

INDEX 2010

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	Alimony received	2
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TAXPAYER	GI	TAXPAYER'S FIRST NAME		0002		[15]
	LAST NAME		0001		[20]	
	TITLE (JR, MD, III, etc.)		0107		[3]	
	SOC SEC NO		[9]	0004	-	-
	OCCUPATION		[25]	0006		
	BIRTHDATE		0062		-	-
	BLIND		1103		<input type="checkbox"/>	YES
	DEATH DATE		0170		-	-
	HOME PHONE NO		0060			
	DAY / EVENING (D / E)		0199			
	WORK PHONE NO		0296			
	DAY / EVENING (D / E)		0197			
	CELL PHONE NO		8248			
	DAY / EVENING (D / E)		8249			
	FAX NUMBER		0130			
PRESIDENTIAL ELECTION FUND		1122		<input type="checkbox"/>	YES	
TUITION AND FEES		7076				
AOC PRIOR YEARS		7791				
* TYPE OF EDUCATION EXPENSE		8312				
* TYPE OF		1 = Optimize: AOC, Lifetime, Tuition		3 = Force AOC		
EDUCATION EXPENSE		2 = Optimize: Lifetime, Tuition Dedn		4 = Force Lifetime		
EDUCATION EXPENSE		3 = Force AOC		5 = Force Tuition Deduction		
EDUCATION EXPENSE		4 = Force Lifetime				
IN CARE OF		0129		[35]		
STREET ADDRESS		0008		[35]		
APARTMENT NO		0010		COUNTY	0101	
CITY		0009		[20]		
STATE		0011		[2]	ZIP	
TAXPAYER E-MAIL ADDRESS		8183		[50]		
SPOUSE E-MAIL ADDRESS		8300		[50]		
MILITARY ADDRESS: 1 = APO/DPO/FPO 2 = Stateside		2245				
SPOUSE'S FIRST NAME		0003		[15]		
SPOUSE'S LAST NAME IF DIFFERENT		0076		[20]		
SPOUSE TITLE		0028		[3]		
SOC SEC NO		0005		-	-	
OCCUPATION		[25]	0007			
BIRTHDATE		0063		-	-	
BLIND		1104		<input type="checkbox"/>	YES	
DEATH DATE		0110		-	-	
HOME PHONE NO		8165				
DAY / EVENING (D / E)		8152				
WORK PHONE NO		8166				
DAY / EVENING (D / E)		8153				
CELL PHONE NO		8181				
DAY / EVENING (D / E)		8154				
FAX NUMBER		8167				
PRESIDENTIAL ELECTION FUND		1123		<input type="checkbox"/>	YES	
TUITION AND FEES		7077				
AOC PRIOR YEARS		7792				
* TYPE OF EDUCATION EXPENSE		8313				
INDIVIDUAL LITE DATA		PREPARER #		2010		
3872		CONTROL CODE (OR CLIENT NO.)		SYSTEM 1040		
PREPARER'S STAMP OR NOTES (OPTIONAL)						
ELECTRONIC FILING PIN SIGNATURE		FILE RTN ELECTRONICALLY		1189		
TAXPAYER PIN		0232		[5]		
SPOUSE PIN		0233		[5]		
ACCOUNTANT PIN		0231		[5]		
TP ENTERED PIN(s)		8065		<input type="checkbox"/> YES		
SIGNATURE DATE		0083		-		
INDICATED WHICH STATES TO BE FILED ELECTRONICALLY. IF ALL, WRIGHT ALL						
RESIDENT STATE ONLY		RESIDENT COUNTY / MUNICIPAL CODE		0341		
SCHOOL DISTRICT NAME		0045		[20]		
SCHOOL DISTRICT NUMBER		0126		[7]		
FOREIGN STREET ADDR		0227		[35]		
FOREIGN CITY		0351		[20]		
STATE OR PROVINCE		0352		[20]		
FOREIGN POSTAL CODE		0353		[20]		
FOREIGN COUNTRY		0229		[20]		
W-2		WAGES, SALARIES & TIPS		# 1		
[T]AXPAYER OR [S]POUSE		8208				
FEDERAL ID #		8207		[9]		
EMPLOYER NAME		8204		[30]		
ADDRESS		8205				
ZIP CODE		8199				
CITY		8197				
1 WAGES, TIPS, OTHER COMP.		7301				
2 FED INCOME TAX WITHHELD		7302				
4 SOCIAL SECURITY WITHHELD		7304				
10 DEPENDENT CARE BENEFITS		7310				
SEE INSTR. FOR BOX 12		8227		[2] 7291		
8228		[2] 7292				
8229		[2] 7293				
8230		[2] 7294				
"J" SICK PAY FROM RAILRD		8226		<input type="checkbox"/> YES		
"L" TO FORM 2106 #		8221				
"P" TO FORM 3903 #		8182				
STATUTORY EMPLOYEE INCOME TO SCHEDULE C #		8222				
RETIREMENT PLAN		8226		<input type="checkbox"/> YES		
THIRD PARTY SICK PAY		8225		<input type="checkbox"/> YES		
OTHER		8213		[8] 7213		
8214		[8] 7214				
8215		[8] 7215				
STATE TWO-LTR CODE		1)		[2]		
STATE ID NUMBER		2)				
STATE WAGES		3)				
STATE TAX W/HELD		4)				
CLERGY		CLERGY W-2		1446		
SUPPRESS CLERGY SE		1452		<input type="checkbox"/> YES		
FILING STATUS		1 - Single		<input type="checkbox"/> 1111 Dependent of Another		
8101 TP Depn of Another and Qualifies for Educ Credit		2 - Married Filing Joint		<input type="checkbox"/> 1391 Spouse Depn of Another		
3 - Mar'd Sep. (Best Method)		81157 Dual Status Alien		81139 (Itemize)		
81140 (Std. Deduction)		81393 Claiming Spousal Deduction		81199 Didn't live with spouse entire year		
4 - Head of Household (Enter Qualifying Name on Dependent Screen and select appropriate status.)		0133				
5 - Widow(er) with Dependent Child Year of Death (05, 06)		0540				
MARRIED FILING SEPARATELY WORKSHEET		1 - GENERATE MFS WORKSHEET (ALLOCATE UNSPECIFIED AMTS 50/50 JOINTLY)				
2 - GENERATE MFS WORKSHEET (ALLOCATE UNSPECIFIED AMTS 100% TO TAXPAYER)		3 - MFS WKSHT NOT SELECTED		0119		
PO		PREPARERS OPTIONS				
FEDERAL TAX RETURN ONLY		1106		<input type="checkbox"/> YES		
IRS MAIL CODE		0084		[2]		
RESIDENT STATE IF DIFFERENT		0300		[2]		
PREPARE FORM 1040-V VOUCHER		1355		<input type="checkbox"/> NO		
EXTRA FEDERAL RETURN		1141		<input type="checkbox"/> YES		
EXTRA STATE RETURN		1247		<input type="checkbox"/> YES		
TWO-YEAR COMPARISON		1360		<input type="checkbox"/> YES		
SIGNING AS PARENT OR GUARDIAN		1235		<input type="checkbox"/> YES		
PRINT SIGNATURE DATE		1233		<input type="checkbox"/> YES		
NONPAID PREPARER		1240		<input type="checkbox"/> YES		
DUE DATE IF NOT 04-15-2009		0146		- -		
INV		TAXPAYER INVOICE				
INVOICE NUMBER		0330				
PRINT CLIENT ID ON INVOICE		8285		<input type="checkbox"/> YES		
SUPPRESS INVOICE NUMBER		8455		<input type="checkbox"/> YES		
DATE TO PRINT ON INVOICE		0379		- -		
PRINT THIS AMOUNT ONLY		2407				
PRINT DETAILED INVOICE (YES)		1188				

