

2010
TAXPAYER ORGANIZER

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

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

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

Please provide all records and necessary information requested, including:

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

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

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

Courtesy of
JOHN F HOWES CPA
13904 NE 72nd AVE
Vancouver, WA 98686-2038
cpajohn@gmail.com
(360)747-7829

2010
TAX INFORMATION QUESTIONNAIRE

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

- Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?
- Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?
- Y N 3. Would you like to have a paper copy of your tax return?
- Y N 4. Did your marital status change during the year?
- Y N 5. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 6. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).
- Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).
- Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 11. Did you incur child care or dependent care expenses?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 14. Did you buy, sell, or trade any assets?
- Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses?
- Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 20. Did you receive any COBRA health insurance premium assistance during 2010?
- Y N 21. Did you make cash or noncash charitable contributions?
- Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.
- Y N 23. Did you have any casualty or theft losses?
- Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 25. Did you have any debt that was cancelled in 2010? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.
- Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept.

**JOHN F HOWES CPA
Privacy Policy
of**

CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information about you that is provided to us by you or obtained by us with your authorization.

Parties to Whom We Disclose Information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

PERSONAL DATA

CLIENT _____

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

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

Address

City

County

School District Name

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

Apt No _____
 State _____ ZIP Code _____
 County / municipal code _____
 School District number _____

Foreign address

City

Country

State or Province _____
 Postal Code .. _____

FILING STATUS

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

- 1 = Single
 - Claimed as a dependent on someone else's return.
 - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
 - Dual status alien
 - Itemizing required for Schedule A
 - Taking standard deduction
 - Claiming spouse as a dependent
 - Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child

Year spouse died (2008 or 2009) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number

2010 ORGANIZER

The following items were on your 2009 tax return. Please look for them or their replacements in preparation for your tax appointment.	Comments, Corrections, or Questions

DEPENDENT INFORMATION

CLIENT _____

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

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

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

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation

Number of other dependents listed above

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

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

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

NOTES:

W2

WAGES, SALARIES, TIPS, ETC.

CLIENT _____

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

W-2#

WAGE AND TAX STATEMENT
Taxpayer or spouse?
Employer name
Employer street address
Employer city
Control number
2009 AMOUNTS
1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare wages and tips
6. Medicare tax withheld
7. Social security tips
8. Allocated tips
9. Advance EIC payments
10. Dependent care benefits
11. Non-qualified plans
12a. Code
12b. Code
12c. Code
12d. Code
13. Statutory empl to Sch C #
Retirement plan?
Third-party sick pay?
14. Other
Other
Other
Other
15 State
16 State Employer I.D. Number
17 State Wages
18 State Tax Withheld
19 Local Wages
20 Local Tax Withheld
Locality Name
Corrected Form W-2?
Non-standard indicator?
Clergy Form W-2
Suppress Clergy self-employment tax

W-2 #

WAGE AND TAX STATEMENT
Taxpayer or spouse?
Employer name
Employer street address
Employer city
Control number
2009 AMOUNTS
1. Wages, tips, other compensation
2. Federal income tax withheld
3. Social security wages
4. Social security tax withheld
5. Medicare wages and tips
6. Medicare tax withheld
7. Social security tips
8. Allocated tips
9. Advance EIC payments
10. Dependent care benefits
11. Non-qualified plans
12a. Code
12b. Code
12c. Code
12d. Code
13. Statutory empl to Sch C #
Retirement plan?
Third-party sick pay?
14. Other
Other
Other
Other
15 State
16 State Employer I.D. Number
17 State Wages
18 State Tax Withheld
19 Local Wages
20 Local Tax Withheld
Locality Name
Corrected Form W-2?
Non-standard indicator?
Clergy Form W-2
Suppress Clergy self-employment tax

Attach additional W-2's

B

INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT _____

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

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

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

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

Foreign account

Name of country

Foreign trust

EF ONLY: Accrued market discount

2010 AMOUNTS	2009 AMOUNTS
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
NEW	

BUSINESS INCOME

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

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

PART I INCOME	2010 AMOUNTS	2009 AMOUNTS
Gross receipts or sales		
1. Amount is earnings received as a statutory employee	<input type="checkbox"/> Yes	
2. Returns and allowances	()	
6. Other income		

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

1099R

PENSIONS AND ANNUITIES

CLIENT _____

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

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse				Payer's federal identification no.					
Payer's name									
Payer's street address									
Payer's city		State		ZIP code					
Account number				Foreign address				Yes	
		2009 AMOUNTS							
1. Gross distribution					7. Distribution code				
2a. Taxable amount					IRA/SEP/SIMPLE		Yes		
2b. Tax amount not determined					Distrib rolled over 1 = IRA, 2 = Roth				
Total distribution?					8. Other				
Qualified Charitable Dist (QCD)					Percent of other				
Qual health svgs acct funding ..					9a. Percent of total distribution				
Insurance premium - retired					9b. Total employee contrib ..				
public safety officer					10. Name of state ..				
3. Capital gain (included in box 2a)					State tax withheld				
4. Federal income tax withheld ...					11. Payer's state I.D. number:				
5. Employee contrib or ins prem ..					12. State distribution				
6. Net unrealized appreciation ...					13. Local tax withheld				
					14. Name of locality				
Disability is earned income? ...					15. Local distribution				
				SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)					
Cost in plan at starting date					Amount recd tax-free after 1986				
Age at starting date					# mos payments made this year				
Annuity starting date					Using Table 1 or Table 2 ...				

