                   |                     |                  |      |
| Kind o   | of property   |   |                                       |                     |                  |      |
| Locati   | on of proper  | ty  |                                       |                     |                  |      |
|  |   |   |                                       |                     |                  |      |
| Perce  | ntage of own  | ership if not 1   | 00% (.xxxx)                           |                     |                  |      |
|  |   |   | if not 100% (.xxxx)                   |                     |                  |      |
|  |   |   |                                       |                     |                  |      |
|  |   |   | royalty                               |                     |                  |      |
|  |   |   |                                       |                     |                  |      |
|  |   |   |                                       |                     |                  |      |
|  |   |   |                                       |                     |                  |      |
|  |   |   | company                               |                     |                  |      |
|  | B Form 3805   |   | сопрану                               |                     |                  |      |
|  |   |   |                                       |                     |                  |      |
|  |   |   | 1, 2 or 3                             |                     |                  |      |
|  |   |   | 1987).                                |                     |                  |      |
|  |   | •   | ,                                     |                     | •                |      |
|  | OME   |   |                                       | 2010 Amount         | 2009 Amo         | ount |
| Rents  | received (Fo  | rm 1099-MISC  | c, box 1)                             |                     |                  |      |
| Royalt   | ties received   | (Form 1099-M  | ISC, box 2)                           |                     |                  |      |
|  | -   |   |                                       |                     |                  | i.   |
| Associated Auto a Cleanic Common Garde Insura Legal  | riation dues.  and travel (noting and main  nissions  ning  and professi  | ot entered else<br>itenance   | where).                               |                     |                  |      |
| Associated Auto a Cleani Commission Garde Insura Legal Licens Management Auto a Commission Auto a Comm | riation dues and travel (noting and main nissions   | ot entered else   | where).                               |                     |                  |      |
| Associated Auto a Cleani Commission Garde Insura Legal Licens Manag Miscel   | riation dues.  and travel (noting and main nissions  aning ance and professions and permoderm fees llaneous   | ot entered else   | where).                               |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga  | riation dues.  and travel (noting and main  nissions  ning  ance  and professi  ses and perm  gement fees  Ilaneous  age interest (   | ot entered else itenance onal fees its  | where)                                |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif  | riation dues. and travel (noting and main nissions aning and professions and professions and perm gement fees llaneous age interest of  | ot entered else itenance onal fees its (paid to banks,  | ewhere).                              |                     |                  |      |
| Association Auto a Cleani Comm Garde Insura Legal Licens Manag Miscel Mortga Qualif Exces  | riation dues. and travel (noting and main nissions aning and professions and professions and permodement fees Illaneous age interest of ied mortgage is mortgage is   | ot entered else   | ewhere).                              |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other  | riation dues and travel (noting and main nissions aning and professions and professions and permode and permode see and permode and permode are interest (notine and professions and permode are mortgage in interest (notine and mortgage in interest (notine and main and mortgage in interest (notine and mortgage in interest (notine and main and mortgage interest (notine and main and mortgage interest (notine and mortgage in interest (notine and main and mortgage in interest (notine and main and mortgage in interest (notine and mortgage in intere  | onal fees (paid to banks insurance prenterest   | ewhere).                              |                     |                  |      |
| Assoc<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manaç<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin  | riation dues and travel (not ing and main nissions  | onal fees  (paid to banks) e insurance prenterest entered elsewrating.  | ewhere).                              |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintii<br>Pest o   | diation dues.  and travel (noting and main nissions  aning  and professions and perm gement fees llaneous  age interest of ied mortgage is mortgage is interest (not ng and decor control   | onal fees  (paid to banks) e insurance prenterest entered elsewrating.  | ewhere)                               |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o   | riation dues.  and travel (noting and main hissions  and professions and perm gement fees llaneous age interest (ried mortgage is mortgage is interest (noting and decorton)  bing and elections are and elections and elections are are all electrons and electrons are are are all electrons are are are all electrons are all electron | onal fees   | emiums  where)                        |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o<br>Plumb<br>Repain  | siation dues and travel (not ing and main nissions  | onal fees   | ewhere)                               |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o<br>Plumb<br>Suppli  | riation dues and travel (not ing and main nissions  | onal fees  (paid to banks insurance prenterest entered elsew rating.  | etc.).emiums                          |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manaç<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintii<br>Pest o<br>Plumb<br>Repair<br>Suppli<br>Taxes   | riation dues and travel (not ing and main nissions  | onal fees  (paid to banks)  insurance pre interest  entered elsew rating.   | ewhere).                              |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintii<br>Pest o<br>Plumb<br>Repair<br>Suppli<br>Taxes<br>Taxes  | diation dues and travel (not ing and main nissions  | onal fees  intered else  conal fees  ints  (paid to banks  e insurance pre interest  entered elsew rating.  trical. | where).                               |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o<br>Plumb<br>Repair<br>Suppli<br>Taxes<br>Taxes<br>Teleph<br>Utilitie  | riation dues.  and travel (not ing and main nissions  | onal fees  inits  (paid to banks) in insurance prenterest entered elsew rating.  trical.                            | where)  , etc.) emiums  /here)  here) |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o<br>Plumb<br>Repair<br>Suppli<br>Taxes<br>Taxes<br>Teleph<br>Utilitie<br>Wages   | siation dues and travel (not ing and main nissions  | onal fees  inits  (paid to banks) in insurance prenterest entered elsew rating.  trical.                            | where).                               |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o<br>Plumb<br>Repair<br>Suppli<br>Taxes<br>Taxes<br>Teleph<br>Utilitie  | siation dues and travel (not ing and main nissions  | onal fees  inits  (paid to banks) in insurance prenterest entered elsew rating.  trical.                            | where)  , etc.) emiums  /here)  here) |                     |                  |      |
| Associ<br>Auto a<br>Cleani<br>Comm<br>Garde<br>Insura<br>Legal<br>Licens<br>Manag<br>Miscel<br>Mortga<br>Qualif<br>Exces<br>Other<br>Paintin<br>Pest o<br>Plumb<br>Repair<br>Suppli<br>Taxes<br>Taxes<br>Teleph<br>Utilitie<br>Wages   | siation dues and travel (not ing and main nissions  | onal fees  inits  (paid to banks) in insurance prenterest entered elsew rating.  trical.                            | where)  , etc.) emiums  /here)  here) |                     |                  |      |

|           | 1040           | US             | Rental & Royalty Income (  | (Sch. E) (cont.)         | No 18                  |
|-----------|----------------|----------------|--|--------------------------|------------------------|
| Plea      | se enter a     | l pertinent    | t 2010 amounts. Last year's amounts a                                      | are provided for your re | eference. The indirect |
| ex        | xpense co      | lumn shou      | uld only be used for vacation homes or                                     | less than 100% tenan     | t occupied rentals.    |
| OIL       | AND GA         | S              |  | 2010 Amount              | 2009 Amount            |
| Produc    | ction type (pr | eparer use o   | nly)   |                          |                        |
|           | •              |                |  |                          |                        |
|           |                |                | nount  |                          |                        |
|           |                |                | (-1 if none)   |                          |                        |
| State 9   | % depletion r  | ate or amour   | nt, if different (-1 if none)  |                          |                        |
| VAC       | ATION H        | IOME           |  |                          |                        |
|           |                |                | arket value  |                          |                        |
|           |                |                |  |                          |                        |
| Numbe     | er of days ow  | ned (if optior | nal method elected)  |                          |                        |
| INDI      | RECT EX        | (PFNSFS        | S  |                          |                        |
|           | :Indirect exp  | enses are rel  | lated to operating or maintaining the dwelling uni surance, and utilities. | it.                      |                        |
| A dy cort |                | •              |  |                          |                        |
|           | 3              |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           | •              |                | ewhere)  |                          |                        |
|           | 3              |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           | 3              |                |  |                          |                        |
|           |                |                |  |                          |                        |
| •         | •              |                |  |                          |                        |
|           |                |                |  |                          |                        |
| -         |                |                |  |                          |                        |
|           |                |                | s, etc.)   |                          |                        |
|           |                |                | remiums  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                | where)   |                          |                        |
|           |                |                |  |                          |                        |
|           | -              | -              |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                | vhere)   |                          |                        |
| Teleph    | none           |                |  |                          |                        |
| Utilities | S              |                |  |                          |                        |
| \\/\aaaa  | and salaries   | 5              |  |                          |                        |
| wayes     |                |                |  |                          |                        |
| Other:    |                |                |  |                          |                        |
|           |                |                | -  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |
|           |                |                |  |                          |                        |

18 p2

ORGANIZER Page 68 **US/CA** Farm Income (Schedule F/Form 4835) 2010 1040 No. 19 Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. **GENERAL INFORMATION** Employer ID number.... Accounting method: 1=cash, 2=accrual ..... 1=spouse, 2=joint ...... 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 Cash method: 2010 Amount 2009 Amount Sales of livestock, etc. bought for resale..... Sales of livestock, etc. you raised..... Accrual method: Sales of livestock, produce, grains, etc..... Cost of livestock, etc. purchased..... Inventory of livestock, etc. at end of year..... Other farm income: Total agricultural program payments (other than CRP)..... Taxable agricultural program payments (other than CRP)..... 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.

| ARM EXPENSES   | 2010 Amount | 2009 Amount |
|--|-------------|-------------|
| ar and truck expenses (not entered elsewhere)                    |             |             |
| hemicals   |             |             |
| onservation expenses   |             |             |
| ustom hire (machine work)  |             |             |
| mployee benefit programs   |             |             |
| eed purchased  |             |             |
| ertilizers and lime  |             |             |
| reight and trucking  |             |             |
| asoline, fuel, and oil   |             |             |
| surance (other than health)                                      |             |             |
| ortgage interest (paid to banks, etc.)                           |             |             |
| ther interest (not entered elsewhere)                            |             |             |
| abor hired   |             |             |
| ension and profit sharing - contributions                        |             |             |
| ension and profit sharing plans - admin. and education costs     |             |             |
| ent - vehicles, machinery, and equipment (not entered elsewhere) |             |             |
| ent - other  |             |             |
| epairs and maintenance   |             |             |
| eeds and plants purchased  |             |             |
| torage and warehousing   |             |             |
| upplies purchased  |             |             |
| axes (not entered elsewhere)                                     |             |             |
| tilities   |             |             |
|  |             |             |
| eterinary, breeding, and medicine                                |             |             |

19 p2

| ORGANIZEI 2010 | 1040   | US            | Partnersh  | nip and S corporat                   | ion Information                       | Page 70<br><b>20.1,20.</b> 2                       |  |  |  |
|----------------|--|---------------|------------|--------------------------------------|---------------------------------------|--|--|--|--|
| PAR            | Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.  PARTNERSHIP INFORMATION (20.1) |               |            |                                      |                                       |  |  |  |  |
| No.            |  | ne of Partner |            | Employer<br>Identification<br>Number | Tax Shelter<br>Registration<br>Number | Additional Amounts<br>Invested in<br>Partnership   |  |  |  |
|                |  |               |            |                                      |                                       |  |  |  |  |
|                |  |               |            |                                      |                                       |  |  |  |  |
| S C            | ORPORAT  | TION INF      | ORMATION ( | 20.2)                                |                                       |  |  |  |  |
| No.            | Name   | e of S corpor | ation      | Employer<br>Identification<br>Number | Tax Shelter<br>Registration<br>Number | Additional Amounts<br>Invested in<br>S corporation |  |  |  |
|                |  |               |            |                                      |                                       |  |  |  |  |
|                |  |               |            |                                      |                                       |  |  |  |  |
|                |  |               |            |                                      |                                       |  |  |  |  |
|                |  |               |            |                                      |                                       |  |  |  |  |

20.1,20.2

**ORGANIZER Estate or Trust and REMIC Information** US 2010 1040 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)** Tax Shelter Employer Registration Number No. Name of Estate or Trust Identification Number **REMIC INFORMATION (20.4)** Employer No. Name of REMIC Identification Number

20.3,20.4

| ORGANIZER |      |    |                        |    |
|-----------|------|----|------------------------|----|
| 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<br>in Service | Date Sold<br>(Box 1) | Sales Price<br>(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.