2		1040 DATA SHEET 2				LAST NAME		2010											
DI DEPENDENTS																			
		DEPENDENT #1		DEPENDENT #2		DEPENDENT #3		DEPENDENT #4		DEPENDENT #5									
FIRST NAME & INIT		[12]		[12]		[12]		[12]		[12]									
LAST NAME IF DIFF		[12]		[12]		[12]		[12]		[12]									
BIRTHDATE		[8]		[8]		[8]		[8]		[8]									
SOC SEC NUMBER																			
RELATIONSHIP		[11]		[11]		[11]		[11]		[11]									
CLAIMED BY T / S																			
# MOS IN HOME																			
DISABLED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
COLLEGE STUDENT		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
INELIGIBLE FOR CTC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
6 CHILD CARE EXP		[4]		[4]		[4]		[4]		[4]									
EDUC EXP AMOUNT		[4]		[4]		[4]		[4]		[4]									
TYPE OF ED EXP *																			
HOPE PRIOR YRS																			
STATUS ** (ENTER 1 - 9)		[1]		[1]		[1]		[1]		[1]									
INSURED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
KIDNAPPED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>									
* TYPE OF EDUCATION EXP:		1 = Optimize: AOC, Lifetime, Tuition 2 = Optimize: Lifetime, Tuition Dedn				3 = Force AOC 4 = Force Lifetime				5 = Force Tuition Dedn									
** STATUS OPTIONS		0 = Claimed 1 = Not claiming child this year 2 = Not claimed but child qualifies for EIC 3 = Not claimed but qualifying child for HOH				4 = Not claimed but qualifies for depn care benefits (DCB) 5 = Not claimed but qualifies for both EIC and HOH 6 = Not claimed but qualifies for both EIC and DCB 7 = Not claimed but qualifies for HOH and DCB				8 = Not claimed but qualifies for all three 9 = Claimed but ineligible for EIC									
1 FORM 1040 PAGE 1 - MANUAL ENTRY										EIC QUALIFIED DEPENDENTS QUESTIONER (Must be filled for EIC to print)									
Line No.		INCOME AND ADJUSTMENTS				Sched ----- Form		Computer developed forms will override all data entered below.				Answer applies to All or dependent # separated by coma							
8		a TAXABLE INTEREST				B		2335				+							
		b TAX EXEMPT INTEREST- TAXPAYER				TEI		2534				+							
		TAX EXEMPT INTEREST- SPOUSE				<input checked="" type="checkbox"/>		TEI				2390				+			
9		a ORDINARY DIVIDENDS				<input checked="" type="checkbox"/>		B				2331				+			
		b QUALIFIED DIVIDENDS				<input checked="" type="checkbox"/>		B				3624				+			
10		TAXABLE STATE AND LOCAL REFUND				<input checked="" type="checkbox"/>		2255				+							
11		ALIMONY RECEIVED				TAXPAYER		Alim				2115				+			
						SPOUSE						2573				+			
15		a TOTAL IRA DISTRIB				<input checked="" type="checkbox"/>		2658											
		TAXABLE IRA DISTRIBUTIONS				<input checked="" type="checkbox"/>		IRA				2274				+			
		b TOTAL ROLLED OVER				1299		<input type="checkbox"/> YES											
		ROLLOVER EXPLANATION				8008		[8]											
16		a TOTAL PENSIONS AND ANNUITIES REC'D				<input checked="" type="checkbox"/>		2657											
		b TAXABLE PENSIONS AND ANNUITIES				<input checked="" type="checkbox"/>		Pens				2373				+			
19		UNEMPLOYMENT COMPENSATION				TAXPAYER		1099-G				2435				+			
						SPOUSE		1099-G				2569				+			
		REPAID UNEMPLOYMENT COMPENSATION				<input checked="" type="checkbox"/>		1099-G				2929				-			
		FED TAX WITHHELD (1099-G)				<input checked="" type="checkbox"/>		2588											
SSA SOCIAL SECURITY BENEFITS WORKSHEET										INCOME									
20		a				TAXPAYER				SPOUSE									
		TOTAL SOC SEC BENEFITS RECEIVED				2247				2389									
		TOTAL MEDICARE PREMIUMS PAID				3544				3545									
		TTL MEDICARE PART D PREM PAID				3415				3416									
		TOTAL TIER 1 RAILROAD BENEFITS				2992				2993									
		FEDERAL TAX WITHHELD				2598				2599									
		QUALIFIED U.S. SAVINGS BOND INTEREST				2880				2881									
		OVERRIDE TAXABLE SOCIAL SECURITY CALCULATION				<input checked="" type="checkbox"/>				2248									
		LUMP-SUM ELECTION								1414				<input type="checkbox"/> YES					
21		1 OTHER INCOME				[28]		SE?		T/S		AMOUNT		State					
		2						<input type="checkbox"/>											
ADJUSTMENTS										PAYMENTS									
31		1 ALIMONY PAID TO: NAME				SOC SEC NUMBER		T/S		AMOUNT		State							
		2																	
33		STUDENT LOAN INTEREST DEDUCTION				TAXPAYER		SLI		2333		-							
						SPOUSE		SLI		2848		-							
2210 UNDERPAYMENT OF ESTIMATED TAX										PART I - REQUIRED ANNUAL PAYMENT									
		PRINT FORM 2210 EVEN IF NO PENALTY				1187				<input type="checkbox"/> YES									
		ZERO TAX LAST YEAR AND PRODUCE FORM 2210				0512				<input type="checkbox"/> YES									
		CARRY PENALTY TO FORM 1040 / 1041				1146				<input type="checkbox"/> NO									
		SUPPRESS PRINTING OF FORM 2210 / 2210F				1468				<input type="checkbox"/> YES									
		DATE AMOUNT DUE IS PAID (TO REDUCE OR AVOID PENALTY)				0047				-		-							
PART II - REASON FOR FILING										PART I - REQUIRED ANNUAL PAYMENT									
		PRIOR YEAR (2009) TAX				2401													
		PRIOR YEAR AGI				3314													
PART II - REASON FOR FILING										PART I - REQUIRED ANNUAL PAYMENT									
A		WAIVER OF PENALTY REQUESTED				1107				<input type="checkbox"/> YES									
B		WAIVED AMOUNT				2602													
		WAIVER EXPLANATION				0260						[30]							
C		ANNUALIZED INCOME INSTALLMENT METHOD USED				1256				<input type="checkbox"/> YES									
D		ACTUALLY WITHHELD METHOD USED				1257				<input type="checkbox"/> YES									
E		FILING STATUS HAS CHANGED				1246				<input type="checkbox"/> YES									

4	1040 DATA SHEET 4	LAST NAME	2010
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2441	CHILD AND DEPENDENT CARE	NOT CLAIMING CREDIT BUT RECEIVED EMPLOYER-PROVIDED DEPENDENT CARE BENEFITS	1389	<input type="checkbox"/> YES
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PART I - PERSONS OR ORGANIZATIONS PROVIDING CARE							
	NAME [19]	STREET ADDRESS [30]	CITY STATE ZIP [30]	PHONE NUMBER [14]	SSN OR EIN [9]	ST ID #	AMOUNT
1	1				SSN		
					EIN		
	2				SSN		
					EIN		
	3				SSN		
					EIN		
	4				SSN		
					EIN		
	5				SSN		
					EIN		

1099R	FORM 1099-R	# 1
[T]TAXPAYER OR [S]SPOUSE		☺
PAYER NAME ☺ 8204		[30]
1	GROSS DISTRIBUTION ☺	7301
2	a TAXABLE AMOUNT	7303
	b TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
	TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
4	FEDERAL INCOME TAX WITHHELD	7302
7	DISTRIBUTION CODE	8211 [4]
	IRA / SEP / SIMPLE	8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH	8210
	PARTIAL ROLLOVER AMOUNT	7796

FIRST YEAR OF DESIGNATED ROTH CONTRIBUTIONS		8228
10	STATE TAX WITHHELD	7314
11	STATE	8217 [2]
STATE / PAYER'S STATE NUMBER		8216 [14]

2105	NYS UNDERPAYMENT OF ESTIMATED TAX IT-2105.9	
FORCE PRINT IT-2105.9		6349 <input type="checkbox"/> YES
14	LAST YEAR'S NEW YORK TAX LIABILITY ☺	5545
21	DATE BALANCE OF UNDERPAYMENT WAS PAID	6571 - -

ES	NYS ESTIMATED TAX (AMOUNTS FLOW TO 1040, SCH A, LINE 5)		
PRIOR YEAR OVERPAYMENT APPLIED		3539	
PRIOR YEAR EXTENSION PAYMENT MADE IN CURRENT YEAR		3948	
PRIOR YEAR ESTIMATED TAX PAID IN CURRENT YEAR		3524	
PRIOR YEAR TAX PAID WITH RETURN		3949	
DUE DATE		DATE PAID	AMOUNT PAID
APRIL 15, 2010		6046 - -	3130
JUNE 15, 2010		6047 - -	3131
SEPTEMBER 15, 2010		6048 - -	3132
JANUARY 18, 2011		6049 - -	3133
EXTRA PAYMENT		6045 - -	5017
AMOUNT PAID WITH EXTENSION REQUEST		3540	

CURRENT YEAR OVERPAYMENT TO NEXT YEAR			
1-	Refund all overpayment	6316	AMOUNT
2-	Apply all overpayment		
3-	Apply to all vouchers, refund balance		
4-	Apply to 1st voucher, refund balance		
5-	Apply to 1st and 2nd voucher, refund balance		
6-	Apply to 1st, 2nd, and 3rd voucher, refund balance		
7-	Apply amount entered		
ALLOCATION METHOD: (1 = Consecutively 2 = Equally)		6317	

NEXT YEARS ESTIMATED TAX VOUCHERS			
0- No estimated tax calculation		6318	AMOUNT
1- Lesser of Option 2 or Option 3			
2- 100% of NY taxes [110% if AGI is over 150k]			
3- 90% of NY estimated tax			
4- 100% of NY estimated tax			
5- 80% of NY estimated tax			
6- 70% of NY estimated tax			
7- Lesser of Option 2 or Option 5			
8- Lesser of Option 2 or Option 6			
9- Farmer/Fisher safe harbor [66.67% of NY est. tax]			
10- Amount entered with withholdings		5503	
IGNORE WITHHOLDINGS FOR 2011 ESTIMATED TAX		6315 <input type="checkbox"/> YES	

NEXT YEARS VOUCHERS			
1- Prepare vouchers, if applicable		6319	AMOUNT
2- Prepare if tax due is over \$1,000 or amount entered			
11- Prepare if tax due is over \$100 or amount entered			
12- Prepare if tax due is over \$50 or amount entered			
13- Prepare blank vouchers		5502	
14- Suppress vouchers			
ROUNDING ONLY VOUCHER AMOUNTS WILL BE ROUNDED			
1- No rounding		6320	
2- Round voucher amount up to next 10			
3- Round voucher amount up to next 100			
4- Round voucher amount up to next 1000			

ES	1040 ESTIMATED TAX		
PRIOR YEAR OVERPAYMENT APPLIED		3319	
DUE DATE		DATE PAID	AMOUNT PAID
APRIL 15, 2010		4477 - -	4472
JUNE 15, 2010		4478 - -	4473
SEPTEMBER 15, 2010		4479 - -	4474
JANUARY 18, 2011		4480 - -	4475
EXTRA PAYMENT		4481 - -	4476
AMOUNT PAID WITH EXTENSION REQUEST		2320	
IF ESTIMATED PAYMENTS WERE MADE WITH FORMER SPOUSE, ENTER SPOUSE'S SSN		0299	[9]
CURRENT YEAR OVERPAYMENT TO NEXT YEAR		METHOD	
1 - Refund all overpayment		0430	OVERPAYMENT AMOUNT
2 - Apply all overpayment			
3 - Apply to all vouchers, refund balance			
4 - Apply to 1st voucher, refund balance			
5 - Apply to 1st and 2nd vouchers, refund balance			
6 - Apply to 1st, 2nd and 3rd vouchers, refund balance			
7 - Apply amount entered			
ALLOCATION METHOD: (1 = Consecutively 2 = Equally)		0434	
NEXT YEARS ESTIMATED TAX VOUCHERS			
2011 ESTIMATED TAX OPTIONS		METHOD	
0 - No estimated tax calculation		0431	ESTIMATED AMOUNT
1 - Lesser of Option 2 or Option 3			
2 - 100% of 2008 taxes (110% if AGI is greater than \$150,000)			
3 - 90% of 2010 estimated tax			
4 - 100% of 2010 estimated tax			
5 - Farmer / Fisherman safe harbor			
6 - Amount entered with withholdings			
IGNORE WITHHOLDINGS FOR 2011 ESTIMATED TAX		1470 <input type="checkbox"/> YES	
THRESHOLD OPTIONS:		METHOD	
1 - Prepare vouchers, if applicable.		0432	THRESHOLD AMOUNT
2 - Prepare if tax is more than \$1,000 or amount entered.			
3 - Prepare blank amount vouchers.			
4 - Suppress vouchers.			
ROUNDING OPTIONS: (Only Voucher Amounts Will Be Rounded)		METHOD	
1 - No rounding		0433	
2 - Round voucher amount up to next 10			
3 - Round voucher amount up to next 100			
4 - Round voucher amount up to next 1,000			

● OPTIONAL

●● OVERRIDE

☺ KEYFIELD

[#] MAX CHAR

FEDERAL EXEMPTIONS	STANDARD DEDUCTIONS	ADJUSTMENTS
<div style="display: flex; justify-content: space-between;"> <div> 1 3,650 2 7,300 3 10,950 4 14,600 5 18,250 6 21,900 7 25,550 8 29,200 9 32,850 10 36,500 11 40,150 12 43,800 13 47,450 14 51,100 </div> <div> Single - under 65 \$5,700 Single - over 65 or Blind \$7,100 Single - over 65 and Blind \$8,500 <hr/> Married Filing Joint - under 65 \$11,400 One Spouse over 65 or Blind \$12,500 Both Spouses over 65 or Blind \$13,600 Both Spouses over 65 and one is Blind \$14,700 Both Spouses over 65 and Blind \$15,800 <hr/> Married Filing Separate - under 65 \$5,700 Spouse Itemizes \$ 0 Married Filing Separate - over 65 \$6,800 Head of Household - under 65 \$8,400 Head of Household - over 65 or Blind \$9,800 <hr/> Widow(er) with Child - under 65 \$11,400 Widow(er) with Child - over 65 or Blind \$12,500 </div> </div>		Educator expense () Certain busn expenses (Reservists, etc.) . 2106 () Health savings acct deduction 8889 () Moving expense 3903 () 1/2 Self-employment tax SE () SEP, SIMPLE and qualified plans SEP () 100% Self-employment health insurance .. SEHI () Early savings withdrawal penalty PEN () Alimony paid ALIM () IRA deduction IRA () Student loan interest SLI () Tuition and fees 8917 () Domestic production activities dedn. 8903 ()

CHILD CARE CREDIT TABLE			
If AGI is:		Multiplier is:	
Over--	But not over--		
\$0 - - 15,000	.35	Over--	But not over--
15,000 - - 17,000	.34	29,000 - - 31,000	.27
17,000 - - 19,000	.33	31,000 - - 33,000	.26
19,000 - - 21,000	.32	33,000 - - 35,000	.25
21,000 - - 23,000	.31	35,000 - - 37,000	.24
23,000 - - 25,000	.30	37,000 - - 39,001	.23
25,000 - - 27,000	.29	39,000 - - 41,000	.22
27,000 - - 29,000	.28	41,000 - - 43,000	.21
		43,000 - - No limit	.20

TAX RATE SCHEDULE CALCULATION	
-- For Taxable Incomes Over \$100,000 --	
(a) Taxable income	_____
(b) Multiplication amount	x _____
(c) (a) x (b)	= _____
(d) Subtraction amount	()
TAX	+ _____

INCOME	
Taxpayer wages, salaries and tips	TP WAGES _____
Spouse wages, salaries and tips	SP WAGES _____
Interest income	INT _____
Ordinary dividends	DIV _____
Qualified dividends	DIV _____
State refund	STATE _____
Alimony received	ALIM _____
Business income (loss)	SCH C _____
Capital gain (loss)	SCH D _____
Other gains (losses)	4797 _____
Taxable pension income	RETIRE _____
Rents, partnerships, etc	SCH E _____
Farm income (loss)	SCH F _____
Unemployment	UNEMPL _____
Taxable Social Security & Railroad ..	SS & RR _____
Other income	_____

TAXES	
ADJUSTED GROSS INCOME	AGI _____
ITEMIZED/STANDARD DEDUCTION ...	DED ()
EXEMPTIONS (x \$3,650) ..	EXE ()
TAXABLE INCOME	TI _____
ALTERNATIVE MINIMUM TAX	AMT _____
INCOME TAX	TAX _____

CREDITS	
Foreign tax credit	1116 _____
Child and dependent care	2441 _____
Education credits	8863 _____
Retirement savings contribution credit ...	8880 _____
Child tax credit	8901 _____
Residential energy credit	5695 _____
Credit for elderly or disabled	SCH R _____
Business credits / Other	8839 _____
TAX BALANCE (Not less than zero)	_____

OTHER TAXES	
Self-employment tax / Other.	_____
TOTAL TAX	FED _____

PAYMENTS	
Federal withholding	W/H _____
Estimated payments / Other	ES _____
AMOUNT DUE	DUE _____
NET REFUND	REFUND _____

DIRECT DEPOSIT, ELECTRONIC FILING		LAST NAME	2010
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DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL									
GOVT	SAME AS FED	FINANCIAL INSTITUTION NAME [25]	ROUTING NUMBER [9]	DEPOSITOR ACCOUNT NUMBER [17]	* ACCT TYPE	DD ** EFW ***	AMOUNT	PERCENT	WITHDRAWAL DATE
US									
US									
US									
	<input type="checkbox"/>								
	<input type="checkbox"/>								
	<input type="checkbox"/>								

* ACCT TYPES: CHECKING - SAVINGS - 2009 IRA - 2010 IRA - HSA - MSA - ESA
DD ** = DIRECT DEPOSIT EFW *** = ELECTRONIC FUNDS WITHDRAWAL OF AMOUNT DUE

ELECTRONIC FILING PIN SIGNATURE	
FILE RTN ELECTRONICALLY	1189 <input type="checkbox"/> YES
TAXPAYER PIN	0232 [5]
SPOUSE PIN	0233 [5]
ACCOUNTANT PIN	0231 [5]
TP ENTERED PIN(s)	8065 <input type="checkbox"/> YES
SIGNATURE DATE	0083 - -
INDICATED WHICH STATES TO BE FILED ELECTRONICALLY. IF ALL, WRIGHT ALL	

INV	TAXPAYER INVOICE
INVOICE NUMBER	0330
PRINT CLIENT ID ON INVOICE	8285 <input type="checkbox"/> YES
SUPPRESS INVOICE NUMBER	8455 <input type="checkbox"/> YES
DATE TO PRINT ON INVOICE	0379 - -
PRINT THIS AMOUNT ONLY	2407
PRINT DETAILED INVOICE (YES)	1188

USE THIS SECTION IF YOU ARE FILING RETURN ELECTRONICALLY AND HAVE CERTAIN PAPER FORMS TO SEND TO IRS I.e. CAPITAL GAINS ATTACHMENT or OTHER FORMS LISTED BELOW THAT MUST BE PAPER FILED. **FORCE 8453 MUST BE CHECKED FOR THE FORM TO PRODUCE. CHECK THE BOXES FOR THE FORMS THAT WILL BE ATTACHED TO FORM 8453. EACH 8453 WILL HAVE A SPECIAL DCN NUMBER ASSIGNED TO IT THAT WILL CORRESPOND TO TAX RETURN EFILED TO IRS**

EF		FORM 8453 EFILE TRANSMITTAL FORM FOR PAPER ATTACHMENTS		
FORCE FORM 8453 TO PRINT		8173 <input type="checkbox"/> YES		
OPT OUT OF 1040 MeF (FEDERAL AND STATE) FOR THIS RETURN		1549 <input type="checkbox"/> YES		
MILITARY INDICATOR	1 = Desert Storm 2 = Haiti 3 = Former Yugoslavia 4 = UN Operation 5 = Joint Guard 6 = Joint Forge 7 = Northern Watch 8 = Operation Allied Force 9 = Northern Forge 10 = Enduring Freedom 11 = Combat Zone	2944		
PAPER DOCUMENT INDICATORS (MUST BE ATTACHED TO FORM 8453)	SCH D-1	8172 <input type="checkbox"/> YES	FORM 4136 8174 <input type="checkbox"/> YES	
	REVPRC 09-20	8176 <input type="checkbox"/> YES	FORM 5713 8366 <input type="checkbox"/> YES	
	FORM 1098-C	1433 <input type="checkbox"/> YES	FORM 8283 1271 <input type="checkbox"/> YES	
	FORM 3115	8365 <input type="checkbox"/> YES	FORM 8332 1266 <input type="checkbox"/> YES	
	FORM 3468	1272 <input type="checkbox"/> YES	FORM 8858 8367 <input type="checkbox"/> YES	
	FORM 2848	1429 <input type="checkbox"/> YES	FORM 8864 1434 <input type="checkbox"/> YES	
	FORM 8885 8175 <input type="checkbox"/> YES			
	NAME OF PERSON SIGNING POWER OF ATTORNEY (2848) 8635 [35]			
	INTERMEDIATE SERVICE PROVIDER EFIN (SEIN) 4790 [6]			
	RAL INDICATOR	1336 <input type="checkbox"/> YES		
SUPPRESS PRINTING PREPARER SSN / EIN		8009 <input type="checkbox"/> YES		

ALLOCATION RECORD FOR COMMUNITY PROPERTY STATES AND MFS RETURNS ONLY		
SPOUSE IS WIFE (DEFAULT = HUSBAND)		8053 <input type="checkbox"/> YES
SPOUSE'S	WAGES	7654
	INTEREST INCOME	7655
	DIVIDENDS	7656
	STATE INCOME TAX REFUND	7657
	CAPITAL GAINS	7658
	PENSION INCOME	7659
	RENTS, ROYALTIES, PARTNERSHIPS, ESTATES, ETC.	7660
	OTHER INCOME	7661
TOTAL INCOME	●●	7662
TOTAL PAYMENTS		7663

A		ITEMIZED DEDUCTIONS				
MEDICAL						
1	MEDICINES AND DRUGS		2345			
	MEDICAL INSURANCE		+ 2344			
	TOTAL MEDICAL MILES (MILEAGE = 16.5 CENTS PER MI)		2548			
	LONG-TERM CARE PREMIUMS		TAXPAYER	3730		
			SPOUSE	3731		
			DEPENDENT	3732		
	DEPENDENT BIRTHDATE (MM-DD-YYYY)		0046 - -			
	OTHER MEDICAL EXPENSES		[20]	T/S	AMOUNT	ST
TAXES						
5	ADD'L STATE AND LOCAL INCOME TAX (Not Withholding)		+ 2347			
	GENERAL SALES TAX (ACTUAL RECEIPTS)		•• 2581			
	FORCE OPTIONS: (OPTIMIZE, FORCE INC TX, FORCE SALES TX)		0230			
	(1)	OTHER ADJ TO TTL AVAILABLE INC	2877			
	(5)	LOCAL GENL SALES TAX RATE	0093			
6	(6)	STATE GENL SALES TAX RATE	0094			
	(9)	GENL SLS TAX ON SPECIFIC ITEMS	2926			
	REAL ESTATE TAXES		+ 2946			
REAL ESTATE TAXES: FOREIGN		2836				
7	EW MOTOR VEHICLE SALES OR EXCISE TAX (ENTER TAX ON LN 5 BOX 2926 & BELLOV					
		PURCHASE PRICE	SALES and/or EXCISE TAX	OVERRIDE ALLOWABLE TAX		
8	PERSONAL PROPERTY TAXES		2348			
	FOREIGN INCOME TAXES PAID		3280			
	OTHER TAXES	STATEMENT 6				
INTEREST						
10	FIRST MORTGAGE					
	SECOND MORTGAGE					
	HOME MORTGAGE INT & POINTS REPORTED ON FM 1098		+ 2357			
11	HOME MTG INT NOT REPORTED ON FM 1098	NAME (1)		[25]		
		ADDR (2)		[34]		
		SSN (3)	(5) AMOUNT	(6) T/S	(7) ST	
		FEIN (4)				
12 POINTS NOT REPORTED ON FORM 1098 (ASSET MGR)		★•		2353		
13 QUALIFIED MORTGAGE INSURANCE PREIMUMS		+		3258		
14 INVESTMENT INTEREST		•		2356		
GIFTS TO CHARITY						
16	CASH CONTRIBUTIONS		[20]	T/S	AMOUNT	ST
	BY CASH OR CHECK					
	TOTAL CHARITABLE MILES (X .14 PER MI.)		2932			
NONCASH CONTRIBUTIONS (UNDER \$500)						
17	OTHER THAN CASH OR CHECK					
CASUALTY AND THEFT LOSS(ES)						
20 PERSONAL LOSS AMOUNT FROM FORM 4868 (LINE 22)		•		2362		
MISCELLANEOUS DEDUCTIONS (2% AGI LIMIT)						
21	UNREIMBURSED EMPLOYEE EXPENSE	UNION AND PROFESSIONAL DUES		2426		
		JOB EDUCATION		2752		
		FRM 2106/2106-EZ (ENTER ON 2106 DATA)		•		
		OTHER	[20]	T/S	AMOUNT	ST
STATEMENT 7						
22 TAX RETURN PREPARATION FEES		2671				
23	LIMITED MISC.	CASUALTY & THEFT BUSINESS (Form 4684)		2243		
		INVESTMENT FEES (To Form 4952)		2749		
		SAFE DEPOSIT BOX		2258		
		OTHER	[20]	T/S	AMOUNT	ST
STATEMENT 8						
GAMBLING LOSSES TO EXTENT OF WINNINGS		2826				
28	OTHER MISC.	STATEMENT 9				
29 TOTAL ITEMIZED DEDUCTIONS		•				

B - INT		INTEREST INCOME							
1	FROM SELLER-FINANCED MORTGAGE	NAME	[25]	ADDRESS	[32]	IDENTIFYING NUMBER	T / S	AMOUNT	STATE
						SSN			
						EIN			
		DESCRIPTION	[33]	T / S	INTEREST INCOME (NOT U.S. GOVT)	U.S. GOVT SAVINGS BONDS	TOTAL MUNI BONDS	STATE CODE	
		STATEMENT 10							
ADDITIONAL LINES AVAILABLE ON INPUT SCREEN									

B - DIV		DIVIDEND INCOME							
5	DESCRIPTION	[21]	T / S	ORD DIVIDENDS (1099 Box 1)	QUALIFIED DIVIDENDS	U.S. GOVT BONDS	TOTAL MUNI BONDS	CAPITAL GAINS	ST CODE
	STATEMENT 11								
ADDITIONAL LINES AVAILABLE ON INPUT SCREEN									

D		SALES OF SHORT-TERM AND LONG-TERM CAPITAL ASSETS										
TRANSACTIONS WILL BE SORTED ACCORDING TO DATE ACQUIRED. ACQUIRED DATES OF "VARIOUS" WILL DEFAULT TO LONG-TERM.												
1 & 8	DESCRIPTION OF PROPERTY	[25]	# OF SHARES	T / S	TYPE*	DATE ACQUIRED	DATE SOLD	Term	GROSS SALES PRICE	COST OR OTHER BASIS	ST COST OR BASIS (IF DIFF)	STATE CODE
	SEE ATTACHED					- -	- -					
	SEE ATTACHED					- -	- -					
						- -	- -					
						- -	- -					
* TYPE 0 = Nonspecific; 1 = 28% Rate; 2 = Sec 1202; 3 = Wash Sale; 4 = 1202 EZBS; 5 = Sec 1045 Rollover; 6 = Personal												
• OPTIONAL •• OVERRIDE [#] MAX CHAR + ADD-TO ★ ASSET MGR												

4	1040 DATA SHEET 4	LAST NAME	2010
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2441	CHILD AND DEPENDENT CARE		
NOT CLAIMING CREDIT BUT RECEIVED EMPLOYER-PROVIDED DEPENDENT CARE BENEFITS		1389	<input type="checkbox"/> YES

PART I - PERSONS OR ORGANIZATIONS PROVIDING CARE							
	NAME [19]	STREET ADDRESS [30]	CITY STATE ZIP [30]	PHONE NUMBER [14]	SSN OR EIN [9]	ST ID #	AMOUNT
1	1				SSN		
					EIN		
	2				SSN		
					EIN		
	3				SSN		
					EIN		
	4				SSN		
					EIN		
	5				SSN		
					EIN		

1099R	FORM 1099-R	# 1
[T] TAXPAYER OR [S] SPOUSE		☺
PAYER NAME ☺ 8204		[30]
1	GROSS DISTRIBUTION ☺	7301
2	a TAXABLE AMOUNT	7303
	b TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
	TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
4	FEDERAL INCOME TAX WITHHELD	7302
7	DISTRIBUTION CODE	8211 [4]
	IRA / SEP / SIMPLE	8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH	8210
	PARTIAL ROLLOVER AMOUNT	7796

FIRST YEAR OF DESIGNATED ROTH CONTRIBUTIONS		8228
10	STATE TAX WITHHELD	7314
11	STATE	8217 [2]
STATE / PAYER'S STATE NUMBER		8216 [14]

2105	NYS UNDERPAYMENT OF ESTIMATED TAX IT-2105.9	
FORCE PRINT IT-2105.9		6349 <input type="checkbox"/> YES
14	LAST YEAR'S NEW YORK TAX LIABILITY ☺	5545
21	DATE BALANCE OF UNDERPAYMENT WAS PAID	6571 - -

ES	NYS ESTIMATED TAX (AMOUNTS FLOW TO 1040, SCH A, LINE 5)		
PRIOR YEAR OVERPAYMENT APPLIED		3539	
PRIOR YEAR EXTENSION PAYMENT MADE IN CURRENT YEAR		3948	
PRIOR YEAR ESTIMATED TAX PAID IN CURRENT YEAR		3524	
PRIOR YEAR TAX PAID WITH RETURN		3949	
DUE DATE		DATE PAID	AMOUNT PAID
APRIL 15, 2010		6046 - -	3130
JUNE 15, 2010		6047 - -	3131
SEPTEMBER 15, 2010		6048 - -	3132
JANUARY 18, 2011		6049 - -	3133
EXTRA PAYMENT		6045 - -	5017
AMOUNT PAID WITH EXTENSION REQUEST		3540	

ES	1040 ESTIMATED TAX		
PRIOR YEAR OVERPAYMENT APPLIED		3319	
DUE DATE		DATE PAID	AMOUNT PAID
APRIL 15, 2010		4477 - -	4472
JUNE 15, 2010		4478 - -	4473
SEPTEMBER 15, 2010		4479 - -	4474
JANUARY 18, 2011		4480 - -	4475
EXTRA PAYMENT		4481 - -	4476
AMOUNT PAID WITH EXTENSION REQUEST		2320	
IF ESTIMATED PAYMENTS WERE MADE WITH FORMER SPOUSE, ENTER SPOUSE'S SSN		0299	[9]
CURRENT YEAR OVERPAYMENT TO NEXT YEAR		METHOD	
1 - Refund all overpayment ☺		0430	
2 - Apply all overpayment		OVERPAYMENT AMOUNT	
3 - Apply to all vouchers, refund balance			
4 - Apply to 1st voucher, refund balance			
5 - Apply to 1st and 2nd vouchers, refund balance			
6 - Apply to 1st, 2nd and 3rd vouchers, refund balance			
7 - Apply amount entered			
ALLOCATION METHOD: (1 = Consecutively 2 = Equally)			2270

CURRENT YEAR OVERPAYMENT TO NEXT YEAR			
1-	Refund all overpayment	6316	AMOUNT
2-	Apply all overpayment		
3-	Apply to all vouchers, refund balance		
4-	Apply to 1st voucher, refund balance		
5-	Apply to 1st and 2nd voucher, refund balance		
6-	Apply to 1st, 2nd, and 3rd voucher, refund balance		
7-	Apply amount entered		
ALLOCATION METHOD: (1 = Consecutively 2 = Equally)		5501	6317

NEXT YEARS ESTIMATED TAX VOUCHERS			
2011 ESTIMATED TAX OPTIONS		METHOD	
0 - No estimated tax calculation ☺		0431	
1 - Lesser of Option 2 or Option 3		ESTIMATED AMOUNT	
2 - 100% of 2008 taxes (110% if AGI is greater than \$150,000)			
3 - 90% of 2010 estimated tax			
4 - 100% of 2010 estimated tax			
5 - Farmer / Fisherman safe harbor			
6 - Amount entered with withholdings			
3700			
IGNORE WITHHOLDINGS FOR 2011 ESTIMATED TAX		1470 <input type="checkbox"/> YES	
THRESHOLD OPTIONS:		METHOD	
1 - Prepare vouchers, if applicable. ☺		0432	
2 - Prepare if tax is more than \$1,000 or amount entered.		THRESHOLD AMOUNT	
3 - Prepare blank amount vouchers.			
4 - Suppress vouchers.		2271	
ROUNDING OPTIONS: (Only Voucher Amounts Will Be Rounded)		METHOD	
1 - No rounding		0433	
2 - Round voucher amount up to next 10			
3 - Round voucher amount up to next 100			
4 - Round voucher amount up to next 1,000			

NEXT YEARS ESTIMATED TAX VOUCHERS			
0- No estimated tax calculation		6318	AMOUNT
1- Lesser of Option 2 or Option 3			
2- 100% of NY taxes [110% if AGI is over 150k]			
3- 90% of NY estimated tax			
4- 100% of NY estimated tax			
5- 80% of NY estimated tax			
6- 70% of NY estimated tax			
7- Lesser of Option 2 or Option 5			
8- Lesser of Option 2 or Option 6			
9- Farmer/Fisherman safe harbor [66.67% of NY est. tax]			
10- Amount entered with withholdings			
5503			
IGNORE WITHHOLDINGS FOR 2011 ESTIMATED TAX		6315 <input type="checkbox"/> YES	
NEXT YEARS VOUCHERS			
1- Prepare vouchers, if applicable		6319	AMOUNT
2- Prepare if tax due is over \$1,000 or amount entered			
11- Prepare if tax due is over \$100 or amount entered			
12- Prepare if tax due is over \$50 or amount entered			
13- Prepare blank vouchers			
14- Suppress vouchers		5502	
ROUNDING ONLY VOUCHER AMOUNTS WILL BE ROUNDED			
1- No rounding		6320	
2- Round voucher amount up to next 10			
3- Round voucher amount up to next 100			
4- Round voucher amount up to next 1000			

● OPTIONAL

●● OVERRIDE

☺ KEYFIELD

[#] MAX CHAR

Line no.	INCOME	Sched Form	Computer developed forms will override all data entered below.
7	WAGES, SALARIES, TIPS, ETC. ●●	W-2	2675 +
	HOUSEHOLD EMPLOYEE INCOME	HSH	3227 +
	PRISONER EARNED INCOME	PRI	3112 +
	TXBLE GRAD SCHLRSHIP- FLLWSHP AMT	SCH	2252 +
8	a TAXABLE INTEREST ●	B	2335 +
	b TAX EXEMPT INT - TAXPAYER ●	TEI	2534 +
	TAX EXEMPT INTEREST - SPOUSE ●	TEI	2390 +
9	a ORDINARY DIVIDENDS ●	B	2331 +
	b QUALIFIED DIVIDENDS ●	B	3624 +
	TAXABLE STATE & LOCAL INC TAX REFUND ●●		2255 +
STATE AND LOCAL TAX REFUND WORKSHEET			
	DEDUCTED 2008 STATE AND LOCAL SALES TAX		1023 <input type="checkbox"/> YES
(1)	STATE AND LOCAL TAX REFUND ●	1099G	2337
(2)	ST & LOCAL INC TX PD RELATING REFUND IN 07 ☺		3499
(3)	ST AND LOCAL INC TX PD RELATING REFUND IN 08		3177
(8)	2008 FORM 1040, LINE 41 LESS LINE 42		7919
(11)	2008 STATE / LOCAL GENL SALES TAX THAT COULD HAVE BEEN DEDUCTED ON 2008 SCH A, LINE 5		3895
(13)	FORCED TO ITEMIZE IN 2008		1226 <input type="checkbox"/> YES
(14)	2008 ITEMIZED DEDUCTIONS		2297
(15)	2008 FILING STATUS (1-2-3-4-5)		2307
(16)	TAXPAYER OVER AGE 65 IN 2008 1218 <input type="checkbox"/>	BLIND	1119 <input type="checkbox"/>
	SPOUSE OVER AGE 66 IN 2008 1108 <input type="checkbox"/>	BLIND	1184 <input type="checkbox"/>
(17)	08 ST / LOCAL TAXES ON '08 FM 1040 SCH A LINE 6 (EXCLUDING FOREIGN RE TAXES)		9185
(18)	2008 NET DISASTER LOSS FROM FM 4684, LN 18a		9186
(21)	REDUCED 2008 ITEMIZED DEDUCTIONS LIMITATION		7857
(22)	UNUSED PRIOR YEAR CREDITS LIMITATION		7858
(23)	AMT IN 2008 LIMITATION		7859
(25)	OTHER ADJUSTMENT		7860
	DESCRIBE 0383 [28]		
(27)	STATE AND LOCAL INC TAX DEDUCTED IN PY		9095
(30)	ACTUAL STATE AND LOCAL INC TAX DEDUCTED		7920
(31)	NET STATE AND LOCAL INCOME TAX DEDUCTED		7921
(34)	SMALLEST 2008 ST/LOCAL TX DEDN NO TAX BENEF		7922
(37)	SMALLEST '08 AMT ST/LOC TX DEDN w/no TX BENEF		7923
11	ALIMONY RECEIVED TP 2115	SP	2573
12	BUSINESS INCOME OR (LOSS) ●	C	2201 +
13	CAPITAL GAIN OR (LOSS) ●	D	2202 +
	SCHEDULE D FORM IS NOT REQUIRED	D	1018 <input type="checkbox"/>
14	OTHER GAINS OR (LOSSES) ●	4797	2203 +
15	a IRA DISTRIBUTIONS ●●		2658
	b TAXABLE IRA DISTRIBUTIONS ●●	IRA	2274 +
	TOTAL ROLLED OVER		1299 <input type="checkbox"/> YES
	EXPLAIN:		
16	a PENSIONS AND ANNUITIES RECEIVED ●		2657
	b TXBLE PENSIONS & ANNUITIES ●●	Pens	2373 +
17	RENTS, ROYALTIES, PARTNRSHPs, ETC. ●	E	2204 +
18	FARM INCOME OR (LOSS) ●	F	2205 +
19	UNEMPLOYMENT COMPENSATION		
	TAXPAYER ●		2435 +
	SPOUSE ●		2569 +
	REPAID UNEMPLOYMENT COMP ●	1099G	2929 -
	FED TAX WITHHELD (1099-G) ●		2588
INV TAXPAYER INVOICE			
INVOICE NUMBER		0330	
PRINT CLIENT ID ON INVOICE		8285 <input type="checkbox"/> YES	
SUPPRESS INVOICE NUMBER		8455 <input type="checkbox"/> YES	
DATE TO PRINT ON INVOICE		0379 - -	
PRINT THIS AMOUNT ONLY		2407	
PRINT DETAILED INVOICE (YES)		1188	

Line no.	INCOME AND ADJUSTMENTS	Sched Form	Computer developed forms will override all data entered below.
21	ALASKA PERMANENT FUND DIVIDENDS		2220 +
	INDIAN TRIBAL INCOME		3642 +
	TAXABLE EDUCATION DISTRIBUTIONS		7999 +
	STATE PROPERTY TAX REBATE (NJ)		3546 +
	OTHER TAXABLE STATE AND LOCAL TAX REFUNDS (NOT INCLUDED ON FORM 1040, LINE 10):		
	DESCRIPTION: 8703		
	AMOUNT		3644
	OTHER INCOME: [28] SE? T/S		AMOUNT + State
	OVERWRITE DEPENDENT OF ANOTHER EARNED INCOME (STANDARD DED) ●●		3858 +
	ELECT TO DEFER RECOGNIZING CANCELLATION OF INDEBTEDNESS UNDER SEC 108(i)		1560 <input type="checkbox"/> YES
	SECTION 108(i) ELECTION EXPLANATION		
22	TOTAL EARNED INCOME ●		
23	EDUCATOR EXPS TP 2594	SP	3625 -
	CARRY EXCESS EDUCATOR EXPENSE TO SCH A		8399 <input type="checkbox"/> YES
24	CERTAIN BUSN EXP FOR RESERVISTS, PERFORMING ARTISTS, AND FEE-BASIS GOVERNMENT EMPLOYEES ●	2106	2176 -
25	HEALTH SAVINGS ACCT DEDUCTION ●	8889	2830 -
26	MOVING EXPENSES ●	3903	2340 -
27	ONE-HALF OF SELF-EMPLOYMENT TAX ●	SE	2502 -
28	NOTE: SEP, SIMPLE, AND KEOGH CONTRIBUTIONS ENTRIES ARE MADE ON THE RETIREMENT PLANS WORKSHEET ON DATA SHEET 11		
	ALLOWED CONTRIBUTIONS MADE TO SEP, SIMPLE, KEOGH PLANS	TAXPAYER	7621 -
		SPOUSE	7622 -
29	SE HEALTH INS TAXPAYER 2420	SEHI	-
	SPOUSE 2421	SEHI	-
	SEHI FRM S CORP TAXPAYER 2832	SEHI	-
	SPOUSE 2834	SEHI	-
30	PEN - EARLY WITHDRAWAL OF SAVINGS +	B	2519 -
31	ALIMONY PAID - NAME	SOC SEC NO.	T/S
		AMOUNT -	ST
32	NOTE: IRA, CONTRIB, ROTH CALCULATIONS, AND LN 32 ENTRIES FOR SEP, SIMPLE, AND KEOGH CONTRIB WKSHTS ARE MADE ON DATA SHEET 10.		
33	STUDENT LOAN INT DEDUCTION TAXPAYER	SLI	2333 -
	STUDENT LOAN INT DEDUCTION SPOUSE	SLI	2848 -
34	TUITION AND FEES DEDUCTION ●		2595 -
35	DOMESTIC PROD ACTIVITIES DED ●	8903	2849 -
	PUERTO RICO INCOME THAT IS EXCLUDED		2585 -
	AMERICAN SAMOA INCOME THAT IS EXCLUDED		2394 -
36	ARCHER MSA DEDUCTION ●	8853	2860 -
	JURY DUTY PAY GIVEN TO EMPLOYER		3212 -
	PERSONAL PROPERTY RENTAL EXPENSE (PPR)		3215 -
	REFORESTATION		2289 -
	SECTION 501(c)18 ●	W-2	3213 -
	SUB-PAY TRA		3211 -
	CONTR SOME CHAPLAINS TO Sec 403(b) PLANS		7010 -
	UDC		-
	UNLAWFUL DISCRIMINATION CLAIM (UDC)		7011 -
	CERTAIN ATTNY FEES/COURT COSTS (WBF)		3216 -
	OTHER ADJUSTMENTS: [12] T/S		AMOUNT - ST
	TOTAL ADJUSTMENTS ●		
37	ADJUSTED GROSS INCOME ●		

FORM 1040 PAGE 2 MANUAL ENTRY

Line no.	DEDUCTIONS, CREDITS AND TAXES				Sched ----- Form	Computer developed forms will override all data entered below.
40	FORCE ITMZED DED	1113	<input type="checkbox"/> YES	FORCE STD DED	1173	<input type="checkbox"/> YES
42	EXEMPTIONS X 3650				Exem	-
42	OVERRIDE DEPENDENT OF ANOTHER EARNED INCOME (FOR STANDARD DED)				Exem	3858
	TAXPAYER OVER 65	1101	<input type="checkbox"/> YES	SPOUSE OVER 65	1102	<input type="checkbox"/> YES
43	TAXABLE INCOME					
44	CAPITAL GAINS TAX WORKSHEET					
	TX PARENT'S RATE FRM CHILD'S INT	8615				+
	PARENTS ELECT TO REPORT CHILD INT	8814		2557		+
	LUMP SUM DISTRIBUTIONS TAX	4972		2397		+
	EDUCATION CREDIT RECAPTURE TAX	ECR		3238		+
	TAX					+
45	ALTERNATIVE MINIMUM TAX	6251		2378		+
46	TOTAL TAX AND ALT MIN TAX					
47	FOREIGN TAX CREDIT	1116		2316		-
48	CHILD AND DEPENDENT CARE CREDIT	2441		2363		-
49	EDUCATION CREDITS	8863		2574		-
50	RETIREMENT SAVINGS CONTRIBS CR	8880		3600		-
51	CHILD TAX CR (PUERTO RICO INC AND RR EMPLOYMNT TAX FOR CTC) ARE ON PROFORMA PG 2	8812 8901				-
52	RESIDENTIAL ENERGY EFFICIENT PROPERTY CREDIT	5695		7764		-
53	a GENERAL BUSINESS CREDIT	3800		2399		-
	b CR FOR PY MINIMUM TAX	8801		2565		-
	QUAL ELECTRIC VEHICLE CREDIT	8834		2627		-
	DC FIRST-TIME HOMEBUYER CR	8859		2867		-
	ALT MOTOR VEHICLE CR (PART II)	8910		3921		-
	ALT FUEL VEHICLE REFUELING PROPERTY CREDIT (PART III)	8911		3935		-
	QUAL PLUG-IN ELECTRIC DRIVE MOTOR VEHICLE CREDIT	8936		9848		-
	CR FOR ELDERLY OR DISABLED	R		2315		-
	MORTGAGE INTEREST CREDIT	8396		2510		-
56	BALANCE - NOT LESS THAN ZERO					
56	SELF-EMPLOYMENT TAX	SE		2308		+
57	SS & MEDICARE TX-UNREPORTED TIPS	4137		2310		+
57	SOC SEC & MEDICARE TAX ON WAGES	8919		3259		+
58	ADDITIONAL TAX ON IRAs, OTHER QUALIF RETIREMENT PLANS, ETC.	5329		2522		+
59	a ADVANCED EARNED INC CR PMTS	W-2				+
	b HOUSEHOLD EMPLOYMENT TAX	H		2839		+
	c REPMT OF 1ST-TIME HOMEBUYER CR CLAIMED IN '08 OR '09	5405		9265		+
60	RECAPTURE					
	INVESTMENT CREDIT	4255		2311		+
	LOW-INCOME HOUSING CR	8611		2507		+
	FED MORTGAGE SUBSIDY	8828		2570		+
	QUALIFIED ELECTRIC VEHICLE	8834		2667		+
	INDIAN EMPLOYMENT CR	8845		2951		+
	NEW MARKETS CREDIT	8874		3819		+
	EMPLOYER-PROVIDED CHILDCARE	8882		3889		+
	ALTERNATIVE MOTOR VEHICLE CR	8910		3890		+
	ALT FUEL VEHICLE REFUELING CREDIT	8911		3891		+
	QUALIFIED PLUG-IN ELECTRIC DRIVE MOTOR VEHICLE CREDIT	8936		9237		+
	PEN TAX ON PREMATURE DISTRIBUTION	Sc 72		2256		+
	UNCOLL TX ON REPORTED TIPS (W-2 In 13)	UT		2309		+
	GOLDEN PARACHUTE PAYMENTS	EPP		2546		+
	TX ON ACCUMULATION DISTRIB OF TRUSTS	4970		2253		+
	INSTALLMENT SALES - DLRS IN PERS PROP	S453A		2547		+
	NONQUAL DEFERRED COMP PLAN	NQDC		7831		+
	TX - FAILURE TO MAINT HDHP CVRAGE	8889		3262		+
CONTINUED NEXT COLUMN						

● OPTIONAL

+ ADD-TO

●● OVERRIDE

[#] MAX CHAR

10TXDATA4

Line no.	PAYMENTS				Sched ----- Form	Computer developed forms will override all data entered below.
CONTINUED FROM PREVIOUS COLUMN						
60	ADDL TAX - CHARITABLE CONTRIB RECAP				FITPP	3261
	COBRA PREM ASSISTANCE RECVD IN 2010					9153
	ADDITIONAL TAX ON HCTC ADVANCE PMTS				8885	3264
	OTHER TAXES 0020				[12]	2928
	TOTAL FEDERAL TAX					
61	FEDERAL INCOME TAX WITHHELD				W-2	-
	FORM 1099-INT WITHHOLDING				B-INT	2402
	FORM 1099-DIV WITHHOLDING				B-DIV	2276
	FORM 1099-G WITHHOLDING				1099G	2588
	OTHER 1099 WITHHOLDING				W / H	2431
	OTHER WITHHOLDING				W / H	2460
62	ALL INFORMATION PERTAINING TO ES TAX PMTS (DATES & AMTS, ETC.), OVERPMTS APPLIED AND EXT PMTS ARE ENTERED ON THE ESTIMATES INPUT				ES	-
63	MAKING WORK PAY CREDIT				M	-
67	FIRST-TIME HOMEBUYER CREDIT				5405	3281
69	SUPPRESS PRINTING OF EXCESS FICA				FICA	8060 <input type="checkbox"/> YES
70	FEDERAL TAX ON FUELS CREDIT				4136	2319
71	a	REGULATED INVESTMT CO. CR			2439	2317
	b	ADOPTION CREDIT			8839	2861
	c	CREDIT FOR PY MINIMUM TAX			8801	3260
	d	HEALTH INS CR - ELIGIBLE RECIP			8885	2862
		CR FOR REPAYMENT UNDER CLAIM-OF-RIGHT				2593
		AMT OWED TO U.S. VIRGIN ISLANDS			8689	9193
	TOTAL PAYMENTS					
	AMOUNT OVERPAID					
73	a	REFUND (-)				
	BANK INFORMATION IS ENTERED ON THE EF / RAL DATA SHEET.					
	LEAVE DIRECT DEPOSIT FIELDS BLANK				1046	<input type="checkbox"/> YES
74	AMOUNT APPLIED TO 2011 ESTIMATED TAX				EST	2270
75	TAX DUE (+)					
76	ESTIMATED TAX PENALTY				2210	2525
PROVIDE INFO BELOW IF AUTHORIZING IRS TO DISCUSS RETURN WITH THIRD PARTY:						
THIRD PARTY DESIGNEE						
PREPARER IS THIRD PARTY DESIGNEE				8054	<input type="checkbox"/> YES	
NAME				0179	[20]	
TELEPHONE NUMBER				0180		
TITLE OF SIGNER OF RETURN				8181	[20]	
PERSONAL IDENTIFICATION NUMBER (PIN)				0181	[5]	
AMOUNT PAID WITH FORM 1040-V				2209		
PENALTY AND INTEREST						
DATE OF LATE PAYMENT				0505	-	-
DATE OF LATE FILING				0506	-	-
TAX DUE AMOUNT ON WHICH TO COMPUTE PENALTIES AND INTEREST				7924		
LATE FILING AND LATE PAYMENT				3605		
INTEREST				3606		
IDENTITY PROTECTION PIN				0569		

5329	ADDITIONAL TAX ON RETIREMENT PLANS	
MULTIPLE	SPOUSE'S FORM 5329	1340 <input type="checkbox"/> YES
	FILE AS STAND-ALONE FORM (Firm data prints in Signature area)	8324 <input type="checkbox"/> YES
PART I - TAX ON EARLY DISTRIBUTIONS		
1	EARLY DISTRIBUTIONS INCLUDED IN INCOME ●●	3086
	EARLY DISTRIBUTIONS PENALIZED AT 25% RATE (Code "S" on Form 1099R) ●●	2900
2	DISTRIBUTIONS NOT SUBJECT TO ADDITIONAL 10% TAX	3092
	EXCEPTION AMOUNT FOR SIMPLE RETIREMENT ACCOUNTS	2901
	EXCEPTION NUMBER 3090 [2]	
3	AMOUNT SUBJECT TO ADDITIONAL TAX ●●	3099
PART II - TAX ON CERTAIN DISTRIB FROM EDUCATION ACCTS		
5	TAXABLE AMT FROM FM 1099-Q INCLUDED IN INCOME ●●	7124
6	DISTRIBUTION NOT SUBJECT TO ADDITIONAL TAX ●●	7201
PART III - TAX ON EXCESS CONTRIBUTIONS TO TRADITIONAL IRAs		
9	EXCESS CONTRIBUTIONS FROM PRIOR YR FORM 5329, LINE 16	3066
10	CONTRIBUTION CREDIT	3067
11	CY TRADITIONAL IRA DISTRIB INCLUDED IN INCOME ●	3089
12	CY DISTRIBUTIONS PRIOR YEAR EXCESS CONTRIBUTIONS	3068
15	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	3065
17	VALUE OF TRADITIONAL IRAs ON LAST DAY OF CURRENT YEAR	3084
	TAX DUE ●●	3085
PART IV - TAX ON EXCESS CONTRIBUTIONS TO ROTH IRAs		
18	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 24	7271
19	ROTH IRA CONTRIBUTION CREDIT	7272
20	CURRENT YEAR DISTRIBUTIONS FROM ROTH IRAs	7273
23	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	3076
25	VALUE OF ROTH IRAs ON LAST DAY OF CURRENT YEAR	3077
PART V - TAX ON EXCESS CONTRIBUTIONS TO COVERDELL ESAs		
26	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 32	7274
27	COVERDELL ESA CONTRIBUTION CREDIT	7275
28	CURRENT YEAR DISTRIBUTIONS FROM COVERDELL ESAs	7276
31	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	7202
33	VALUE OF COVERDELL ESAs ON LAST DAY OF CURRENT YR	7203
PART VI - TAX ON EXCESS CONTRIBUTIONS TO ARCHER MSAs		
34	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 40	7205
35	ARCHER MSA CONTRIBUTION CREDIT	7206
36	CURRENT YEAR DISTRIBUTIONS FROM ARCHER MSA(s)	7207
39	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	7204
41	VALUE OF ARCHER MSAs ON LAST DAY OF CURRENT YR	7209
PART VII - ADDL TAX ON EXCESS CONTRIBUTIONS TO HSAs		
42	EXCESS CONTRIBUTIONS FROM PY FORM 5329, LINE 48	3569
47	EXCESS CONTRIBUTIONS FOR CURRENT YEAR	7142
49	VALUE OF HSAs ON LAST DAY OF CURRENT YEAR	7143
PT VIII - TAX ON EXCESS ACCUMULATION IN QUAL RETIREMENT PLANS		
NOTE: FOR 2009, REQUIRED MINIMUM DISTRIBUTIONS ARE NOT REQUIRED TO BE MADE FROM AN IRA OR CERTAIN EMPLOYER-PROVIDED QUALIFIED RETIREMENT PLANS THAT ARE DEFINED CONTRIBUTION PLANS.		
50	MINIMUM REQUIRED DISTRIB, IF ANY, FOR CURRENT YEAR (INCLUDING MINIMUM REQUIRED DISTRIB FOR 2009 THAT IS PERMITTED TO BE MADE IN 2010 FOR INDIVIDUAL WITH REQUIRED BEGINNING DATE OF 04-01-2010)	3074
51	AMOUNT ACTUALLY DISTRIBUTED TO TP IN CURRENT YEAR (PLUS ANY DISTRIB ACTUALLY MADE IN 2009 THAT WERE PERMITTED TO BE MADE IN 2010 FOR INDIVIDUAL WITH A REQUIRED BEGINNING DATE OF 04-01-2010)	3088
52	WAIVER OF TAX	7093
EXPLANATION FOR WAIVER OF TAX		
[60]		

8606	NONDEDUCTIBLE IRA CONTRIBUTIONS	
PART I - TRADITIONAL IRAs		
	TAXPAYER	SPOUSE
1	NONDED TRADITIONAL IRA CONTRIBUTIONS FOR CY ●●	2814 2820
2	TOTAL TRADITIONAL IRA BASIS FOR 2009 AND EARLIER YRS ☺	2815 2821

8606	NONDEDUCTIBLE IRA CONTRIBUTIONS (CONTINUED)	
	TAXPAYER	SPOUSE
4	IRA CONTRIBUTIONS MADE FROM 01-01-2011 TO 04-15-2011	2813 2819
6	VALUE OF TRADITIONAL, SEP, AND SIMPLE IRAs AS OF 12-31-10 ☺	2812 2818
	OUTSTANDING ROLLOVERS	2787 2790
7	TOTAL TRADITIONAL, SEP, AND SIMPLE IRA DISTRIBUTIONS RECEIVED IN CURR YEAR ●●	2816 2822
8	TOTAL TRADITIONAL, SEP, AND SIMPLE IRAs CONVERTED TO ROTH IN CURRENT YEAR ●●	7220 7228
	RECHARACTERIZATIONS	7221 7229
PART II - CONVERSIONS FROM TRADITIONAL TO ROTH IRAs		
16	NET AMOUNT CONVERTED FROM TRADITIONAL, SEP, AND SIMPLE IRAs IN 2010	9217 9214
17	BASIS IN NET CONVERSIONS	7222 7230
19	ELECT TO REPORT ENTIRE TAXABLE AMT IN CY (RATHER THAN 1/2 IN 2011 AND 1/2 IN 2012)	1599 <input type="checkbox"/> 1508 <input type="checkbox"/>
PART III - ROLLOVERS FROM QUAL RETIREMENT PLANS TO ROTH IRAs		
21	ROLLOVER FROM QUAL RETIREMENT PLANS TO ROTH IRAs	9217 9214
22	BASIS IN ROLLOVER (ON LINE 21)	9215 9216
24	ELECT TO REPORT ENTIRE TAXABLE AMT IN CY (RATHER THAN 1/2 IN 2011 AND 1/2 IN 2012)	1600 <input type="checkbox"/> 1519 <input type="checkbox"/>
THIS BOX MUST BE CHECKED IF THE BOX ON LINE 19 IS CHECKED		
PART IV - DISTRIBUTIONS FROM ROTH IRAs		
26	TOTAL ROTH NON QUAL DISTRIB REC ●●	7223 7231
27	QUAL FIRST-TIME HOMEBUYER DISTRIB	7649 7650
29	BASIS IN ROTH IRA CONTRIB ●●	7270 7263
31	BASIS IN ROTH IRA CONVERSIONS	7262 7267
RET RETIREMENT CONTRIBUTIONS		
	TAXPAYER	SPOUSE
	IRA CONTRIBUTION	2518 2514
	COVERED BY RETIREMENT PLAN	1124 <input type="checkbox"/> YES 1161 <input type="checkbox"/> YES
	FORCE AMOUNT CONTRIBUTED AS DEDUCTIBLE ●●	1174 <input type="checkbox"/> YES
	TOTAL BASIS FOR 2009 AND EARLIER YRS	2815 2821
ROTH IRAs		
	PREPARE MAXIMUM ROTH IRA CONTRIBUTION WORKSHEET	8010 <input type="checkbox"/> YES 8018 <input type="checkbox"/> YES
	ACTUAL AMOUNT CONTRIBUTED FOR 2010	3911 3913
	BASIS IN ROTH IRA CONTRIBUTIONS FOR 2009 AND EARLIER	3912 3914
	BASIS IN ROTH IRA CONVERSIONS FOR 2009 AND EARLIER	7262 7267
	OVERRIDE SE INCOME ON WKSHT ●●	3357 3358
SELF-EMPLOYED KEOGH RETIREMENT PLAN		
CODES FOR KEOGH DEDUCTION CALCULATION: M = Money Purchase P = Profit Sharing B = Print Amount as Entered		
	CODE	4726 4727
	CONTRIBUTION RATE	8161 8162
	COMPANY CONTRIBUTION AMOUNT ●●	2342 2515
	CATCH-UP AMOUNT (INDIVIDUAL 401(k) ONLY)	3627 3628
SELF-EMPLOYED SEP RETIREMENT PLAN		
	COMPANY CONTRIBUTION RATE	8163 [2] 8164 [2]
	COMPANY CONTRIBUTION AMOUNT ●●	7547 7548
SARSEPs ONLY:		
	ELECTIVE DEFERRAL	2765 2766
	CATCH-UP AMOUNT	3629 3630
SELF-EMPLOYED SIMPLE RETIREMENT PLAN		
	SIMPLE 401(k) PLAN (Default = IRA)	4488 <input type="checkbox"/> YES 4493 <input type="checkbox"/> YES
	ELECTIVE CONTRIBUTION RATE	4486 4487
	ELECTIVE CONTRIBUTION AMOUNT ●●	3080 3081
	CATCH-UP AMOUNT (\$0 - \$2,500)	3082 3083
	COMPANY MATCHING CONTRIBUTION RATE @ 1%-3%	4453 4454
	COMPANY NONELECTIVE CONTRIBUTION RATE @ 2%	4455 4468