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse				Payer's federal identification no.					
Payer's name									
Payer's street address									
Payer's city		State		ZIP code					
Account number				Foreign address				Yes	
		2009 AMOUNTS							
1. Gross distribution					7. Distribution code				
2a. Taxable amount					IRA/SEP/SIMPLE		Yes		
2b. Tax amount not determined					Distrib rolled over 1 = IRA, 2 = Roth				
Total distribution?					8. Other				
Qualified Charitable Dist (QCD)					9a. Percent of total distribution				
Qual health svgs acct funding ..					9b. Total employee contrib ..				
Insurance premium - retired					10. Name of state ..				
public safety officer					State tax withheld				
3. Capital gain (included in box 2a)					11. Payer's state I.D. number:				
4. Federal income tax withheld ...					12. State distribution				
5. Employee contrib or ins prem ..					13. Local tax withheld				
6. Net unrealized appreciation ...					14. Name of locality				
					15. Local distribution				
Disability is earned income? ...									
				SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)					
Cost in plan at starting date					Amount recd tax-free after 1986				
Age at starting date					# mos payments made this year				
Annuity starting date					Using Table 1 or Table 2 ...				

ATTACH ANY ADDITIONAL 1099-R'S

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

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

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY	
1. Property description . . .			
City		State <input type="text"/>	Zip code <input type="text"/>
Type of activity*:	<input type="text"/>	* 1 - Passive rental real estate with active participation 3 - Real estate professional 5 - Land lease (nonpassive investment income) 7 - Not rented for profit (related party for less than FMV rental) 9 - Royalty (portfolio, nonpassive)	
	2 - Passive rental real estate		
	4 - Nonpassive rental real estate		
	6 - Self-rental to business in which taxpayer materially participated		
	8 - Vacation home		

Ownership code (T = Taxpayer; S = Spouse; J = Joint)
 Two-letter state code
 Final disposition
 Rental is part of personal residence
 Percent of ownership

2010 AMOUNTS		2009 AMOUNTS	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	

2. Personally used for 14 days or 10% of total rental days

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

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

ADDITIONAL EXPENSES

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT _____

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

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

VACATION HOME CARRYOVERS ONLY

Operating expense carryover		
Depreciation carryover		
Alternative minimum depreciation carryover		

E2

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

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

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

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

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

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

NOTES OR QUESTIONS:

A

ITEMIZED DEDUCTIONS

CLIENT _____

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

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

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

INTEREST PAID	2010 AMOUNTS		2009 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 10.			
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	First name	T, S, J	
	Address _____	<input type="checkbox"/>	
	City, state, zip _____		
	SSN _____		
	FEIN _____ Amount _____		
	Second name	T, S, J	
	Address _____	<input type="checkbox"/>	
	City, state, zip _____		
	SSN _____		
	FEIN _____ Amount _____		
	Third name	T, S, J	
	Address _____	<input type="checkbox"/>	
City, state, zip _____			
SSN _____			
FEIN _____ Amount _____			
Details: _____			
12. Points not reported on Form 1098 12.			
13. Qualified mortgage insurance premiums 13.			
14. Deductible investment interest 14.			

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

A

ITEMIZED DEDUCTIONS, CONT'D

CLIENT _____

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

CONTRIBUTIONS	2010 AMOUNTS		2009 AMOUNTS
	TAXPAYER	SPOUSE	
16. Gifts made by cash or check:			

Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17. Contributions made other than by cash or check: (provide details)			

18. Contribution carryover from prior year			

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

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION		2010 AMOUNTS		2009 AMOUNTS
20. Union and professional dues	20.			
Job education				
Form 2106 or Form 2106-EZ				
Other unreimbursed expenses:				

22. Tax return preparation fees	22.			
23. Investment fees				
Safe deposit box	23.			
Other limited miscellaneous deductions:				

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

NONCASH CHARITABLE CONTRIBUTIONS

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

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES							
INFORMATION ON DONATED PROPERTY							
Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV

PART II OTHER INFORMATION	(Complete line 2 if less than an entire interest in property listed in Part I was given up) (Complete line 3 if conditions were placed on a contribution listed in Part I)
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- 2a. Enter letter from Part I that identifies the property _____
- b. Total amount claimed as deduction for property listed in Part I: (1) For this tax year _____
(2) For any prior tax years _____
- c. Name and address of each organization to which any such contribution was made in a prior year (only if different from above)
Name of charitable organization _____
Address (number, street, and room or suite no.) _____
City or town _____ State _____ ZIP code _____
- d. For tangible property, enter place where property is located or kept _____
- e. Name of any person, other than the donee organization having actual possession of the property _____

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

- 3a. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . Yes
- b. Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? Yes
- c. Is there a restriction limiting the donated property for a particular use? Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP)							
INFORMATION ON DONATED PROPERTY							

Enter kind of donated property from the listing below:

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

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

Attach any declarations of appraisal and donee acknowledgments

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

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

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2010 Amts	2009 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

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

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

NOTES OR QUESTIONS: