

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
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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 Apt No _____
 City State _____ ZIP Code _____
 County County / municipal code _____
 School District Name _____ School District number _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address
 City State or Province _____
 Country Postal Code .. _____

FILING STATUS

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

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

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

Year spouse died (2008 or 2009) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

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

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 Local Wages
19 Local Tax Withheld
20 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 Local Wages
19 Local Tax Withheld
20 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	E.		
D. Federal employer identification number	D.		
F. ACCOUNTING METHOD IF NOT CASH	<input type="checkbox"/> Accrual method	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Specify other method	F.	
G. Were you a "material participant" in the operation of this business?	G.	<input type="checkbox"/> No	
H. Is this the first Schedule C filed for this business?	H.	<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		

BUSINESS USE OF HOME EXPENSES

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

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

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

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

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

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		7. Distribution code					
1. Gross distribution				IRA/SEP/SIMPLE		Yes			
2a. Taxable amount				Distrib rolled over 1 = IRA, 2 = Roth					
2b. Tax amount not determined		Yes		8. Other					
Total distribution?		Yes		Percent of other					
Qualified Charitable Dist (QCD)				9a. Percent of total distribution					
Qual health svgs acct funding ..				9b. Total employee contrib ..					
Insurance premium - retired				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 ...									
5. Employee contrib or ins prem ..				12. State distribution					
6. Net unrealized appreciation ...				13. Local tax withheld					
Disability is earned income? ...		Yes		14. Name of locality					
				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		7. Distribution code					
1. Gross distribution				IRA/SEP/SIMPLE		Yes			
2a. Taxable amount				Distrib rolled over 1 = IRA, 2 = Roth					
2b. Tax amount not determined		Yes		8. Other					
Total distribution?		Yes		Percent of other					
Qualified Charitable Dist (QCD)				9a. Percent of total distribution					
Qual health svgs acct funding ..				9b. Total employee contrib ..					
Insurance premium - retired				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 ...									
5. Employee contrib or ins prem ..				12. State distribution					
6. Net unrealized appreciation ...				13. Local tax withheld					
Disability is earned income? ...		Yes		14. Name of locality					
				15. Local distribution					
SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)									
Cost in plan at starting date				Amount recd tax-free after 1986					
Age at starting date				# mos payments made this year					
Annuity starting date				Using Table 1 or Table 2 ...					

ATTACH ANY ADDITIONAL 1099-R'S

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

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

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

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

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

NOTES OR QUESTIONS:

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

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

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1. Property description . . .		
City		State <input style="width: 50px;" type="text"/> Zip code <input style="width: 50px;" type="text"/>
Type of activity*:	<input style="width: 100px;" type="text"/>	

2 - Passive rental real estate
 4 - Nonpassive rental real estate
 6 - Self-rental to business in which taxpayer materially participated
 8 - Vacation home

* 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)

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

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

ADDITIONAL EXPENSES

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT _____

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

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

FARM RENTAL INCOME AND EXPENSES

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

GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
This is the spouse's farm rental income		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Two-letter state code			
This activity is exempt from passive limitations		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Are you a real estate professional?		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer identification number (EIN)			
Did you "materially participate" in this farm operation this year?		<input type="checkbox"/> No	<input type="checkbox"/> No

FARM RENTAL INCOME		2010 AMOUNTS	2009 AMOUNTS
1. Income from production of livestock, produce, grains, and other crops	1.		
2a. Cooperative distributions from Form(s) 1099-PATR	a.		
b. Taxable amount	2b.		
3a. Agricultural program payments	a.		
b. Taxable amount	3b.		
4a. Commodity Credit Corporation loans reported under election	a.		
Explain CCC loans reported under election: ←			
b. CCC loans forfeited	b.		
c. Taxable amount	4c.		
5a. Crop insurance proceeds and federal crop disaster pmts received this year ...	a.		
b. Taxable amount			
Election is made to defer crop insurance proceeds to next year	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Explain election to defer crop insurance proceeds: ←			
d. Crop insurance proceeds deferred from last year	5d.		
6. Other income. Include federal and state gas tax credit or refund	6.		

NOTES AND QUESTIONS:

FARM RENTAL INCOME AND EXPENSES, CONT'D

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

Farm Rental Income and Expenses		2010 AMOUNTS	2009 AMOUNTS
8.	Car and truck expenses (see vehicle depreciation organizer)	8.	
9.	Chemicals	9.	
10.	Conservation expenses	10.	
11.	Custom hire (machine work)	11.	
12.	Depreciation and section 179 expense deduction (see depr organizer)	12.	
13.	Employee benefit programs (other than pension and profit-sharing)	13.	
14.	Feed	14.	
15.	Fertilizers and lime	15.	
16.	Freight and trucking	16.	
17.	Gasoline, fuel, and oil	17.	
18.	Insurance (other than health)	18.	
19a.	Interest: Mortgage (paid to banks, etc.)	a.	
b.	Other interest	19b.	
20.	Labor hired less employment credits	20.	
21.	Pension and profit-sharing plans	21.	
22a.	Rent or lease: Vehicles, machinery, and equipment	a.	
b.	Other (land, animals, etc.)	22b.	
23.	Repairs and maintenance	23.	
24.	Seeds and plants	24.	
25.	Storage and warehousing	25.	
26.	Supplies	26.	
27.	Taxes	27.	
28.	Utilities	28.	
29.	Veterinary, breeding, and medicine	29.	
30.	Other expenses: Miscellaneous		
	Amortization (see depreciation organizer)		
	Prior year carryover loss	30.	

NOTES OR QUESTIONS:

F _____

PROFIT OR LOSS FROM FARMING, CONT'D

CLIENT _____

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

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

37.	Amount at risk	37.	

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

F _____

PROFIT OR LOSS FROM FARMING

CLIENT _____

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

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

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

NOTES OR QUESTIONS:

MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT _____

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

MISCELLANEOUS INCOME		2010 AMOUNTS				2009 AMOUNTS	
		TAXPAYER		SPOUSE		TAXPAYER	SPOUSE
7.	Taxable scholarship / fellowship income	7.					
10.	IF YOU ITEMIZED LAST YEAR ←	Deducted 2009 state/local sales tax	<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	
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:

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

Is this your spouse's foreign earned income? ... Total itemized deduction amount not claimed because they are related to excluded income ... 1. Your foreign address ... 3. Employer ... 4a. Employer's U.S. address ... 4b. Employer's foreign address ... 5. Employer is: ... 6a. Last year (after 1981) Form 2555 was filed to claim either exclusion ... 6d. List type of exclusion and tax year for which revocation was effective ... 7. Citizen of which country (Default = U.S.) ... 8b. If separate home maintained because of adverse living conditions, list: ... 9. Tax home location during the year ...

BONA FIDE RESIDENCE

10. Date bona fide residence began ... and ended ... 11. Kind of living quarters in foreign country ... 12b. If a family member lived abroad with taxpayer, list family relationship ... 13a. Statement submitted to foreign country that taxpayer is not a resident of that country ... 14. See Organizer 2555, page 2 for travel calendar ... 15a. Contractual terms or conditions relating to length of employment abroad ... 15b. Type of visa under which taxpayer entered foreign country ... 15c. Did via limit length of stay or employment in foreign country? ... 15e. If home was maintained in U.S. while living abroad, list address ...

PHYSICAL PRESENCE TEST

16. Physical presence test for 12-month period ... through ... 17. Principal country of employment during tax year ... 18. See Organizer 2555, page 2 for travel calendar.

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.)

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)

- 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

EMPLOYEE BUSINESS EXPENSES

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			
Occupation in which expenses were incurred			
Business expense owner (Taxpayer or Spouse)			
Two-letter state code			
	2010 AMOUNTS	2009 AMOUNTS	
Employee business expense is for a Clergy return	<input type="checkbox"/> Yes		

EMPLOYEE BUSINESS EXPENSE	2010 AMOUNTS	2009 AMOUNTS						
2. Parking fees, tolls, local transportation, etc								
3. TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="border: none;">←</td> <td style="border: none;">Lodging</td> </tr> <tr> <td style="border: none;">←</td> <td style="border: none;">Car rental</td> </tr> <tr> <td style="border: none;">←</td> <td style="border: none;">Other</td> </tr> </table>	←	Lodging	←	Car rental	←	Other		
←	Lodging							
←	Car rental							
←	Other							
4. Other business expenses not included above								
5. Total meals and entertainment expenses								
Dept. of Transportation employee	<input type="checkbox"/> Yes							
6. REIMBURSEMENT NOT ON FORM(S) W-2 <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="border: none;">←</td> <td style="border: none;">Other than meals and entertainment</td> </tr> <tr> <td style="border: none;">←</td> <td style="border: none;">Meals and entertainment</td> </tr> </table>	←	Other than meals and entertainment	←	Meals and entertainment				
←	Other than meals and entertainment							
←	Meals and entertainment							

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

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

NOTES OR QUESTIONS:

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

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

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

NOTES OR QUESTIONS:

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:

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

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

UNDERPAYMENT INFORMATION

Prior year (2009) tax amount

Are you a Farmer / Fisherman? Yes

Prior year adjusted gross income

Was the income received uneven? (seasonal employment) Yes

APPLICATION OF 2010 OVERPAYMENT

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

Other (please explain): _____

2011 ESTIMATED TAX INFORMATION

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

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

Filing Status _____

Personal exemptions _____ TP over 65 Yes No TP blind Yes No

SP over 65 Yes No SP blind Yes No

Dependent exemptions _____

Qualified Child tax credit _____

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

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

NOTES OR QUESTIONS:

ES

2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT _____

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

State _____

2010 STATE ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2009 return ..				
1st quarter payment	04-15-2010		- -	
2nd quarter payment	06-15-2010		- -	
3rd quarter payment	09-15-2010		- -	
4th quarter payment	01-17-2011		- -	
Additional payment			- -	

UNDERPAYMENT INFORMATION

Prior year (2009) tax amount

Are you a Farmer / Fisherman?

Prior year adjusted gross income

Was the income received uneven? (seasonal employment)

<input type="checkbox"/> Yes
<input type="checkbox"/> Yes

APPLICATION OF 2010 OVERPAYMENT

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

Other (please explain): _____

2011 ESTIMATED TAX INFORMATION

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

If "No," enter any differences:

1. Taxable income	1.	
2. Tax	2.	
7. Withholding	7.	

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

NOTES OR QUESTIONS:

Paid Preparer's Earned Income Credit Checklist

▶ **Do not send to the IRS. Keep for your records.**

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- **Investment Income** ● **Qualifying Child** ● **Earned Income** ● **Full-time Student**

A Taxpayer's name ▶ _____

B If joint return, spouse's name ▶ _____

Part I All Taxpayers

<p>1 Year after 2008 for which you are completing this form ▶ _____</p>	
<p>2 Is the taxpayer's filing status married filing separately?</p> <p style="margin-left: 20px;">▶ If you checked ``Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering</p> <p style="margin-left: 20px;">▶ If you checked ``No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?</p> <p style="margin-left: 20px;">▶ If you checked ``Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5a Was the taxpayer a nonresident alien for any part of the year on line 1?</p> <p style="margin-left: 20px;">▶ If you checked ``Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b Is the taxpayer's filing status married filing jointly?</p> <p style="margin-left: 20px;">▶ If you checked ``Yes" on line 5a and ``No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6 Is the taxpayer's investment income more than the limit that applies to the year on line 1? See Pub. 596 for the limit</p> <p style="margin-left: 20px;">▶ If you checked ``Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for the year on line 1?</p> <p style="margin-left: 20px;">▶ If you checked ``Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

For Paperwork Reduction Act Notice, see instructions.

Part II Taxpayers With a Child

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
8 Child's name			
9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Is either of the following true? <ul style="list-style-type: none"> • The child is unmarried, or • The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund) 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Was the child (at the end of the year on line 1) -- <ul style="list-style-type: none"> • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or • Any age and permanently and totally disabled? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "Yes" on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked "No" on line 9, 10, 11 or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.			
13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b.			
b Enter the child's relationship to the other person(s)			
c Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
▶ If you checked "Yes" on line 13c, go to line 14. If you checked "No," the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the Note at the bottom of this page.			
14 Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 14, the taxpayer cannot take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Yes" on line 14, continue.			
15 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit			<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 15, stop ; the taxpayer cannot take the EIC. If you checked "Yes" on line 15, the taxpayer can take the EIC. Complete Schedule EIC and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20.			
Note. If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.			

Part III Taxpayers Without a Qualifying Child

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)

Yes No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?

Yes No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?

Yes No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit

Yes No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

Part IV Due Diligence Requirements

20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?

Yes No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

Yes No

22 Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)

Yes No

23 Did you keep the following records?

- Form 8867 (or your own form or files),
- The EIC worksheet(s) or your own worksheet(s), and
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained

Yes No

▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.

▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.

ASSETS

VEHICLE INFORMATION

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.

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2010 AMTS	2009 AMTS
Cost		
Business miles	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2010 AMTS	2009 AMTS
Cost		
Business miles	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2010 AMTS	2009 AMTS
Cost		
Business miles	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ACTIVITY _____

Description	T,S,J	Date in Service
	<input type="checkbox"/>	
	2010 AMTS	2009 AMTS
Cost		
Business miles	MI	
Commuting miles	MI	
Total miles	MI	
Parking fees and tolls		
Vehicle interest expense		
Gasoline and oil expense		
Repairs		
Other expenses		
Lease payment		
Insurance		
Tax and fees		
Odometer - Begin: _____	End: _____	

ORGANIZER SUMMARY

CLIENT _____

DESCRIPTION	2010 AMOUNTS	2009 AMOUNTS