

Miscellaneous Information

Name: _____

SSN: _____

Yes No

General Information

		1. Were there any changes to your filing status or number of dependents during 2010?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2010? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2010? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Recovery Payment in 2010 from social security benefits, supplemental security income, or pension benefits?

Yes No

Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2010?
		12. Did you surrender any U.S. Savings Bonds during 2010?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2010?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible? _____

Comments: _____

Miscellaneous Information

Name: _____

SSN: _____

		Business Information
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

		Business Information
Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

		Other Information
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2010 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2010?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008?
<input type="checkbox"/>	<input type="checkbox"/>	5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6, was the First-Time Homebuyer Credit taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you purchase a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you purchase a new vehicle between February 16, 2009 and January 1, 2010? If yes, please provide the amount of state, local, and excise tax you paid in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you make any gifts to any one person in 2010 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

		Other Information
Yes	No	
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<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2010?
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<input type="checkbox"/>	<input type="checkbox"/>	11. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2010
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: _____

Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
City	State	ZIP	
County		School District	
Foreign Address		Foreign City	
Foreign State/Province		Foreign Postal Code	Foreign Country
Taxpayer Date of Birth		Spouse Date of Birth	
Occupation		Occupation	
Daytime phone:	Ext:	Daytime phone:	Ext:
Evening phone:	Ext:	Evening phone:	Ext:
Cell:		Cell:	
E-mail		E-mail	
<input type="checkbox"/> Full time student	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	<input type="checkbox"/> Full time student
<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	<input type="checkbox"/> Full time student	<input type="checkbox"/> Blind
<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Camp Fund?		<input type="checkbox"/>
Date and time of this year's appointment		Economic Recovery Payment Amount	

Income Taxes Paid

Federal		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Check no.
Additional payments made						
Resident State		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Check no.
Additional payments made						
Local		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Check no.
Additional payments made						

Dependents

Name:					SSN:					
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		2010		2009	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		2010		2009	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		2010		2009	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		2010		2009	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
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Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		2010		2009	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										

Child & Dependent Care

Name:		SSN:	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS	Principal business or profession	Business code	
Employer I.D. number			
Business name			
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			
Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No			
Activity type You disposed of this property during 2010 <input type="checkbox"/>			
You started or acquired this business during 2010 <input type="checkbox"/> Statutory employee OR qualified joint venture <input type="checkbox"/>			

Information on your vehicle	2010	2009	
Date placed in service			Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information **2010** **2009**

Family Health Coverage		
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Income	2010	2009
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2010	2009
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Casualties and Thefts

Name:	SSN:
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Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area				
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis	Date acquired				
Insurance or other reimbursement (whether or not you filed a claim)	Date of incident				
Fair market value before incident	<input type="checkbox"/> Loss from federally declared disaster area				
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Form 1099-G Unemployment Compensation

Name:	SSN:
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TSJ		Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
Payer's phone:			Account number:		
	2010	2009		2010	2009
Unemployment compensation			State		State I.D.
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ		Payer's Federal I.D. Number:			
Payer's name:					
Payer's address:					
City, State, Zip:					
Payer's phone:			Account number:		
	2010	2009		2010	2009
Unemployment compensation			State		State I.D.
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

	2010	2009			2010	2009
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description	Name of locality					
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical & health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales	Name of locality					
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						

TS For Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

	2010	2009			2010	2009
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description	Name of locality					
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical & health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales	Name of locality					
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:				SSN:			
TS		Payer's name:				Payer's Federal ID Number:	
Address:							
City, State, Zip						2010	2009
	2010	2009	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Local income tax withheld				
Taxable amount			Name of locality				
Total distribution			Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Local income tax withheld				
IRA/SEP/SIMPLE Roth: Y/N	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality				
Your percentage of total distribution			Local distribution				

Name:				SSN:			
TS		Payer's name:				Payer's Federal ID Number:	
Address:							
City, State, Zip						2010	2009
	2010	2009	State		State I.D.		
Disability indicator	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040	<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution			Local income tax withheld				
Taxable amount			Name of locality				
Total distribution			Local distribution				
Capital gain			State		State I.D.		
Federal income tax withheld			State income tax withheld				
Employee contributions or insurance premiums			State distribution				
Distribution code(s)			Local income tax withheld				
IRA/SEP/SIMPLE Roth: Y/N	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality				
Your percentage of total distribution			Local distribution				

Social Security Benefit Statement

		2010	2009			2010	2009		
TS	Net benefits			Medicare premiums				Income tax withheld	
TS	Net benefits			Medicare premiums				Income tax withheld	

Moving Expenses

Name:

SSN:

					2010	2009		
TSJ	<input type="checkbox"/>	Military move	<input type="checkbox"/>					
Enter the number of miles from your OLD home to your NEW workplace								
Enter the number of miles from your OLD home to your OLD workplace								
Transportation and storage of household goods and personal effects								
Travel and lodging incurred during move (do NOT include cost of meals)								
Amount of moving expenses reimbursed by your employer								

Foreign Moving Expenses

					2010	2009		
If you moved to a foreign country:								
City and country in which your old workplace was located								
City and country in which your new workplace is located								

Self-Employed Health Insurance and Self-Employed Pensions

					2010	2009		
TSJ	<input type="checkbox"/>							
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents								
Qualified long term care amount								
Enter your medicare wages from an S corporation								
Plan contribution rate as a decimal								
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1								
Enter your allowable elective deferrals made during 2010								
Enter your catch-up contributions								

Noncash Charitable Contributions

					PROPERTY TYPE (if over \$5,000)			
TSJ	<input type="checkbox"/>	Donee I.D.						
Name of donee organization								
Address of donee organization								
City, State, & ZIP of donee organization								
Description of donated property								
Physical condition of donated property							Art valued more than \$20,000	
Valuation method used							Art valued less than \$20,000	
How was it acquired?							Collectibles	
Date acquired							Qualified Conservation Contribution	
Date contributed							Other Real Estate	
Donor's cost or adjusted basis							Intellectual Property	
Fair market value							Equipment	
Bargain sale price							Securities	
Average security price							Other	

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2010	2009	2010	2009
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2010				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2010				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2010	2009	GIFTS TO CHARITY (attach receipts)	2010	2009
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
			Unreimbursed employee expenses		
TAXES YOU PAID					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
New motor vehicle purchased after Feb 16, 2009 and before Jan 1, 2010					
Vehicle purchase price					
Total taxes paid in 2010			Tax preparation fees		
Tax on first \$49,500 of purchase price			OTHER EXPENSE (list):		
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID			MISCELLANEOUS DEDUCTIONS		
Home mort. int. & points on Form 1098			Other deductions not subject to 2% limit		
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home

2010

2009

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2010

2009

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?

Yes No

If not, enter the dates you lived in the home

From:

To:

Expenses

Expenses directly related
to business use **only**

Total Household
expenses

Did you claim office in home expenses last year? Yes No

2010

2009

2010

2009

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2010

2009

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

2010

2009

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

Pastor

Business Vehicle Expenses

Vehicle Description

Vehicle 1

Vehicle 2

2010

2009

2010

2009

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2010

Business miles included above

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted? Yes No

Do you (or your spouse) have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2009
1a	Off-highway business use				
1b	Use on a farm for farming purposes				
1c	Other non-taxable use of gasoline	Type			
1d	Exported				
2a	Aviation gasoline used in commercial aviation				
2b	Aviation gasoline other nontaxable use	Type			
2c	Exported				
2d	LUST tax on aviation fuels used in foreign trade				
3a	Nontaxable use	Type		Visible evidence of dye	
3b	Use on a farm for farming purposes				
3c	Use in trains				
3d	Used in intercity/local bus				
3e	Exported				
4a	Nontaxable use	Type		Visible evidence of dye	
4b	Use on a farm for farming purposes				
4c	Intercity and local buses				
4d	Exported				
4e	Nontaxable use taxed at \$.044	Type			
4f	Nontaxable use taxed at \$.219	Type			
5a	Kerosene taxed at \$.244				
5b	Kerosene taxed at \$.219				
5c	Nontaxable use taxed at \$.244	Type			
5d	Nontaxable use taxed at \$.219	Type			
5e	LUST tax on aviation fuel used in foreign trade				
6	Ultimate vendor ID #				
6a	Use by a state or local government			Visible evidence of dye	
6b	Use in certain intercity and local buses				
7	Ultimate vendor ID #				
7a	Kerosene for state and local government			Visible evidence of dye	
7b	Sales from blocked pump				
7c	Certain intercity and local buses				
8	Ultimate vendor ID #				
8a	Use in commercial aviation taxed at \$.219				
8b	Commercial aviation taxed at \$.244				
8c	Nonexempt noncommercial aviation				
8d	Other nontaxable uses taxed at \$.244	Type			
8e	Other nontaxable uses taxed at \$.219	Type			
8f	LUST tax on aviation fuels used in foreign trade				

Credit for Federal Tax on Fuels

Name:		SSN:		Gallons USED	2009
9 Registration number					
9a Ethanol alcohol mixtures					
9b Alcohol mixtures other than ethanol					
10 Registration number					
10a Biodiesel mix					
10b Agri-biodiesel mix					
10c Renewable diesel mixtures					
11a Liquefied petroleum gas		Type			
11b "P series" fuels		Type			
11c Compressed Natural Gas (GGE = 126.67 cu. ft.)		Type			
11d Liquefied hydrogen		Type			
11e Any liquid fuel from the Fischer-Tropsch process		Type			
11f Liquid fuel derived from biomass		Type			
11g Liquefied natural gas		Type			
11h Liquefied gas derived from biomass		Type			
12 Ultimate Vendor ID #					
12a Liquefied petroleum gas					
12b "P series" fuels					
12c Compressed natural gas					
12d Liquefied hydrogen					
12e Liquid fuel derived from coal					
12f Liquid fuel from biomass					
12g Liquefied natural gas					
12h Liquefied gas derived from biomass					
12i Compressed gas derived from biomass (GGE = 122 cu. ft.)					
13 Registration number					
13a State or local government diesel					
13b State or local government kerosene					
13c State or local government aviation					
14a Nontaxable use		Type			
14b Exported					
15 Registration number					
15a Blender credit					
16a Exported dyed diesel					
16b Exported dyed kerosene					

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes No

If date purchased is after April 30, 2010, and before Oct 1, 2010, was a binding contract signed before May 1, 2010, to purchase the home before July 1, 2010?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on the return for the year before the home was purchased?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer Long-time resident

Disposition or Change in Use of Main Home for Which the Credit Was Claimed

Date the home was disposed of or ceased to be your main home

Are you (or your spouse if married) a member of the military or foreign service

Yes

Select the box below that applies to you

- I sold the home to an unrelated person and had a gain on the sale
- I sold the home to an unrelated person and did not have a gain on the sale
- I sold the home to a related person
- I converted the home to a rental or business or I still own the home but it is no longer my main home
- I transferred the home to spouse (or ex-spouse as part of my divorce) settlement

Ex-spouse's full name

My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

The taxpayer who claimed the credit died in 2010

First-time Homebuyer Credit Claimed for 2008 or 2009

Year home purchased

Amount of the credit you claimed on Form 5405 for 2008 or 2009

Gain on the sale of your main home

Amount to repay in 2010 if you are choosing to repay more than is required

Residential Energy Credits

Name:

SSN:

TSJ

Were improvement or costs made to your main home located in the US?

Yes

No

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior windows including skylights

Exterior doors

Metal roof with appropriate pigmented coatings designed to reduce heat gain

Residential energy property costs

Energy efficient building property

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified fuel cell property costs

Kilowatt capacity of property on line 18

Amount of unused credit from 2009 Form 5695, line 28

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Qualified plug-in electric vehicle from pass-through entities			
Credits from passive activities			

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Tentative Credit			
Business/Investment use percentage			
Qualified 8936 Credit from pass-through entities			

Energy Credits (continued)

Name:

SSN:

Form 8908 - Energy Efficient Home Credit

TSJ

1a Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year

2a Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year

3 Energy efficient home credit from partnerships and S corporations

Form 8910 - Alternative Motor Vehicle Credit

TSJ

Vehicle 1

Vehicle 2

Vehicle 3

Year of vehicle

Make of vehicle

Model of vehicle

Date vehicle was placed in service

Maximum credit allowable

Cost of converting vehicle to plug-in electric drive motor

Section 179 expense deduction

Business/investment use percentage

Alternative motor vehicle credits from partnerships and S corporations

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

Total amount of any state premium subsidies paid and any state tax credit available	
Credit for small employer health insurance premiums from partnerships, s corporations, cooperatives, estates, and trusts	
Credit for small employer health insurance premiums above from passive activities	
Credit for small employer health insurance premiums allowed for 2010 from a passive activity	
<p>Provide a list of eligible employees, their hours of service, wages paid, the amount of health insurance premiums paid by you, and the state average premium. (Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.)</p>	

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2010

2009

a Business miles

b Commuting

c Other

Expenses:

2010

2009

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %