



## Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) ( Blank = Both, T = Taxpayer, S = Spouse)			[8]
Taxpayer email address	_____		[9]
Spouse email address	_____		[10]
	<b>Taxpayer</b>	<b>Spouse</b>	
Car telephone number	_____	_____	[11] [19]
Fax telephone number	_____	_____	[12] [20]
Mobile telephone number	_____	_____	[13] [21]
Pager number	_____	_____	[14] [22]
Other:	_____	_____	[15] [23]
Telephone number	_____	_____	[16] [24]
Extension	_____	_____	[17] [25]
Preferred method of contact			
Email, Work phone, Home phone, Fax, Mobile phone, Car phone	_____	_____	[18] [26]

**NOTES/QUESTIONS:**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

## Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [4]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [5]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [6]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [7] or Percent (xxx.xx) \_\_\_\_\_ [8]

## Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [23]  
 Name of financial institution \_\_\_\_\_ [24]  
 Your account number \_\_\_\_\_ [25]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [26]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [27]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [28]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

## Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [29]  
 Name of financial institution \_\_\_\_\_ [30]  
 Your account number \_\_\_\_\_ [31]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [32]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [33]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [34]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

## Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]  
 Owner's name (First Last) \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [45]

If you have an overpayment of 2010 taxes, do you want the excess:

Refunded \_\_\_\_\_ [43]

Applied to 2011 estimated tax liability \_\_\_\_\_ [44]

Do you expect a considerable change in your 2011 income? (Y, N) \_\_\_\_\_ [45]

If yes, please explain any differences:

\_\_\_\_\_ [46]

\_\_\_\_\_ [47]

\_\_\_\_\_ [48]

\_\_\_\_\_ [49]

Do you expect a considerable change in your deductions for 2011? (Y, N) \_\_\_\_\_ [50]

If yes, please explain any differences:

\_\_\_\_\_ [51]

\_\_\_\_\_ [52]

\_\_\_\_\_ [53]

\_\_\_\_\_ [54]

Do you expect a considerable change in the amount of your 2011 withholding? (Y, N) \_\_\_\_\_ [55]

If yes, please explain any differences:

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

\_\_\_\_\_ [59]

Do you expect a change in the number of dependents claimed for 2011? (Y, N) \_\_\_\_\_ [60]

If yes, please explain any differences:

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

\_\_\_\_\_ [64]

**2010 Federal Estimated Tax Payments**

2009 overpayment applied to 2010 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/10	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/10	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/10	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/18/11	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

**NOTES/QUESTIONS:**





# Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code (**See codes below)	1	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts	+									
	2	Payer										
		Amounts	+									
	3	Payer										
		Amounts	+									
	4	Payer										
		Amounts	+									
	5	Payer										
		Amounts	+									
	6	Payer										
		Amounts	+									
	7	Payer										
		Amounts	+									
	8	Payer										
		Amounts	+									
	9	Payer										
		Amounts	+									
	10	Payer										
		Amounts	+									

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

## Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ —  
 Payer's name \_\_\_\_\_  
 Payer's address \_\_\_\_\_  
 Payer's social security number \_\_\_\_\_  
 Interest income amount received in 2010 + \_\_\_\_\_ [1]

**Control Totals +**





### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [13]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [14]  
 State withholding (Box 10) + \_\_\_\_\_ [15]  
 Local withholding (Box 13) + \_\_\_\_\_ [17]  
 Amount of rollover + \_\_\_\_\_ [19]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [21]  
 Mark if distribution was from an inherited IRA \_\_\_\_\_ [22]


Control Totals +

### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [13]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [14]  
 State withholding (Box 10) + \_\_\_\_\_ [15]  
 Local withholding (Box 13) + \_\_\_\_\_ [17]  
 Amount of rollover + \_\_\_\_\_ [19]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [21]  
 Mark if distribution was from an inherited IRA \_\_\_\_\_ [22]


Control Totals +

### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2010 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Name of payer \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [5]  
 Gross distributions received (Box 1) + \_\_\_\_\_ [7]  
 Taxable amount received (Box 2a) + \_\_\_\_\_ [9]  
 Federal withholding (Box 4) + \_\_\_\_\_ [11]  
 Distribution code (Box 7) \_\_\_\_\_ [13]  
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_ [14]  
 State withholding (Box 10) + \_\_\_\_\_ [15]  
 Local withholding (Box 13) + \_\_\_\_\_ [17]  
 Amount of rollover + \_\_\_\_\_ [19]  
 Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_ [21]  
 Mark if distribution was from an inherited IRA \_\_\_\_\_ [22]


Control Totals +

# Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

\_\_ [1]

State postal code

\_\_ [2]

## Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

	2010 Information	Prior Year Information
Net Benefits for 2010 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

## Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2010 Information	Prior Year Information
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2010 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

## Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2010 or receive any prior year benefits in 2010. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_ [36]

\_\_\_\_\_ [37]

\_\_\_\_\_ [38]

\_\_\_\_\_ [39]

\_\_\_\_\_ [40]

### NOTES/QUESTIONS:

The American Recovery and Reinvestment Act of 2009 provided for a one-time payment of \$250 to retirees, disabled individuals, Social Security beneficiaries and SSI recipients receiving benefits from the Social Security Administration, Railroad Retirement beneficiaries, and veterans receiving disability compensation and pension benefits from the U.S. Department of Veterans' Affairs, which most qualifying persons received in 2009.

**Only report an economic recovery payment received in 2010 in the field(s) below, DO NOT enter any amount received in 2009.**

	Taxpayer	Spouse	Prior Year Information
Economic recovery payment received in 2010 (Do not enter more than \$250 per person)	+ _____ [19]	+ _____ [20]	_____

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]	+ _____ [1]	_____ _____ _____ _____ _____ _____
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [16]	+ _____ [17]	

T/S/J	Self-Employment Income ? (Y, N)	2010 Information		Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—	+ _____	+ _____ [14]	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
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—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	
—	—	+ _____	+ _____	

## Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Name of payer	_____		[3]
State postal code		_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)		_____	[7]
Rents <b>(Box 1)</b>	+	_____	[10]
Royalties <b>(Box 2)</b>	+	_____	[12]
Other income <b>(Box 3)</b>	+	_____	[14]
Federal income tax withheld <b>(Box 4)</b>	+	_____	[16]
Fishing boat proceeds <b>(Box 5)</b>	+	_____	[18]
Medical and health care payments <b>(Box 6)</b>	+	_____	[20]
Nonemployee compensation <b>(Box 7)</b>	+	_____	[22]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+	_____	[24]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>		_____	[26]
Crop Insurance proceeds <b>(Box 10)</b>	+	_____	[28]
Excess golden parachute payments <b>(Box 13)</b>	+	_____	[30]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+	_____	[32]
Section 409A deferrals <b>(Box 15a)</b>	+	_____	[34]
Section 409A income <b>(Box 15b)</b>	+	_____	[36]
State tax withheld <b>(Box 16)</b>	+	_____	[38]
State/Payer's state no. <b>(Box 17)</b>		_____	[40]
State income <b>(Box 18)</b>	+	_____	[41]

	<b>Control Totals +</b>	
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## Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Name of payer	_____		[3]
State postal code		_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)		_____	[7]
Rents <b>(Box 1)</b>	+	_____	[10]
Royalties <b>(Box 2)</b>	+	_____	[12]
Other income <b>(Box 3)</b>	+	_____	[14]
Federal income tax withheld <b>(Box 4)</b>	+	_____	[16]
Fishing boat proceeds <b>(Box 5)</b>	+	_____	[18]
Medical and health care payments <b>(Box 6)</b>	+	_____	[20]
Nonemployee compensation <b>(Box 7)</b>	+	_____	[22]
Substitute payments in lieu of dividends or interest <b>(Box 8)</b>	+	_____	[24]
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 9)</b>		_____	[26]
Crop Insurance proceeds <b>(Box 10)</b>	+	_____	[28]
Excess golden parachute payments <b>(Box 13)</b>	+	_____	[30]
Gross proceeds paid to an attorney <b>(Box 14)</b>	+	_____	[32]
Section 409A deferrals <b>(Box 15a)</b>	+	_____	[34]
Section 409A income <b>(Box 15b)</b>	+	_____	[36]
State tax withheld <b>(Box 16)</b>	+	_____	[38]
State/Payer's state no. <b>(Box 17)</b>		_____	[40]
State income <b>(Box 18)</b>	+	_____	[41]

	<b>Control Totals +</b>	
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## Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor/lender \_\_\_\_\_ [4]  
 Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [12] No \_\_\_ [13]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [14]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [15]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [18]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [19] No \_\_\_ [20]

	<b>Control Totals +</b>	
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## Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor \_\_\_\_\_ [4]  
 Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [12] No \_\_\_ [13]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [14]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [15]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [18]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [19] No \_\_\_ [20]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

## Gambling Winnings #1

Please provide all copies of Form W-2G.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	<b>Control Totals +</b>	
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## Gambling Winnings #2

Please provide all copies of Form W-2G.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

**Preparer use only**

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14]    _____ [15]    _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	_____
If other:	_____ [19]	_____
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	_____
If other enter explanation:	_____ [22]	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:	_____ [23]	
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____ [24]	_____
If not, number of hours you did significantly participate	_____ [26]	_____
Mark if you began or acquired this business in 2010	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	_____
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

**Business Income**

	2010 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Cost of Goods Sold**

	2010 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+ _____	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [59]	



# Rent and Royalty Property - General Information

Preparer use only

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Description:	_____ [3]	
	_____ [4]	
	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

## Rent and Royalty Income

	2010 Information	Prior Year Information
Gross rents received	+ _____ [18]	
Gross royalties received	+ _____ [20]	

## Rent and Royalty Expenses

	2010 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [51]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2010	

**Control Totals +**

**Preparer use only**  
Description \_\_\_\_\_

**Vacation Home Information**

	<b>2010 Information</b>	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2010	+ _____	[20]
Carryover of disallowed depreciation expenses into 2010	+ _____	[21]

**Prior Year Information**

_____
_____
_____
_____

**Passive and Other Information**

<b>Preparer use only</b>				
<b>Carryovers</b>		<b>Regular</b>		<b>AMT</b>
Operating	+	[28]	+	[29]
Schedule D - Short-term	+	[30]	+	[31]
Schedule D - Long-term	+	[32]	+	[33]
Schedule D - 28% rate	+	[34]	+	[35]
Form 4797 - Part I	+	[36]	+	[37]
Form 4797 - Part II	+	[38]	+	[39]
Comm revitalization	+	[40]	+	[41]
Section 179	+	[42]		

**NOTES/QUESTIONS:**









**Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_ [11]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-4</b>	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_ [11]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-4</b>	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_ [11]

	<b>Preparer use only Carryovers</b>	<b>Regular</b>	<b>AMT</b>
<b>Enter on K1-4</b>	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

# Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2010	+ _____ [5]	+ _____ [6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2010	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2011 for use in 2010	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2010:	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

# Roth IRA

Please provide copies of any 1998 through 2009 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2010	+ _____ [29]	+ _____ [30]
Enter the total amount of Roth IRA conversion recharacterizations for 2010	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2009	+ _____ [49]	+ _____ [50]
Enter the total Roth IRA contribution recharacterizations for 2010	+ _____ [51]	+ _____ [52]
Enter the Roth conversion IRA basis on December 31, 2009	+ _____ [53]	+ _____ [54]
Value of all your Roth IRA's on December 31, 2010:	+ _____ [55]	+ _____ [56]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

# Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Archer MSA contributions made in 2010 and 2011 for 2010 <b>(Box 1)</b>	+ _____ [6]	
Total contributions made in 2010 <b>(Box 2)</b>	+ _____ [8]	
Total HSA or Archer MSA contributions made in 2011 for 2010 <b>(Box 3)</b>	+ _____ [10]	
Rollover contribution <b>(Box 4)</b>	+ _____ [13]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____ [15]	
<b>Box 6 -</b>		
HSA	_____ [17]	
Archer MSA	_____ [18]	
MA (Medicare Advantage) MSA	_____ [19]	

## Additional Information

	2010 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [20]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of months in qualified high deductible health plan in 2010	_____ [21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [22]	
Total HSA/MSA contribution to be made for 2010	+ _____ [23]	
Excess contributions for 2009 taken as constructive contributions for 2010	+ _____ [25]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [32]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [35]	
If self-employed, enter earned income from business under which plan was established	_____ [39]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2010? (Y, N)	_____ [41]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	_____ [43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____ [45]	

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Gross distributions received <b>(Box 1)</b>	+ _____[7]	
Earnings on excess contributions <b>(Box 2)</b>	+ _____[9]	
Distribution code <b>(Box 3)</b>	_____[11]	
Fair Market Value on date of death <b>(Box 4)</b>	+ _____[12]	
<b>Box 5 -</b>		
HSA	_____[13]	
Archer MSA	_____[14]	
MA MSA	_____[15]	
Amount of distribution rolled over or withdrawal of excess contributions for 2010	+ _____[17]	
Unreimbursed qualified medical expenses for 2010	+ _____[19]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[22]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/09	+ _____[23]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2009 and in effect for the month of December 2009? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/10? (Y, N)	_____[30]	

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2010 Information	Prior Year Information
Name of the insured chronically ill individual _____	_____[40]	<div style="border: 1px solid black; height: 100%;"></div>
Social security number of insured _____	_____[41]	
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____[43]	
Accelerated death benefits paid <b>(Box 2)</b>	+ _____[45]	
Check one <b>(Box 3)</b>		
Per diem	_____[47]	
Reimbursed amount	_____[48]	
Qualified contract <b>(Box 4)</b>	_____[49]	
Check, if applicable <b>(Box 5)</b>		
Chronically ill	_____[50]	
Terminally ill	_____[51]	
Are there other individuals who received LTC payments during 2010? (Y, N)	_____[53]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[54]	
Number of days during the long-term care period _____	_____[55]	
Cost incurred for qualified long-term care services during the long-term care period + _____	_____[56]	

**NOTES/QUESTIONS:**

## Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2010 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid <sup>[1]</sup>		2010 Information	Prior Year Information
—	_____	+	_____	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

## Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2010.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN <sup>[6]</sup>	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+	_____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	

**Important: You cannot claim the following for the same student in the same year:**

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

**NOTES/QUESTIONS:**

## Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2010 Information	
Amount contributed in current year	+ _____ [14]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; min-height: 60px;"> <p style="text-align: center; margin: 0;">Prior Year Information</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> </div>
Basis of this account at 12/31/09	+ _____ [17]	
Value of this account at 12/31/10	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

### Payments from Qualified Education Programs

	2010 Information	
Gross distribution ( <b>Box 1</b> )	+ _____ [30]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px; min-height: 180px;"> <p style="text-align: center; margin: 0;">Prior Year Information</p> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> </div>
Earnings ( <b>Box 2</b> )	+ _____ [32]	
Basis ( <b>Box 3</b> )	+ _____ [34]	
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

**NOTES/QUESTIONS:**



# Interest Expenses

T/S/J	2010 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2010 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 — Street Address \_\_\_\_\_  
 — City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2010 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2010 (**Preparer use only**) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2010 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2010 (**Preparer use only**) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2010 \_\_\_\_\_

**T/S/J 2010 Information**

Investment interest expense, other than on K-1s:

[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

**Control Totals +**

T/S/J	2010 Information	Prior Year Information
Contributions made by cash or check		
__ [2] _____	+ _____ [3]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
__ [5] Volunteer miles driven	_____ [6]	
Noncash items, such as: Goodwill, Salvation Army		
__ [8] _____	+ _____ [9]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	

**Miscellaneous Deductions**

T/S/J	2010 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
__ [11] _____	+ _____ [12]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
Union dues:		
__ [14] _____	+ _____ [15]	
— _____	+ _____	
__ [17] Tax preparation fees	+ _____ [18]	
Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees		
__ [20] _____	+ _____ [21]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
__ [23] Safe deposit box rental	+ _____ [24]	
Investment expenses, other than on K1s:		
__ [26] _____	+ _____ [27]	
— _____	+ _____	
— _____	+ _____	
Other expenses, not subject to the 2% AGI limitation:		
__ [30] _____	+ _____ [31]	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
— _____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
__ [33] _____	+ _____ [34]	
— _____	+ _____	



**Preparer use only**

Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Occupation in which expenses were incurred \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Vehicle Questions**

	<b>2010 Information</b>	<b>Prior Year Information</b>
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	____[8]	____
Was another vehicle available for personal use? (Y, N)	____[10]	____
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	____[12]	

**Vehicles #1 and #2 Actual Expenses**

Vehicle 1 description \_\_\_\_\_[16]  
 Comments \_\_\_\_\_  
 Vehicle 2 description \_\_\_\_\_[44]  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	____[19]	[ ]	____[47]	[ ]
Total mileage	____[21]	[ ]	____[49]	[ ]
Business mileage	____[23]	[ ]	____[51]	[ ]
Average daily round trip commuting mileage	____[26]	[ ]	____[54]	[ ]
Total commuting mileage	____[28]	[ ]	____[56]	[ ]
Gasoline, oil, repairs, insurance, etc.	+ ____[30]	[ ]	+ ____[58]	[ ]
Vehicle rentals	+ ____[32]	[ ]	+ ____[60]	[ ]
Inclusion amount <b>(Preparer use only)</b>	+ ____[34]	[ ]	+ ____[62]	[ ]
Value of employer-provided vehicle	+ ____[40]	[ ]	+ ____[68]	[ ]
Depreciation	+ ____[42]	[ ]	+ ____[70]	[ ]

**Vehicles #3 and #4 Actual Expenses**

Vehicle 3 description \_\_\_\_\_[74]  
 Comments \_\_\_\_\_  
 Vehicle 4 description \_\_\_\_\_[102]  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	____[77]	[ ]	____[105]	[ ]
Total mileage	____[79]	[ ]	____[107]	[ ]
Business mileage	____[81]	[ ]	____[109]	[ ]
Average daily round trip commuting mileage	____[84]	[ ]	____[112]	[ ]
Total commuting mileage	____[86]	[ ]	____[114]	[ ]
Gasoline, oil, repairs, insurance, etc.	+ ____[88]	[ ]	+ ____[116]	[ ]
Vehicle rentals	+ ____[90]	[ ]	+ ____[118]	[ ]
Inclusion amount <b>(Preparer use only)</b>	+ ____[92]	[ ]	+ ____[120]	[ ]
Value of employer-provided vehicle	+ ____[98]	[ ]	+ ____[126]	[ ]
Depreciation	+ ____[100]	[ ]	+ ____[128]	[ ]

**NOTES/QUESTIONS:**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2010 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2010 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system			_____
_____	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			_____
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			_____
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

**NOTES/QUESTIONS:**

If you used your automobile for business purposes, please complete the following information.

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles 1 - 2**

Vehicle 1 - Date placed in service \_\_\_\_\_ [5]  
 Description \_\_\_\_\_ [6]  
 Comments \_\_\_\_\_  
 Vehicle 2 - Date placed in service \_\_\_\_\_ [41]  
 Description \_\_\_\_\_ [42]  
 Comments \_\_\_\_\_

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]		_____ [46]	
Commuting miles	_____ [12]		_____ [48]	
Business miles	_____ [14]		_____ [50]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [17]	___	___ [53]	___
Was another vehicle available for personal use? (Y, N)	___ [19]	___	___ [55]	___
Do you have evidence to support your deduction? (Y, N)	___ [21]	___	___ [57]	___
Is this evidence written? (Y, N)	___ [23]	___	___ [59]	___
Parking, fees and tolls	+ _____ [25]		+ _____ [61]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]		+ _____ [63]	
Interest	+ _____ [29]		+ _____ [65]	
Registration	+ _____ [31]		+ _____ [67]	
Property taxes	+ _____ [33]		+ _____ [69]	
Vehicle rentals	+ _____ [35]		+ _____ [71]	
Inclusion amount ( <b>Preparer use only</b> )	+ _____ [37]		+ _____ [73]	
Depreciation	+ _____ [39]		+ _____ [75]	

**Vehicles 3 - 4**

Vehicle 3 - Date placed in service \_\_\_\_\_ [77]  
 Description \_\_\_\_\_ [78]  
 Comments \_\_\_\_\_  
 Vehicle 4 - Date placed in service \_\_\_\_\_ [113]  
 Description \_\_\_\_\_ [114]  
 Comments \_\_\_\_\_

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]		_____ [118]	
Commuting miles	_____ [84]		_____ [120]	
Business miles	_____ [86]		_____ [122]	
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [89]	___	___ [125]	___
Was another vehicle available for personal use? (Y, N)	___ [91]	___	___ [127]	___
Do you have evidence to support your deduction? (Y, N)	___ [93]	___	___ [129]	___
Is this evidence written? (Y, N)	___ [95]	___	___ [131]	___
Parking, fees and tolls	+ _____ [97]		+ _____ [133]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]		+ _____ [135]	
Interest	+ _____ [101]		+ _____ [137]	
Registration	+ _____ [103]		+ _____ [139]	
Property taxes	+ _____ [105]		+ _____ [141]	
Vehicle rentals	+ _____ [107]		+ _____ [143]	
Inclusion amount ( <b>Preparer use only</b> )	+ _____ [109]		+ _____ [145]	
Depreciation	+ _____ [111]		+ _____ [147]	

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Federal income tax withheld	+ _____	[6]
State disability plan social security & Medicare withheld	+ _____	[7]
Advance earned income credit (EIC) payments	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$1,700 or more in 2010? (Y, N)		[9]
(B) withhold Federal income tax for any household employee? (Y, N)		[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2009 or 2010? (Y, N)		[11]

### Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.

Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax *	+ _____	[12]
Did you pay all state unemployment contributions for 2010 by 4/18/11? (Y, N) *		[13]
State #1 information		
State postal code where you have to pay unemployment contributions *		[14]
State reporting number as shown on state unemployment tax return	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)		[19]
Contributions paid to state unemployment fund *	+ _____	[20]
State #2 information		
State postal code where you have to pay unemployment contributions		[21]
State reporting number as shown on state unemployment tax return	_____	[22]
Taxable wages (as defined in state act)	+ _____	[23]
State experience rate period:		
From	_____	[24]
To	_____	[25]
State experience rate (xxx.xx)		[26]
Contributions paid to state unemployment fund	+ _____	[27]

#### NOTES/QUESTIONS:

## Child and Dependent Care Expenses

**Please enter all amounts paid in 2010 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2009 employer-provided dependent care benefits used during 2010 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2010	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2010		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_ [7]

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_

Name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) \_\_\_\_\_

Amount paid to care provider in 2010 + \_\_\_\_\_