

PREPARER NAME  
139-19 31 ROAD  
FLUSHING, NY 11354

JOHN AND MARY TAXPAYER  
3471 SE FAIRWAY WEST  
STUART FL 34997

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STUART FL 34997

2010  
TAXPAYER ORGANIZER

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

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

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

Please provide all records and necessary information requested, including:

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

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

A time has been scheduled to meet with you to review this organizer and prepare your 2010 tax return. Mark your calendar to meet with us at our office on the following date and time:

If this does not fit your schedule, please contact us to reschedule your appointment.

Courtesy of  
PREPARER NAME  
139-19 31 ROAD  
FLUSHING, NY 11354

(718)539-4821

GI

**PERSONAL DATA**

CLIENT 10032

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

	TAXPAYER		SPOUSE	
First Name .....	0002	JOHN	0003	MARY
Last Name .....	0001	TAXPAYER	0076	TAXPAYER
Title .....	0107		0028	
Salutation .....	0401		0402	
SSN .....	0004	777-25-3333	0005	444-22-5555
Occupation .....	0006		0007	
Birthdate .....	0062	01-01-1939	0063	01-01-1939
Blind .....	1103	<input type="checkbox"/> Yes	1104	<input type="checkbox"/> Yes
Permanently and totally disabled .....	1197	<input type="checkbox"/> Yes	1198	<input type="checkbox"/> Yes
Death Date .....	0170		0110	
Over age 65 .....	1101	<input checked="" type="checkbox"/> Yes	1102	<input checked="" type="checkbox"/> Yes
E-mail address .....	8183		8300	
	Telephone Numbers		Telephone Numbers	
	Day or Evening		Day or Evening	
Home phone .....	0060	0199	8165	8152
Work phone .....	0296	0197	8166	8153
Cell phone .....	8248	8249	8151	8154
Fax .....	0130		8167	
President Elect Fd .....	1122	<input type="checkbox"/> Yes	1123	<input type="checkbox"/> Yes
Tuition and fees .....	7076		7077	
AOC expenses .....	9134		9135	
AOC prior years .....	7791		7792	
Credit Type .....	8312		8313	

Address ..... 0008 3471 SE FAIRWAY WEST Apt No 0010  
 City ..... 0009 STUART State 0011 FL ZIP Code 0012 34997  
 County ..... 0101 Martin County / municipal code 0341 085  
 School District Name 0045 School District number 0126  
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside 2245

Foreign address 0227  
 City ..... 0351 State or Province 0352  
 Country..... 0229 Postal Code .. 0353

**FILING STATUS**

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

0133

- 1 = Single
  - 1111  Claimed as a dependent on someone else's return.
  - 8101  Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
  - 1391  Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
  - 1157  Dual status alien
  - 1139  Itemizing required for Schedule A
  - 1140  Taking standard deduction
  - 1393  Claiming spouse as a dependent
  - 1199  Didn't live with spouse entire year
- 4 = Head of Household
 

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child Year spouse died (2008 or 2009) 0540

Fill out information below if you want to use Direct Deposit

**DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL**

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

**W2**

**WAGES, SALARIES, TIPS, ETC.**

CLIENT 10032

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

W-2# 1

WAGE AND TAX STATEMENT													
Taxpayer or spouse? .....		8208	T	Employer identification no.		8207 13-5409005							
Employer name .....		8204 EXXON MOBIL CORP				Foreign address		8235	Yes				
Employer street address .....		8205 PO BOX 2345											
Employer city .....		8197 NAVESINK		State	8198 NJ	ZIP code		8199 07752					
Control number .....		8209											
				<b>2009 AMOUNTS</b>									
1. Wages, tips, other compensation	7301			363,557		12a. Code ....	8227	Amt	7291				
2. Federal income tax withheld	7302			102,031		b. Code ....	8228	Amt	7292				
3. Social security wages	7303					c. Code ....	8229	Amt	7293				
4. Social security tax withheld	7304			6,622		d. Code ....	8230	Amt	7294				
5. Medicare wages and tips	7305					13. Statutory empl to Sch C # .. 8222							
6. Medicare tax withheld	7306					Retirement plan? <input type="checkbox"/> 8226 <input type="checkbox"/> Yes <input type="checkbox"/>							
7. Social security tips	7307					Third-party sick pay? ..... <input type="checkbox"/> 8225 <input type="checkbox"/> Yes <input type="checkbox"/>							
8. Allocated tips	7308					14. Other <input type="checkbox"/> 8213 Amt 7313							
9. Advance EIC payments	7309					Other <input type="checkbox"/> 8214 Amt 7314							
10. Dependent care benefits	7310					Other <input type="checkbox"/> 8215 Amt 7315							
11. Non-qualified plans	7311					Other <input type="checkbox"/> 8216 Amt 7316							
		15		16		17		18		19		20	
		State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name					
1	FL	////////////////////	363,557			////////////////////	////////////////////	////////////////////					
2													
Corrected Form W-2? .....		8224	<input type="checkbox"/> Yes	Clergy Form W-2 .....		1448	<input type="checkbox"/> Yes						
Non-standard indicator? .....		8223	<input type="checkbox"/> Yes	Suppress Clergy self-employment tax .....		1452	<input type="checkbox"/> Yes						

W-2 #

WAGE AND TAX STATEMENT													
Taxpayer or spouse? .....		8208		Employer identification no.		8207							
Employer name .....		8204				Foreign address		8235	Yes				
Employer street address .....		8205											
Employer city .....		8197		State	8198	ZIP code		8199					
Control number .....		8209											
				<b>2009 AMOUNTS</b>									
1. Wages, tips, other compensation	7301			[Shaded]		12a. Code ....	8227	Amt	7291				
2. Federal income tax withheld	7302			[Shaded]		b. Code ....	8228	Amt	7292				
3. Social security wages	7303					c. Code ....	8229	Amt	7293				
4. Social security tax withheld	7304			[Shaded]		d. Code ....	8230	Amt	7294				
5. Medicare wages and tips	7305					13. Statutory empl to Sch C # .. 8222							
6. Medicare tax withheld	7306					Retirement plan? <input type="checkbox"/> 8226 <input type="checkbox"/> Yes <input type="checkbox"/>							
7. Social security tips	7307					Third-party sick pay? ..... <input type="checkbox"/> 8225 <input type="checkbox"/> Yes <input type="checkbox"/>							
8. Allocated tips	7308					14. Other <input type="checkbox"/> 8213 Amt 7313							
9. Advance EIC payments	7309					Other <input type="checkbox"/> 8214 Amt 7314							
10. Dependent care benefits	7310					Other <input type="checkbox"/> 8215 Amt 7315							
11. Non-qualified plans	7311					Other <input type="checkbox"/> 8216 Amt 7316							
		15		16		17		18		19		20	
		State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name					
1		////////////////////				////////////////////	////////////////////	////////////////////					
2													
Corrected Form W-2? .....		8224	<input type="checkbox"/> Yes	Clergy Form W-2 .....		1448	<input type="checkbox"/> Yes						
Non-standard indicator? .....		8223	<input type="checkbox"/> Yes	Suppress Clergy self-employment tax .....		1452	<input type="checkbox"/> Yes						

Attach additional W-2's

**B INTEREST AND ORDINARY DIVIDEND INCOME**

CLIENT 10032

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

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2009 TOTAL AMOUNTS
CITIBANK 6318					323
MERRILL LYNCH A/C 10787					60,123
MERRILL LYNCH A/C 10788					208,209
MERRILL LYNCH A/C 10795					164,534
MERRILL LYNCH A/C 30744					715
MERRILL LYNCH A/C 96229					7,193
MERRILL LYNCH A/C 96316					10,346
SEACOAST NB					67
UBS FINANCIAL A/C 75952					17,636
UBS FINANCIAL A/C 76830					159,675
Total Federal withholding from all Form 1099-INT (Box 4)			2402		

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

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
MERRILL LUNCH A/C 30744							
MERRILL LUNCH A/C 96229							
MERRILL LUNCH A/C 96316							
MERRILL LYNCH A/C 10787							
MERRILL LYNCH A/C 10788							
MERRILL LYNCH A/C 10795							
UBS FINANCIAL 75952							
UBS FINANCIAL 76830							
Total Federal withholding from all Form 1099-DIV (Box 4)					2276		

Foreign account .....  
 Name of country .....  
 Foreign trust .....  
 EF ONLY: Accrued market discount .....

2010 AMOUNTS	2009 AMOUNTS
1112 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
0069	
1147 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3263	<b>NEW</b>

D

CAPITAL GAINS AND LOSSES

CLIENT 10032

IF YOU SOLD ANY STOCKS, BONDS, OR OTHER PROPERTY IN 2010,  
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH SALE BELOW.

Table with columns: Description of Property, No. of Shares, T/S, Date Acquired, Date Sold, Term, Gross Sales Price, Cost or Other Basis, AMT Cost/Basis (if different), St Cost / Basis (if different). Rows are empty for data entry.

Short-term capital loss carryover from 2009 Schedule D Capital Loss Carryover Worksheet, line 8 . . . . . 2370( 1,896,148 )
Long-term capital loss carryover from 2009 Schedule D Capital Loss Carryover Worksheet, line 13 . . . . . 2372( 1,190,164 )

1099R

PENSIONS AND ANNUITIES

CLIENT 10032

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

1099R # 1

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse	8208	Payer's federal identification no.		8207					
Payer's name	8204								
Payer's street address	8205								
Payer's city	8197	State	8198	ZIP code	8199				
Account number	8209	Foreign address		8235		Yes			
<b>2009 AMOUNTS</b>									
1. Gross distribution	7301	7. Distribution code		8211					
2a. Taxable amount	7303	IRA/SEP/SIMPLE		8225	Yes				
2b. Tax amount not determined	8223	Distrib rolled over 1 = IRA, 2 = Roth		8210					
Total distribution?	8224	Yes							
Qualified Charitable Dist (QCD)	7797	8. Other		8212					
Qual health svgs acct funding	7937	Percent of other		8213					
Insurance premium - retired public safety officer	7938	9a. Percent of total distribution		8214					
3. Capital gain (included in box 2a)	7304	9b. Total employee contrib		7307					
4. Federal income tax withheld	7302	10. Name of state		8217					
5. Employee contrib or ins prem	7305	State tax withheld		7314					
6. Net unrealized appreciation	7306	11. Payer's state I.D. number:		8216					
Disability is earned income?	8226	Yes							
<b>SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)</b>									
Cost in plan at starting date	7309	Amount recd tax-free after 1986		7310					
Age at starting date	8231	# mos payments made this year		8232					
Annuity starting date	8234	Using Table 1 or Table 2		8233					

1099R # 1

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse	8208	Payer's federal identification no.		8207					
Payer's name	8204								
Payer's street address	8205								
Payer's city	8197	State	8198	ZIP code	8199				
Account number	8209	Foreign address		8235		Yes			
<b>2009 AMOUNTS</b>									
1. Gross distribution	7301	7. Distribution code		8211					
2a. Taxable amount	7303	IRA/SEP/SIMPLE		8225	Yes				
2b. Tax amount not determined	8224	Distrib rolled over 1 = IRA, 2 = Roth		8210					
Total distribution?	8223	Yes							
Qualified Charitable Dist (QCD)	7797	8. Other		8212					
Qual health svgs acct funding	7937	Percent of other		8213					
Insurance premium - retired public safety officer	7938	9a. Percent of total distribution		8214					
3. Capital gain (included in box 2a)	7304	9b. Total employee contrib		7307					
4. Federal income tax withheld	7302	10. Name of state		8217					
5. Employee contrib or ins prem	7305	State tax withheld		7314					
6. Net unrealized appreciation	7306	11. Payer's state I.D. number:		8216					
Disability is earned income?	8226	Yes							
<b>SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)</b>									
Cost in plan at starting date	7309	Amount recd tax-free after 1986		7310					
Age at starting date	8231	# mos payments made this year		8232					
Annuity starting date	8234	Using Table 1 or Table 2		8233					

ATTACH ANY ADDITIONAL 1099-R'S

E1 #1

**INCOME OR LOSS FROM RENTAL REAL ESTATE**

CLIENT 10032

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

	DESCRIPTION	LOCATION			
1. Property description . . .	0092 MC MILLAN & ASSOC	0051 BAY MINETTE, AL			
City . . . . .	0532	State	0533	Zip code	0534
Type of activity*:	0306 2	* 1 - Passive rental real estate with active participation 3 - Real estate professional 5 - Land lease (nonpassive investment income) 7 - Not rented for profit (related party for less than FMV rental) 9 - Royalty (portfolio, nonpassive)			
	2 - Passive rental real estate				
	4 - Nonpassive rental real estate				
	6 - Self-rental to business in which taxpayer materially participated				
	8 - Vacation home				

Ownership code (T = Taxpayer; S = Spouse; J = Joint) . . . . .

Two-letter state code . . . . .

Final disposition . . . . .

Rental is part of personal residence . . . . .

Percent of ownership . . . . .

Percent of personal use . . . . .

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

Square feet used for rental purposes . . . . .

Total square feet of rental property . . . . .

2010 AMOUNTS		2009 AMOUNTS	
0075		S	
0068		AL	
1261	Yes		
1175	Yes		
0070			
8377			
2. 1190	Yes		
9875			
9876			

INCOME		2010 AMOUNTS	2009 AMOUNTS
3. Rents received . . . . .	3.	2876	16,950
4. Royalties received . . . . .	4.	2873	

EXPENSES	DIRECT EXPENSES		INDIRECT EXPENSES	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
5. Advertising . . . . .	3344		9886	NEW
6. Auto expense (see vehicle deprec organizer)	3345		9887	NEW
Other travel expenses . . . . .	3316		9888	NEW
7. Cleaning and maintenance . . . . .	3346		9889	NEW
8. Commissions . . . . .	3347		9890	NEW
9. Insurance . . . . .	3348		9891	NEW
10. Legal and other professional fees . . . . .	3349		9892	NEW
11. Management fees . . . . .	3350	1,471	9893	NEW
12. Mortgage interest paid to banks, etc . . . . .	3351		9894	NEW
Qualified mortgage insurance . . . . .	9901	NEW	9895	NEW
13. Other interest . . . . .	3352		9896	NEW
14. Repairs . . . . .	3353		9897	NEW
15. Supplies . . . . .	3354		9898	NEW
16. Taxes . . . . .	3355	2,077	9899	NEW
17. Utilities . . . . .	3356		9900	NEW
18. Other expenses:				NEW
				NEW
				NEW
				NEW
Amortization (see depreciation organizer)	3361		9902	NEW
Office in home deduction . . . . .	9962	NEW	9903	NEW
Oil and gas deduction . . . . .	3573		9904	NEW
20. Depreciation expense (see deprec organizer)	2879		9905	NEW
Depletion (see depreciation organizer) . . . . .	3570		9906	NEW

**ADDITIONAL EXPENSES**



E1 #1

**INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D**

CLIENT 10032

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2010 AMOUNTS	2009 AMOUNTS
Prior year unallowed loss		2925 ( )	
Alternative minimum prior year unallowed losses		2580 ( )	
State	← Prior year loss (if different)	3144 ( )	
	Alt min prior year operating losses (if different)	9917 ( )	

**VACATION HOME CARRYOVERS ONLY**

Operating expense carryover	7384	
Depreciation carryover	7385	
Alternative minimum depreciation carryover	7386	

**E2**

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

SUMMARY	2010 AMOUNTS	2009 AMOUNTS
Gross farming and fishing income	2840	
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules	2280	









**MISCELLANEOUS INCOME AND ADJUSTMENTS**

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

MISCELLANEOUS INCOME		2010 AMOUNTS				2009 AMOUNTS	
		TAXPAYER		SPOUSE		TAXPAYER	SPOUSE
7.	Taxable scholarship / fellowship income . . .	7.	2252				
10.	IF YOU ITEMIZED LAST YEAR ←	Deducted 2009 state/local sales tax	1023	<input checked="" type="checkbox"/> Yes			
		State tax refund . . . . .	2337				
		2009 state and local taxes . . .	3499				
		2009 itemized deductions . . .	10.	2297			
11.	Alimony received . . . . .	11.	2115	2573			
19.	Unemployment compensation received . . .		2435	2569			
	Repaid unemployment compensation . . . . .	19.	2929				
20.	SOCIAL SECURITY ← BENEFITS	Social security benefits received	2247	2389	14,668	7,132	
		Medicare premiums withheld	3544	3545	3,700	3,700	
		Medicare prescription drug prem	3415	3416			
		Tier 1 Railroad retirement received	2992	2993			
		Federal withholding . . . . .	20.	2598	2599		
21.	Net operating loss carryover. . . . .	21.	2537				
Other income:		SE?	T/S	ST	ST		
		<input type="checkbox"/>	<input type="checkbox"/>			70,428	

ADJUSTMENTS TO INCOME		2010 AMOUNTS				2009 AMOUNTS	
23.	Educator expenses . . . . .	23.	2594	3625			
25.	Health savings account deduction . . . . .	25.	2830				
26.	Moving expenses . . . . .	26.	2340				
28.	Self-employed SEP, SIMPLE, and qual plans	28.	7621	7622			
29.	Self-employed health insurance . . . . .		2420	2421			
	Health insurance premium from S Corp . . .	29.	2832	2834			
30.	Penalty on early withdrawal of savings. . . . .	30.	2519				
31.	Alimony paid . . . . .	31.	2251				
	Recipient's Name	SSN		ST	ST		
32.	Payments to your IRA (see 8606 organizer).		2518	2514			
	Covered by employer's retirement plan . . .	32.	1124	<input type="checkbox"/> Yes	1161	<input type="checkbox"/> Yes	
33.	Student loan interest deduction . . . . .	33.	2333	2848			
34.	Tuition and fees deduction . . . . .	34.	2595				
35.	Domestic production activities . . . . .	35.	2849				
36.	Jury duty pay given to employer . . . . .		3212				
Other adjustments:		T/S		ST	ST		
		<input type="checkbox"/>					

NOTES OR QUESTIONS:

**A**

**ITEMIZED DEDUCTIONS**

CLIENT 10032

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LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES		2010 AMOUNTS		2009 AMOUNTS
		TAXPAYER	SPOUSE	
1. Prescription medicines and drugs . . . . .		2345		
Medical insurance premiums (Medicare premiums are entered with Social Security) . . . . .		2344		
Medical miles driven in 2010 . . . . .		2548	MI	MI
LONG TERM CARE ← PREMIUMS	Taxpayer's amount . . . . .	3730		
	Spouse's amount . . . . .	3731		
	Dependent's amount . . . . . 1.	3732		
	Dependent's birth date: 0046			
Doctors, dentists, nurses, and hospitals:				

TAXES PAID		2010 AMOUNTS		2009 AMOUNTS
5. Additional state and local income taxes . . . . . 5.		2347		
6. Real estate taxes (state and local) (not land held for investment) . . . . .		2946		13,440
Foreign real estate taxes . . . . . 6.		2836		
7. Personal property taxes (includes DMV tax based on value). . . . . 7.		2348		15
8. Foreign income taxes paid . . . . . 8.		3280		
Other taxes:				

INTEREST PAID		2010 AMOUNTS		2009 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 . . . . . 10.		2357		
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	First name . . . . .		T, S, J	
	Address		<input type="checkbox"/>	
	City, state, zip			
	SSN			
	FEIN	Amount		
	Second name . . . . .		T, S, J	
	Address		<input type="checkbox"/>	
	City, state, zip			
	SSN			
	FEIN	Amount		
	Third name . . . . .		T, S, J	
	Address		<input type="checkbox"/>	
City, state, zip				
SSN				
FEIN	Amount			
Details: _____				
12. Points not reported on Form 1098 . . . . . 12.		2353		
13. Qualified mortgage insurance premiums . . . . . 13.		3258		
14. Deductible investment interest . . . . . 14.		2356		

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

**A**

**ITEMIZED DEDUCTIONS, CONT'D**

CLIENT 10032

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

<b>CONTRIBUTIONS</b>		<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
		<b>TAXPAYER</b>	<b>SPOUSE</b>	
16. Gifts made by cash or check:	16.			
<u>BY CASH OR CHECK</u>				23,500
Total charitable mileage at 14 cents per mile . . . . .		2932	MI	MI
Capital gain contributions limited to 30% . . . . .		3904	3907	
Contributions limited to 30% of AGI . . . . .		2246	3908	
Contributions limited to 20% of AGI . . . . .		2355	3906	
17. Contributions made other than by cash or check: (provide details)				
<u>OTHER THAN CASH</u>				
18. Contribution carryover from prior year . . . . .	18.	2367		

<b>CASUALTY AND THEFT</b>		<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
20. Net loss before applying 10% of AGI . . . . .	20.	2362		
Details: _____				

<b>MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION</b>		<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
21. Union and professional dues . . . . .		2426		
Job education . . . . .		2752		
Form 2106 or Form 2106-EZ . . . . .	21.			
Other unreimbursed expenses:				
22. Tax return preparation fees . . . . .	22.	2671		4,250
23. Investment fees . . . . .		2749		
Safe deposit box . . . . .	23.	2258		
Other limited miscellaneous deductions:				
<u>UBS INVESTMENT FEES</u>				66,930
<u>M - L INVESTMENT FEES</u>				93,621

<b>OTHER MISCELLANEOUS DEDUCTIONS</b>		<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
28. Gambling losses . . . . .	28.	2826		
Other miscellaneous deductions:				



**ES 2009 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION**

CLIENT 10032

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

2010 FEDERAL ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2009 return ..				3319
1st quarter payment .....	04-15-2010	68,495	4477 - -	4472
2nd quarter payment .....	06-15-2010	68,495	4478 - -	4473
3rd quarter payment .....	09-15-2010	68,495	4479 - -	4474
4th quarter payment .....	01-18-2011	68,495	4480 - -	4475
Additional payment .....			4481 - -	4476

**UNDERPAYMENT INFORMATION**

Prior year (2009) tax amount .....	2401
Are you a Farmer / Fisherman? .....	1148 <input type="checkbox"/> Yes
Prior year adjusted gross income .....	3314
Was the income received uneven? (seasonal employment) .....	<input type="checkbox"/> Yes

**APPLICATION OF 2010 OVERPAYMENT**

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

Other (please explain): \_\_\_\_\_

**2011 ESTIMATED TAX INFORMATION**

Do you expect your 2011 taxable income to be generally the same as 2010?  Yes  No  
 If "No," enter any differences in income, deductions, dependents, etc.

Filing Status .....	0435		
Personal exemptions .....	3709	TP over 65 .....	1460 <input type="checkbox"/> Yes
		SP over 65 .....	1461 <input type="checkbox"/> Yes
		TP blind .....	1462 <input type="checkbox"/> Yes
		SP blind .....	1463 <input type="checkbox"/> Yes
Dependent exemptions ...	3710		
Qualified Child tax credit ...	3711		

1. Wages increase or (-) decrease .....	Taxpayer	3936	Spouse	3937	
Ordinary income increase or (-) decrease .....					1. 3712
2. Qualified dividends and/or long-term capital gain increase or (-) decrease (5% or 15%) .....					2. 3713
3. Self-employment income .....	3. Taxpayer	3714	Spouse	3938	
4. Adjustments increase or (-) decrease .....					4. 3715
6. Itemized deductions increase or (-) decrease .....					6. 3716
9. Taxable income increase or (-) decrease .....					9. 3717
10. Tax increase or (-) decrease .....					10. 3718
11. Alternative minimum tax increase or (-) decrease .....					11. 3719
12. Nonrefundable credits increase or (-) decrease .....					12. 3720
14. Other taxes increase or (-) decrease .....					14. 3721
15. Refundable credits increase or (-) decrease .....					15. 3722
19. Withholding increase or (-) decrease .....					19. 3723
20. Total 2011 estimated tax payments paid to date .....					20. 3724

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

**NOTES OR QUESTIONS:**

**ES**

**2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION**

CLIENT 10032

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

State \_\_\_\_\_

2010 STATE ESTIMATED TAX PAYMENTS				
	Due Date	Amount Due	Date Paid	Amount Paid
Overpayment applied from 2009 return ..				3539
1st quarter payment .....	04-15-2010		6042 - -	3130
2nd quarter payment .....	06-15-2010		6043 - -	3131
3rd quarter payment .....	09-15-2010		6044 - -	3132
4th quarter payment .....	01-17-2011		6045 - -	3133
Additional payment .....			- -	

**UNDERPAYMENT INFORMATION**

Prior year (2009) tax amount .....	2401
Are you a Farmer / Fisherman? .....	1148 <input type="checkbox"/> Yes
Prior year adjusted gross income .....	3314
Was the income received uneven? (seasonal employment) .....	<input type="checkbox"/> Yes

**APPLICATION OF 2010 OVERPAYMENT**

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

Other (please explain): \_\_\_\_\_

**2011 ESTIMATED TAX INFORMATION**

Do you expect your 2011 taxable income to be generally the same as 2008?  Yes  No

If "No," enter any differences:

1. Taxable income .....	1. 5079
2. Tax .....	2. 5082
7. Withholding .....	7. 5083

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

**NOTES OR QUESTIONS:**