|     |                         | Related                            | Prep | arer Use       | Only     |                        | Cost        | Preparer U             | se Only                |
|-----|-------------------------|------------------------------------|------|----------------|----------|------------------------|-------------|------------------------|------------------------|
| No. | Description of Property | Related<br>Business<br>or Activity | Form | No. of<br>Form | Category | Date Placed in Service | or<br>Basis | Current<br>Section 179 | Method                 |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             |                        |                        |
|     |                         |                                    |      |                |          |                        |             | 22                     | <b>2</b> <sub>p2</sub> |

|      |      |    |                  |     | 1490 /       |
|------|------|----|------------------|-----|--------------|
| 2010 | 1040 | US | Vehicle Expenses | No. | <b>22</b> p3 |

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

|  | 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  |             |             |
| Average daily round-trip commute   |             |             |
| Average daily round-trip commute  ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil   |             |             |
| Average daily round-trip commute   |             |             |
| Average daily round-trip commute  ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil  Repairs  Tires.  |             |             |
| Average daily round-trip commute.  ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil  Repairs.  Tires.   |             |             |
| Average daily round-trip commute  ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil  Repairs  Tires  Insurance  Wiscellaneous   |             |             |
| Average daily round-trip commute.  ACTUAL EXPENSES  Parking fees and tolls (business portion only).  Gasoline, lube, oil.  Repairs.  Fires.  Insurance.  Miscellaneous.  Auto license (other than personal property taxes).  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil  Repairs  Tires  Insurance  Wiscellaneous  Auto license (other than personal property taxes)  Personal property taxes (based on car's value)  |             |             |
| ACTUAL EXPENSES  Parking fees and tolls (business portion only)  Gasoline, lube, oil  Repairs  Fires  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) |             |             |

Page 75

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 |        | 2009 Aı     | nount  |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | 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  |             |        |             |        |
| 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 PLAN  | S (KEOGH)   |        |             |        |
| 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:   | T           |        |             |        |
| 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   | 1           |        | 1           |        |
|   |             |        |             |        |
| 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   | 2009 amt:   |        | 2009 amt:   |        |
| Amount paid   | Loos ann.   | J [    | μουσ aiiit. |        |

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.

| Last year's amounts are provided for your reference. |  |
|--|--|
| AND DENTAL EVDENCES                                  |  |

| 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  |                           |            |             |
| Poctors, dentists and nurses  |                           |            |             |
| Hospitals and nursing homes   |                           |            |             |
| nsurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars)                      |                           |            |             |
| ong-term care premiums - taxpayer.  |                           |            |             |
| ong-term care premiums - spouse   |                           |            |             |
| nsurance reimbursement (enter as a positive number).  |                           |            |             |
| odging and transportation:  |                           |            |             |
| Out-of-pocket expenses  |                           |            |             |
| Medical miles driven  |                           |            |             |
|   |                           |            |             |
| Other medical and dental expenses:  |                           |            |             |
|   |                           |            |             |
|   |                           |            |             |
|   |                           |            |             |
| TAXES PAID (State and local withholding and 2010 estimates are auto   | omatic.)                  |            |             |
| 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 extension.  |                           |            |             |
| · · · · · · · · · · · · · · · · · · ·   |                           |            |             |
| 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  |                           |            |             |
| State and local sales taxes (except autos and special items)  |                           |            |             |
| Jse taxes paid on 2010 purchases  |                           |            |             |
| Use taxes paid with 2009 state return   |                           |            |             |
| axes paid in 2010 on New passenger autos, light trucks, motorcycles, and r                                  | notor homes nurchased 2/  | 17/09 - 12 | 2/31/09 *   |
| Vehicle #1 description.   | notor nornes parenasea Er | 17703 12   | 270 1703    |
| 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  |                           |            |             |
| Real estate taxes - principal residence:  |                           |            |             |
| The state takes principal residence.  |                           |            |             |
|   |                           |            |             |
|   |                           |            |             |
|   |                           | - 1        |             |
| 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  |                           | 1          |             |
| Other taxes:  |                           |            |             |
|   |                           | -+         |             |
|   |                           |            |             |
|   |                           |            |             |

2010 1040 US Itemized Deductions (continued) 25 p2

| ome mortgage int. (Box 1) and points (Box 2) reported on Form 1098   | : 2010 Amount  | TS                         | 2009 Amount           |
|--|--|----------------------------|-----------------------|
| The mortgage mit. (Box 1) and points (Box 2) reported on 1 on 1 1000   | 2010 Amount  |                            | 2005 Amount           |
|  |  |                            |                       |
|  | _  |                            |                       |
| Home mortgage interest not reported on Form 1098:  |  |                            |                       |
| Payee's name   |  |                            |                       |
| Payee's SSN or FEIN  |  |                            |                       |
| Payee's city, state, ZIP.  |  |                            |                       |
| Amount paid.   |  |                            |                       |
| pints not reported on Form 1098:   | ·  |                            |                       |
|  |  |                            |                       |
|  | -  |                            |                       |
| ortgage insurance premiums on post 12/31/06 contracts (Box 4)  | -  |                            |                       |
| vestment interest (interest on margin accounts):   |  | •                          |                       |
|  |  |                            |                       |
|  |  |                            |                       |
|  |  |                            |                       |
| assive interest  |  |                            |                       |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank r   | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution  | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution  | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution  | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution  | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution  | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution  | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a                | written communication |
| ertain home mortgage interest included above (6251)  | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a                | written communication |
| Pertain home mortgage interest included above (6251)   | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251).  HOTE: Points paid on loans other than to buy, build, or improve your in For these types of loans also provide the dates and lives of the EASH CONTRIBUTIONS  HOTE: No deduction is allowed for cash or check contributions unless from the donee, showing the name of the organization, contributions under the organization of the organiz | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251)   | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251).  HOTE: Points paid on loans other than to buy, build, or improve your in For these types of loans also provide the dates and lives of the EASH CONTRIBUTIONS  HOTE: No deduction is allowed for cash or check contributions unless from the donee, showing the name of the organization, contributions under the organization of the organiz | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251)   | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251).  HOTE: Points paid on loans other than to buy, build, or improve your in For these types of loans also provide the dates and lives of the EASH CONTRIBUTIONS  HOTE: No deduction is allowed for cash or check contributions unless from the donee, showing the name of the organization, contributions under the organization of the organiz | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251).  HOTE: Points paid on loans other than to buy, build, or improve your in For these types of loans also provide the dates and lives of the EASH CONTRIBUTIONS  HOTE: No deduction is allowed for cash or check contributions unless from the donee, showing the name of the organization, contributions under the organization of the organiz | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):                                 | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251).  HOTE: Points paid on loans other than to buy, build, or improve your in For these types of loans also provide the dates and lives of the EASH CONTRIBUTIONS HOTE: No deduction is allowed for cash or check contributions unless from the donee, showing the name of the organization, contributions unches, schools, hospitals, and other charitable organizations (50% Contributions by cash or check:  Volunteer expenses (out-of-pocket)  Number of charitable miles  Peterans' organizations, fraternal societies, nonprofit cemeteries, and Contributions by cash or check:   | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):  certain private nonoperating f | ecord, or a via amount(s). | written communication |
| Pertain home mortgage interest included above (6251).  HOTE: Points paid on loans other than to buy, build, or improve your in For these types of loans also provide the dates and lives of the EASH CONTRIBUTIONS  HOTE: No deduction is allowed for cash or check contributions unless from the donee, showing the name of the organization, contributions under the organization of the organiz | main home are deductible over loans.  the donor maintains a bank rution date(s), and contribution limitation):  certain private nonoperating f | ecord, or a via amount(s). | written communication |

| NOTE:  | :Use Sheet 26 if total noncash contributions are over that are not in <i>good</i> used condition or better. In add | illion, a deduction for any                | item with minima |    |          |     |
|--|--|--|------------------|----|----------|-----|
| 50% li   | imitation (see above):   |  | 2010 Amount      | TS | 2009 Amo | unt |
| =  |  |  |                  |    |          |     |
| _  |  |  |                  |    |          |     |
| -<br>30% li  | imitation (see above):   |  |                  |    |          |     |
| =  |  |  |                  |    |          |     |
| _  |  |  |                  |    |          |     |
| 30% c  | capital gain property (gifts of capital gain property to   | 50% limit orgs.):                          |                  |    |          |     |
| -  |  |  |                  |    |          |     |
| -  |  |  |                  |    |          |     |
| 20% c  | capital gain property (gifts of capital gain property to   | non-50% limit orgs.):                      |                  |    |          |     |
| -  |  |  |                  |    |          |     |
|  |  |  |                  |    |          |     |
| -  |  |  |                  |    |          |     |
|  | CELLANEOUS DEDUCTIONS (subject and professional dues   |  |                  |    |          |     |
| Jnion  |  |  |                  |    |          |     |
| Jnion  | and professional dues  |  |                  |    |          |     |
| Jnion  | and professional dues  |  |                  |    |          |     |
| Union<br>Other<br>orofes:<br>-<br>-                      | and professional dues  |  |                  |    |          |     |
| Union<br>Other<br>orofes:<br>-<br>-                      | and professional dues  |  |                  |    |          |     |
| Union<br>Other<br>orofes:<br>-<br>-                      | and professional dues  |  |                  |    |          |     |
| Union Other orofes: nvesti                               | and professional dues  | etective clothing, certain edu. expenses): |                  |    |          |     |
| Union Other profess nvestr                               | and professional dues  | etective clothing, ertain edu. expenses):  |                  |    |          |     |
| Union Other profess nvestr                               | and professional dues  | etective clothing, ertain edu. expenses):  |                  |    |          |     |
| Union Other profess nvestr Tax re Safe d Miscel          | and professional dues  | etective clothing, ertain edu. expenses):  |                  |    |          |     |
| Union Other profess nvesti Tax re Safe d Wiscel and cu   | and professional dues  | etective clothing, ertain edu. expenses):  |                  |    |          |     |
| Jnion Other profess  nvesti  Fax re Safe d Miscel and cu | and professional dues  | etective clothing, ertain edu. expenses):  |                  |    |          |     |
| Union Other profess nvesti Tax re Safe d Wiscel and cu   | and professional dues  | etective clothing, ertain edu. expenses):  |                  |    |          |     |

| 2010           | 1040  | US/CA | Itemized Deductions (continued) | 25 n/ |
|----------------|-------|-------|---------------------------------|-------|
| <b>Z</b> U I U | 1 444 | USICA | HEINZEU DEUNCHONS (COMMUNEU)    | ZJ n  |

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

| HER MISCELLANEOUS DEDUCTIONS | 2010 Amount               | TS  | 2009 Amount |
|------------------------------|---------------------------|-----|-------------|
| te tax, section 691(c)       |                           |     |             |
| er miscellaneous deductions: |                           |     |             |
|                              |                           |     |             |
|                              |                           |     |             |
|                              |                           |     |             |
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|                              |                           |     |             |
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| -                            |                           |     |             |
| eral only:                   |                           |     |             |
| orig.                        |                           |     |             |
|                              | <del>-</del> <del>-</del> |     |             |
| o only                       |                           |     |             |
| e only:                      |                           | 1 1 |             |
|                              | _                         |     |             |
|                              |                           |     |             |

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 |
|---|-------------|----|-------------|
| air market value of the property on the date that the last debt was secured     |             |    |             |
| ome acquisition and grandfather debt on the date that the last debt was secured |             |    |             |
| OAN INFORMATION   |             |    |             |
| oan #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                                    |             |    |             |
| oan #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                                    |             |    |             |
| Llamas a suite dabt barrassad in 2010   |             |    |             |
| Home equity debt borrowed in 2010   |             |    |             |

3 = Schedule E

**Noncash Contributions (Form 8283)** US 2010 1040

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.

|     | Name of charitable organization (donee)               |   |
|-----|---|---|
|     | Street address  |   |
|     | City, state, ZIP code                                 |   |
|     | 1=spouse, 2=joint                                     |   |
|     | Property description (other than vehicle)             |   |
|     | Year (yyyy)   |   |
| No. | Vehicle 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)    |   |
|     | Name of charitable organization (donee)               |   |
|     | Street address  |   |
|     | City, state, ZIP code                                 |   |
|     | 1=spouse, 2=joint                                     |   |
|     | Property description (other than vehicle)             |   |
|     | Year (yyyy)   |   |
| No. | Vehicle 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)    | ·   |
|     |   |   |
|     | Name of charitable organization (donee)               |   |
|     | Street address  |   |
|     | City, state, ZIP code                                 |   |
|     | 1=spouse, 2=joint                                     |   |
|     | Property description (other than vehicle)             |   |
| —   | Year (yyyy)   |   |
| No. | Vehicle 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)    |   |
|     | How Property was Acquired                             | 2 Method Used to Determine FMV  |
|     | 2 11 1  |   |
|     | I = Purchase 3 = Illiciliance                         |   |
|     | 1 = Purchase 3 = Inheritance<br>2 = Gift 4 = Exchange | 1 = Appraisal 3 = Catalog<br>2 = Thrift shop value 4 = Comparable sales |

26

| 2010 | 1040 | US | Business Use of Home (Form 8829) | No. | 29 |
|------|------|----|----------------------------------|-----|----|
|      | 1070 |    |                                  |     |    |

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)  |             |  |
| NDIRECT EXPENSES  |             |  |
| NOTE: Indirect expenses are for keeping up and running your entire home.  They benefit both the business and personal parts of your home.   |             |  |
| Mortgage interest   |             |  |
| Real estate taxes   |             |  |
| Qualified mortgage insurance premiums   |             |  |
| Casualty losses   |             |  |
| nsurance  |             |  |
| Miscellaneous   |             |  |
| Rent  |             |  |
| Repairs and maintenance   |             |  |
| Jtilities   |             |  |
| Excess mortgage interest  |             |  |
| Other indirect expenses:  |             | I  |
| Saller manest expenses.   |             |  |
|   |             |  |
|   |             |  |
|   |             |  |
|   |             |  |
| DIRECT EXPENSES   |             |  |
| NOTE: Direct expenses benefit only the business part of your home. They inclupainting or repairs made to specific areas or rooms used for business.   | ıde         |  |
| Mortgage interest   |             |  |
|   |             | <u>                                     </u> |
| Real estate taxes.  |             |  |
| Real estate taxes   |             |  |
| Real estate taxes   |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.   |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  nsurance   |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous.   |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  nsurance.  Miscellaneous  Rent.  |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent  Repairs and maintenance.  Utilities   |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous.  Rent.  Repairs and maintenance.  Utilities  Excess mortgage interest   |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance  Jtilities  Excess mortgage interest  Excess casualty losses                           |             |  |
| 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 |             |  |
| 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 |             |  |
| Real estate taxes.  Qualified mortgage insurance premiums  Casualty losses.  Insurance.  Miscellaneous  Rent.  Repairs and maintenance  Jtilities  Excess mortgage interest  Excess casualty losses                           |             |  |
| 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 |             |  |
| 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 |             |  |

| 10                       | 1040                          | US  | Employee/Vehicle Bus. Exp                           | o. (Form 2106)         | No.            |
|--------------------------|-------------------------------|---|---|------------------------|----------------|
|                          | Please e                      | nter all pe                                   | ertinent 2010 amounts. Last year's amou             | nts are provided for y | our reference. |
| GEN                      | IERAL IN                      | FORMA   | TION  |                        |                |
| Occup                    | ation, if differ              | ent from For                                  | rm 1040   |                        |                |
|                          |                               |   | le C, 2=second, etc.).                              |                        |                |
| 1=spo                    | use                           |   |   |                        |                |
| ·                        |                               |   | apped, 3=fee-basis government official  SS EXPENSES | 2010 Amount            | 2009 Amoun     |
| Local<br>Travel<br>Reimb | transportation<br>expenses wh | (bus, taxi, t<br>ile away fro<br>t included o | m home overnight                                    |                        |                |
| -                        |                               |   |   |                        |                |
| -<br>-                   |                               |   |   |                        |                |
| -                        |                               |   |   |                        |                |
| -                        |                               |   |   |                        |                |
|                          |                               |   |   |                        |                |

| 10             | 1040           | US             | Vehicle Expenses (Form 2               | 106) (cont.) | No 3        |
|----------------|----------------|----------------|--|--------------|-------------|
|                | Please e       | nter all pe    | ertinent 2010 amounts. Last year's amo |              |             |
| \/ <b>=</b> 11 |                | -              | •                                      | •            |             |
| VEH            | ICLE INF       | ORIVIA         | ION                                    | 2010 Amount  | 2009 Amount |
|                |                |                | re than 5% owner                       |              |             |
|                |                |                | ty personal use                        |              |             |
|                |                |                | for personal use                       |              |             |
|                |                |                | deduction.                             |              | _           |
| I=no \         | written eviden | ice to suppo   | rt your deduction                      |              |             |
| VEH            | ICLE 1         |                |  |              |             |
| Descri         | ption of vehic | :le            |  |              |             |
|                | •              |                |  |              |             |
|                |                |                |  |              |             |
| Busine         | ess mileage    |                |  |              |             |
| Comm           | uting mileage  | e (for the tax | year)                                  |              |             |
| Averag         | ge daily round | d-trip commu   | ute                                    |              |             |
| Numbe          | er of months   | of vehicle bu  | usiness use (if not 12)                |              |             |
| Parkin         | g fees and to  | lls (business  | s portion only)                        |              |             |
| Actual         | expenses:      |                |  |              |             |
| Ga             | asoline, lube, | oil            |  |              |             |
| Re             | pairs          |                |  |              |             |
| Tir            | es             |                |  |              |             |
| Ins            | surance        |                |  |              |             |
|                |                |                |  |              |             |
|                |                |                | rsonal property taxes)                 |              |             |
|                |                |                | sed on car's value)                    |              |             |
|                |                |                | dule C, E & F)                         |              |             |
|                |                | , ,            | ents                                   |              |             |
|                |                |                | positive)                              |              |             |
|                |                | /er-provided   | vehicle on Form W-2 (2106)             |              |             |
| VEH            | ICLE 2         |                | _                                      |              | 1           |
| Descri         | ption of vehic | :le            |  |              |             |
|                |                |                |  |              |             |
|                |                |                |  |              |             |
|                |                |                |  |              |             |
|                |                |                | ( year)                                |              |             |
|                |                |                | ite                                    |              |             |
|                |                |                | usiness use (if not 12)                |              |             |
|                |                | ils (business  | s portion only)                        |              |             |
|                | expenses:      | oil            | _                                      |              |             |
|                | , ,            |                |  |              |             |
|                | •              |                |  |              |             |
|                |                |                |  |              |             |
|                |                |                |  |              |             |
|                |                |                | rsonal property taxes)                 |              |             |
|                |                |                | sed on car's value)                    |              |             |
|                |                |                | dule C, E and F).                      |              |             |
|                |                |                | ents                                   |              |             |

Inclusion amount (enter as positive). Value of employer-provided vehicle on Form W-2 (2106).....

**30** p2

| )10     | 1040                            | US                 | Foreign Income Exclu                             | sion (Form 2555)                              | No. | 31.1 |
|---------|---------------------------------|--------------------|--|---|-----|------|
| GEN     | IERAL IN                        | FORMA <sup>*</sup> | Please enter all pertinent                       | 2010 information.                             |     |      |
| 1=spo   | use                             |                    |  |   |     |      |
| •       |                                 |                    | different from Form 1040:                        |   |     |      |
| Stı     | reet address.                   |                    |  |   |     |      |
| Cit     | ty                              |                    |  |   |     |      |
|         | •                               |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         | •                               |                    |  |   |     |      |
| Emplo   | -                               |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         | -                               |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         | J                               |                    |  |   |     |      |
|         | 5                               |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
| Fo      | reign country                   |                    |  |   |     |      |
| Fn      | nnlover type:                   | 1=foreign e        | entity, 2=U.S. company.                          |   |     |      |
| 3=      | self, 4=foreig                  | n affiliate of     | entity, 2=U.S. company,<br>U.S. company, 5=other |   |     |      |
| En      | nployer type,                   | if other           |  |   |     |      |
|         |                                 |                    | oked in earlier year (if applicable):            | Tax year revocation was effective             |     |      |
| Countr  | ry of citizensh                 | iip                |  |   |     |      |
| City ar | nd country of<br>se living cond | separate for       | eign residence if maintained due to              | Number of days during tax year at separate    |     |      |
| auvers  | se living cond                  | ппоня (п арр       | ncable).   | foreign address (if applicable)               |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
| Tax ho  | omes(s) durin                   | g tax year:        |  | Dates tax home(s) were<br>established (m/d/y) |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     |      |
|         |                                 |                    |  |   |     | 31.1 |

# Principal country of employment. FOREIGN HOUSING EXPENSES 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

1=U.S. home rented (if applicable)

Names of occupants in U.S.

home (if applicable)

Address of home in U.S. maintained while living

abroad (if applicable):

31.1 p2

Relationship of occupants in

U.S. home (if applicable)

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   |                     |             |
| =spouse  |                     |             |
| =retirement plan (Box 13)  |                     |             |
| lame of employer (Box c)   |                     |             |
| Vages, 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 II | NCOME       |
| 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:  |                     | 1           |
|  |                     |             |
|  |                     |             |
|  |                     |             |
|  |                     |             |
| And and I adding your ideal for the convenience of the   |                     | 1           |
| Meals and lodging provided for the convenience of the<br>Employer (excludable under section 119) |                     |             |
| Other Foreign Earned Income  |                     |             |
|  |                     |             |
|  |                     |             |
|  |                     |             |
|  |                     | 1           |
|  |                     |             |
| 2010 Days Worked Allocation Information  |                     |             |
| •  |                     |             |
| 2010 Days Worked Allocation Information  Fotal number of days worked (if not 240)                |                     |             |
| •  |                     |             |

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 A   | Amount | 2009 A   | mount  |
|--|----------|--------|----------|--------|
|  | 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/CA                        | Child and Depe                                    | endent Care | Expenses (F | orm 2441)  | 33.1,33 |
|----------------|-------------------------------|------------------------------|---|-------------|-------------|--|---------|
| Please<br>paid | e enter all  <br>  for the ca | pertinent 20<br>are of one o | 110 information. Last ye<br>r more dependents ena |             |             |  |         |
| DFP            | PENDEN                        | T CARF F                     | <b>EXPENSES (33.1)</b>                            |             | Amount      | 2009 Am  |         |
|                |                               |                              | ` · · -   | Taxpayer    | Spouse      | Taxpayer   | Spouse  |
|                |                               | •                            | ed but not paid in 2010                           |             |             | <del>                                     </del> |         |
| Empio          | byer-provided                 | a benefits forte             | ited in 2010                                      |             |             |  |         |
| PER            | RSONS A                       | ND EXPE                      | NSES QUALIFYING                                   | FOR DEPEN   | DENT CARE C | REDIT  |         |
|                | Fi                            | rst name                     |   |             |             |  |         |
|                |                               |                              |   |             |             |  |         |
|                | Da                            | ate of birth (m/             | ˈd/y)   |             |             |  |         |
| No.            | Sc                            | ocial security n             | umber   |             |             |  |         |
|                |                               | ualified depend              | dent care expenses                                |             |             |  |         |
|                | in                            | curred and pai               | d in 2010   |             |             | 2009 amt:  |         |
|                | 1=                            | =disabled                    |   |             |             |  |         |
|                | 1=                            | spouse, 2=joir               | nt  |             |             |  |         |
|                | 1                             |                              |   |             |             |  |         |
|                |                               |                              |   |             |             |  |         |
|                | La                            | ast name                     |   |             |             |  |         |
| No.            |                               | ate of birth (m/             | 'd/y)   |             |             |  |         |
| NO. L          |                               | ociai security n             | umber   |             |             |  |         |
|                | Qu                            | ualified depend              | dent care expenses d in 2010                      |             |             | 2009 amt:  |         |
|                | 1-                            | curreu ariu par<br>-disablad | d III 2010  |             |             | 2009 ann.  |         |
|                |                               |                              | nt  |             |             | -  |         |
|                | 1.                            | <u> </u>                     |   |             |             |  |         |
| PERS           | SONS OF                       | R ORGAN                      | IZATIONS PROVIDI                                  | NG CARE (33 | .2)         |  |         |
|                | Na                            | ame of provide               | r   | <u> </u>    |             |  |         |
|                |                               |                              |   |             |             |  |         |
|                | Ci                            | ty, state, ZIP o             | odo.  |             |             |  |         |
|                |                               |                              | care provided (if different):                     |             |             |  |         |
|                |                               |                              | ess   |             |             |  |         |
| No.            |                               | City, state,                 | ZIP code  |             |             |  |         |
|                | Te                            | elephone numb                | oer   |             |             |  |         |
|                | Id                            | entification nur             | mber (SSN or EIN)                                 |             |             |  |         |
|                | 1=                            | organization is              | s tax-exempt                                      |             |             |  |         |
|                | 1=                            | care provider                | is a person                                       |             |             |  |         |
|                |                               |                              | care provider in 2010                             |             |             | 2009 amt:  |         |
|                | 1=                            | spouse, 2=joir               | nt  |             |             |  |         |
|                | Na                            | ame of provide               | r   |             |             |  |         |
|                | St                            | reet address                 |   |             |             |  |         |
|                |                               |                              | code  |             |             |  |         |
|                | Ad                            |                              | care provided (if different):                     |             |             |  |         |
| No F           | <del></del>                   |                              | ess   |             |             |  |         |
| No.            |                               |                              | ZIP code  |             |             |  |         |
|                |                               |                              | per   |             |             |  |         |
|                | Id.                           | entification nui             | mber (SSN or EIN)                                 |             |             |  |         |
|                |                               | organization is              | s tax-exempt                                      |             |             |  |         |
|                |                               |                              | is a person                                       |             |             | 2009 amt:  |         |
|                |                               |                              | care provider in 2010                             |             |             | ZUUJ AIIIL.                                      |         |

33.1,33.2

| 10  | 1040 L  | S  | Qualified Adoption Expense   | es (Form 8839)                       | 3               |
|-----|---|--|--|--------------------------------------|-----------------|
|     | Please enter a  | -  | tinent 2010 information. Last year's amou  | unts are provided for<br>2010 Amount | your reference. |
| No. | Last nam Identifica Date of b 1=born b 1=specia 1=foreigr 1=adoptic Qualifie Adoptic Expense Paid in              | tion nuith (mefore 1 needs child.on was d Pries 20 20 20       | mber. /d/y). 992 and was disabled child. not final in 2010. 09 for adoption not finalized by end of 2010. or years for adoption of foreign child finalized in 2010. 10 for adoption finalized before 2010. |                                      | 2003 Amount     |
| No. | First nam Last nam Identifica Date of b 1=born b 1=specia 1=foreign 1=adoption Qualified Adoption Expense Paid ir | e e tion nu irth (m efore 1 needs child. on was d Pri es 20 20 | mber   |                                      |                 |
|     | First nam<br>Last nam<br>Identifica<br>Date of b  | e<br>e<br>tion nu<br>irth (m                                   | mber   |                                      |                 |

2009 for adoption not finalized by end of 2010. . . .

No.

Qualified Adoption Expenses Paid in

| 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.

| Student   Info.   |                 |                | 1  | 2010 Amount                     | 2009 Amount             |
|---|-----------------|----------------|--|---------------------------------|-------------------------|
| Info.  Last name Social security number.  1=American opportunity credit. 2=lifetime learning credit.  Number of years hope credit claimed.  Number of years hope credit claimed.  Number of years hope credit claimed.  Student completed 1st 4 years of past-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 required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to late to the supplies required to late to the supplies required to late to |                 |                |  |                                 |                         |
| Last name.  |                 |                |  |                                 |                         |
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| No. 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 *.  I=taxpayer, 2=spouse. First name. Info. Last name. Social security number.  1=American opportunity credit, 2=lifetime learning credit. 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 *.  I=taxpayer, 2=spouse. First name. Last name. Social security number.  1=American opportunity credit claimed. Number of years American opportunity credit claimed. Student info.  I=American opportunity credit claimed. Number of years hope credit claimed. Sudent 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 not entered above. Amount of prior year refund or assistance and not entered elsewhere). Books and supplies not entered above. Amount of prior year refund or assistance *.   |                 |                | Social security number   |                                 |                         |
| No. 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 *.    1=taxpayer, 2=spouse   First name   Last name   Social security number.   1=American opportunity credit, 2=lifetime learning credit.   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 *.    1=taxpayer, 2=spouse   First name   Last name  |                 | 1=American     | opportunity credit, 2=lifetime learning credit                   |                                 |                         |
| No. 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*    1=taxpayer, 2=spouse  | No.             |                |  |                                 |                         |
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| Books and supplies required to be purchased from institution. Books and supplies not entered above.  Amount of prior year refund or assistance *.    Student  |                 |                |  |                                 |                         |
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| Books and supplies not entered above. Amount of prior year refund or assistance **    Student   Info.   |                 |                |  |                                 |                         |
| Amount of prior year refund or assistance *   |                 |                |  |                                 |                         |
| Student Info.  Student Info.  I=American opportunity credit, 2=lifetime learning credit.  Number of years American opportunity credit claimed.  Sudeit 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 *   1=taxpayer, 2=spouse.  Student Info.  Student Info.  1=American opportunity credit, 2=lifetime learning credit.  Number of years American opportunity 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 required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to be purchased from institution.  Books and supplies required to sense and an otentered elsewhere).  |                 |                | • •  |                                 |                         |
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| Student Info.    Social security number.  |                 |                | 1-taynayar 2-engusa  |                                 |                         |
| Info. Last name   |                 | Student        |  |                                 |                         |
| 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 *  |                 |                |  |                                 |                         |
| 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 *.   1=taxpayer, 2=spouse First name Last name Social security number.  1=American opportunity credit, 2=lifetime learning credit.  Number of years American opportunity 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. Number of years hope credit claimed   |                 |                | - · · · · · · · · · · · · · · · · · · ·                          |                                 |                         |
| No. Number of years American opportunity credit claimed   |                 |                |  |                                 |                         |
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| 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 *.     1=taxpayer, 2=spouse   | No.             | Number of y    | ears American opportunity credit claimed                         |                                 |                         |
| Books and supplies required to be purchased from institution  |                 | Student comple | eted 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no |                                 |                         |
| Books and supplies required to be purchased from institution  Books and supplies not entered above  |                 | Qualified tui  | ition and fees paid in 2010                                      |                                 |                         |
| Books and supplies not entered above.  Amount of prior year refund or assistance *.    Student   Info.  |                 | (net of refur  | nd or assistance and not entered elsewhere)                      |                                 |                         |
| Amount of prior year refund or assistance *   |                 | Books and s    | supplies required to be purchased from institution               |                                 |                         |
| Amount of prior year refund or assistance *   |                 |                |  |                                 |                         |
| Student Info.    Student Info.   First name   Last name   Social security number.   |                 | Amount of p    | prior vear refund or assistance *                                |                                 |                         |
| Student Info.    Last name   Last name   Last name   Social security number.  |                 | ·              |  | •                               |                         |
| Info.  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.   |                 |                | 1=taxpayer, 2=spouse   |                                 |                         |
| No. 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 *.   |                 |                | First 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 *.   |                 | Info.          | Last name  |                                 |                         |
| Number of years hope credit claimed   |                 |                |  |                                 |                         |
| 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 *.  |                 | 1=American     | <del>-</del>   |                                 |                         |
| No. 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.             |                |  |                                 |                         |
| 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   |                 | -              | · · · · · · · · · · · · · · · · · · ·                            |                                 |                         |
| Books and supplies required to be purchased from institution  Books and supplies not entered above  |                 | Student comple | eted 1st 4 years of post-secondary edu. Defore 2010: 1=yes, 2=no |                                 |                         |
| Books and supplies required to be purchased from institution  Books and supplies not entered above  |                 | Qualified tui  | ition and fees paid in 2010                                      |                                 |                         |
| Books and supplies not entered above  |                 |                |  |                                 |                         |
| Amount of prior year refund or assistance *   |                 |                |  |                                 |                         |
|   |                 | Books and s    | supplies not entered above                                       |                                 |                         |
| nd of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expense  |                 | Amount of p    | prior year refund or assistance *                                |                                 |                         |
| nd of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expense  | nd of qualified | l avnancas an  | ad toy free adjustings assistance received after you file        | your raturn for the year in y   | which the expenses were |
|   | na or quaimed   | a expenses an  | id tax-free educational assistance received after you file       | e your return for the year in v | which the expenses were |
|   |                 |                |  |                                 |                         |
|   |                 |                |  |                                 |                         |
|   |                 |                |  |                                 |                         |
|   |                 |                |  |                                 |                         |
|   |                 |                |  |                                 |                         |
|   |                 |                |  |                                 |                         |
| 1   |                 |                |  |                                 |                         |

**ORGANIZER** <u> Page 92</u>

**Household Employment Taxes (Schedule H)** US 2010 1040

42

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

### **HOUSEHOLD EMPLOYMENT TAXES**

| NOTE: If you paid any or | e household employee   | cash wages of \$ | 1,700 or more  | in 2010; withhe | ld federal income | e tax during 201 | 0 for any  |
|--------------------------|------------------------|------------------|----------------|-----------------|-------------------|------------------|------------|
| household employ         | ee; or paid total cash | wages of \$1,000 | or more in any | calendar quarte | er of 2009 or 201 | 0 to household   | employees, |
| please complete t        | he following:          |                  |                |                 |                   |                  |            |
|                          |                        |                  |                |                 |                   |                  |            |

| household employee; or paid total cash wages of \$1,000 or more in any opposite the following: | calendar quarter of 2009 or 2 | 2010 to household employees, |
|--|-------------------------------|------------------------------|
| 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  |                               |                              |

| 10      | 1040                               | US             | Parent's Election to Report Child's Inc.                                     |                        | No.        | 44  |
|---------|------------------------------------|----------------|--|------------------------|------------|-----|
|         | Ple                                | ease enter     | all pertinent 2010 amounts & attach a<br>Last year's amounts are provided fo | II 1099-INT and 1099-E | OIV forms. |     |
| СНІІ    | LD'S INFO                          | ORMATIO        | -  | . your references      |            |     |
|         | name                               |                |  |                        |            |     |
|         | iame                               |                |  |                        |            |     |
|         | security num                       |                |  |                        |            |     |
|         | of birth (m/d/y)                   |                |  |                        |            |     |
|         | ntaxable to fed                    |                |  |                        |            |     |
| 1=non   | ntaxable to sta                    | te             |  |                        |            |     |
| INTE    | FRFST IN                           | COME (         | Form 1099-INT)   |                        |            |     |
|         |                                    | •              | •  | 2010 A                 | 2000 4     |     |
| Banks   | s, credit unions                   | s, etc. (Box   | ):   | 2010 Amount            | 2009 Amo   | unt |
| -       |                                    |                |  |                        |            |     |
| U.S. b  | onds. T-bills.                     | etc. (nontax   | able to state) (Box 3):  |                        |            |     |
|         |                                    | ( )            |  |                        |            |     |
| -       |                                    |                |  |                        |            |     |
| Tax-ex  | xempt interest                     | :              |  |                        | T.         |     |
|         |                                    |                |  |                        |            |     |
|         | •                                  | al bonds       |  |                        |            |     |
|         | tments:                            |                |  |                        | 1          |     |
|         |                                    |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         | •                                  | •              | NT in error)   |                        |            |     |
|         | •                                  |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
| Foreig  |                                    | authority ove  | er foreign account   |                        |            |     |
|         |                                    | -              |  |                        |            |     |
|         | ū                                  | ,              | ved distribution from foreign trust  |                        |            |     |
|         |                                    |                | interest (included above) (6251)   |                        |            |     |
| DIVI    | DEND IN                            | COME (F        | Form 1099-DIV)   |                        |            |     |
| Total o | ordinary divide                    | ends (Box 1a   | ):   |                        |            |     |
|         | ,                                  | `              | ,  |                        |            |     |
|         |                                    |                |  |                        |            |     |
| Qualifi | ied dividends                      | (Box 1b)       |  |                        |            |     |
| Total o | capital gain di                    | stributions (E | Box 2a):   |                        |            |     |
| -       |                                    |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         |                                    |                | (Box 2b)   |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         | xempt interest                     |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         | -state municip<br>nee distributior |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         | •                                  |                |  |                        |            |     |
|         |                                    |                |  |                        |            |     |
|         |                                    |                | s included above.  |                        |            |     |
| AldSKa  | а реппапепі т                      | una aiviaena   | s included above   |                        | 1          |     |

| ORGANIZER |      |    |               | Page 94 |
|-----------|------|----|---------------|---------|
| 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                      |  |

53.014