1310 DECEASED TAXPAYER REFUND CLAIM	
NAME OF PERSON CLAIMING REFUND:	
FIRST NAME	0221 [15]
LAST NAME	0236 [20]
SSN	0222 - -
TELEPHONE NUMBER	0220
HOME ADDRESS	0223 [35]
APARTMENT #	0224
CITY, STATE, ZIP CODE	0225 [45]
CHOOSE THE SELECTION THAT APPLIES TO THE TAXPAYER	
ENTER A, B, OR C	
A	SURVIVING SPOUSE REQUESTING REISSUE OF REFUND CHK
B	COURT-APPOINTED OR CERTIFIED PERSONAL REPRESENTATIVE
C	PERSON, OTHER THAN A OR B, CLAIMING REFUND FOR DECEDENT'S ESTATE
COMPLETE ONLY IF LINE C IS SELECTED:	
1	DID DECEDENT LEAVE A WILL? 1293 <input type="checkbox"/> YES
2	a HAS A COURT APPOINTED A PERSONAL REPRESENTATIVE FOR ESTATE OF DECEDENT? 1294 <input type="checkbox"/> NO
	b IF NO, WILL ONE BE APPOINTED? 1295 <input type="checkbox"/> YES
3	WILL CLAIMANT PAY OUT REFUND ACCORDING TO LAWS OF STATE WHERE DECEDENT WAS A LEGAL RESIDENT? 1296 <input type="checkbox"/> YES

SCH M SCHEDULE M	
NOTE: FM 1040-SS & 1040-PR FILERS, ONLY COMPLETE LINE 10.	
SUPPRESS PRINTING OF SCHEDULE M WHEN CREDITS EQUAL ZERO	1564 <input type="checkbox"/> YES
PUERTO RICO RESIDENT BUT QUALIFIES FOR SCHEDULE M MAKING WORK PAY CREDIT	1604 <input type="checkbox"/> YES
TAXPAYER IS A NONRESIDENT ALIEN OR BONA FIDE PUERTO RICO RESIDENT	1531 <input type="checkbox"/> YES
SPOUSE IS A NONRESIDENT ALIEN OR BONA FIDE PUERTO RICO RESIDENT	1532 <input type="checkbox"/> YES
1 b OVERRIDE EARNED INCOME ●●	9097
EARNED INCOME WORKSHEET	
AMOUNT FROM SCH K-1 (FORM 1065-B), BOX 9	7541
PARTNERSHIP SECTION 179 EXPENSE DEDUCTION	9038
DEPLETION ON OIL AND GAS PROPERTIES	9039
UNREIMBURSED NONFARM PTNSHP EXPENSE DEDUCTED ON SCH E	7542
UNREIMBURSED FARM PTNSHP EXPENSE DEDUCTED ON SCH E	7543
PENSION / ANNUITY FROM NONQUAL DEFERRED COMPENSATION PLAN OR NONGOVERNMENTAL SECTION 457(b) PLAN	7544
PORTION, IF ANY, OF AMOUNT FROM FORM 2555, LINE 44 INCLUDED ON SCH E AS PARTNERSHIP INCOME OR DEDUCTED ON FORM 1040, LN 27, SCHEDULES C, C-EZ, OR ●●	7545
AMOUNT FROM FORM 2555, LINE 44, ALSO DEDUCTED ON SCH C OR SCH F OR INCLUDED ON SCH E PTSHP NET INC OR (LOSS)	7546
5 PUERTO RICO INCOME THAT IS EXCLUDED	2585
AMERICAN SAMOA INCOME THAT IS EXCLUDED	2394
10 NOTE: TO VALIDATE THE AMOUNT OF ERP RECEIVED DURING 2010, VISIT www.irs.gov/individuals/article/0,,id=219514,00.html OR CALL THE AUTOMATED LINE AT 866-234-2942.	
ECONOMIC RECOVERY PAYMENT RECEIVED IN 2010:	
TAXPAYER AMOUNT	9098
SPOUSE AMOUNT	9099

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54051 FIRST-TIME HOMEBUYER CREDIT, PG 1	
PART I - GENERAL INFORMATION	
STREET ADDRESS OF HOME QUALIFYING FOR CREDIT	
A	8649 [70]
ZIP CODE	8475
CITY	8473
STATE	8474
B	DATE HOME WAS ACQUIRED (VALID DATE RANGE IS AFTER 12-31-09 AND BEFORE 10-01-10. MEMBERS OF UNIFORMED SERVICES OR FOREIGN SERVICE AND EMPLOYEES OF THE INTELLIGENCE COMMUNITY HAVE AN ADDITIONAL YEAR TO PURCHASE A HOME.) 8650 - -
C	DID TAXPAYER ENTER INTO A BINDING CONTRACT BEFORE 05-01-10 TO PURCHASE HOME BEFORE 07-01-10? 1567 <input type="checkbox"/> YES
D	TP IS A MEMBER OF THE UNIFORMED SERVICES OR FOREIGN SERVICE, OR AN EMPLOYEE OF INTELLIGENCE COMMUNITY, & WAS ON QUALIFIED OFFICIAL EXTENDED DUTY OUTSIDE U.S. FOR AT LEAST 90 DAYS DURING PERIOD BEGINNING AFTER 12-31-08, AND ENDING BEFORE 05-01-10. 1568 <input type="checkbox"/> YES
E	DID TAXPAYER PURCHASE HOME FROM A RELATED PERSON OR A PERSON RELATED TO SPOUSE? 1569 <input type="checkbox"/> YES
PART II - CREDIT	
1	PURCHASE PRICE OF HOME 7286
3	QUALIFY FOR CREDIT AS A LONG-TIME RESIDENT 1566 <input type="checkbox"/> YES
4	SHARED INTEREST (IF NOT MFS, MUST ENTER BOTH PCTs): PERCENT OF LINE 2 (FOR USE ONLY IF MFS OR SOMEONE OTHER THAN SPOUSE HELD AN INTEREST) 0552 PERCENT OF MAXIMUM CREDIT (FOR USE ONLY IF SOMEONE OTHER THAN SPOUSE HELD AN INTEREST) 0528

54052 FIRST-TIME HOMEBUYER CREDIT, PG 2	
OWNERSHIP CODE: T=TAXPAYER, S=SPOUSE, J=JOINT 0570	
PART III - DISPOSITION OR CHANGE OF MAIN HOME	
11	MONTH AND DAY HOME FOR WHICH CREDIT WAS CLAIMED CEASED TO BE MAIN HOME (MM-DD) 0307 -
12	TP (OR SP IF MARRIED) IS MEMBER OF UNIFORMED SVCS, FOREIGN SVC, OR EMPLOYEE OF INTELLIGENCE COMMTY AND SOLD HOME OR HOME CEASED TO BE MAIN HOME, IN CONNECTION WITH GOV'T ORDERS FOR QUAL OFFICIAL EXTENDED DUTY SERVICE 1550 <input type="checkbox"/> YES
CHECK APPLICABLE BOX:	
a	SOLD HOME TO UNRELATED PERSON AND HAD GAIN ON SALE 1551 <input type="checkbox"/> YES
b	SOLD HOME TO UNRELATED PERSON WITH NO GAIN ON SALE 1552 <input type="checkbox"/> YES
c	SOLD HOME TO UNRELATED PERSON 1553 <input type="checkbox"/> YES
d	CONVERTED HOME TO RENTAL OR BUSINESS USE OR STILL OWN HOME BUT NOT USED AS MAIN HOME 1554 <input type="checkbox"/> YES
13 e	TRANSFERRED HOME TO EX-SPOUSE: 1555 <input type="checkbox"/> YES
	NAME OF EX-SPOUSE 0308 [66]
f	HOME DESTROYED, CONDEMNED, OR DISPOSED OF UNDER THREAT OF CONDEMNATION, AND ACQD OR PLAN TO ACQUIRE NEW HOME WITHIN 2 YRS OF EVENT 1556 <input type="checkbox"/> YES
g	HOME DESTROYED, CONDEMNED, OR DISPOSED OF UNDER THREAT OF CONDEMNATION WITH NO PLANS TO ACQUIRE NEW HOME WITHIN 2 YRS OF EVENT 1557 <input type="checkbox"/> YES
h	TAXPAYER WHO CLAIMED CREDIT DIED IN 2009 1558 <input type="checkbox"/> YES
PART IV - REPAYMENT OF CREDIT	
REPAYMENT OF CREDIT CLAIMED FOR 2008, IF APPLICABLE, IS NOT REQUIRED TO BE REPAYED UNTIL 2010. ENTER CREDIT AMOUNT AND PURCHASE DATE FOR PURPOSES OF REPAYMENT ON 2010 RETURN. THE 5405 WILL NOT PRODUCE IN 2009 IF CREDIT WAS NOT TAKEN IN 2009.	
14	AMT OF THE CREDIT CLAIMED ON FM 5405 FOR 2008 OR 2009 9089
15	GAIN ON SALE OF MAIN HOME 9090
FTHC PURCHASE DATE (FOR REPAYMENT PURPOSES) 0550 - -	
16	REPAYMENT AMOUNT ●● 9202

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9	PROFIT OR (LOSS) FROM BUSINESS (MAY BE USED WITH SYSTEMS 1040 AND 1041)	LAST NAME	Multiple	2010
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GENERAL INFORMATION			
1040 ONLY	BUSINESS OWNER (T = TP S = SP J = JOINT)	0510	
	CLERGY SCHEDULE C	1450	<input type="checkbox"/> YES
	IF JOINT SCH C, TAXPAYER'S OWNERSHIP PERCENTAGE	0501	[2]
	COMMUNITY PROPERTY FOR SCHEDULE SE PURPOSES	1492	<input type="checkbox"/> YES
TWO-LETTER STATE CODE		0309	[2]
FORCE LONG SCHEDULE C		1117	<input type="checkbox"/> YES
SUPPRESS AUTOMATIC SCHEDULE SE		1129	<input type="checkbox"/> YES
FORCE ESTIMATED VOUCHERS TO PRINT		1229	<input type="checkbox"/> YES
TEXAS LLC		1476	<input type="checkbox"/> YES
NEW JERSEY SELF-EMPLOYED OR INDEPENDENT CONTRACTOR		1565	<input type="checkbox"/> YES
NY STATE ONLY	SUBJECT TO NYC NONRESIDENT EARNINGS TAX	1206	<input type="checkbox"/> YES
	SUBJECT TO YONKERS NONRESIDENT EARNINGS TAX	1207	<input type="checkbox"/> YES
	NEW YORK CITY UNINCORPORATED BUSINESS	1477	<input type="checkbox"/> YES
	COUNTY WHERE BUSINESS RESIDES	8768	
OH CITY ONLY	OHIO WORKING CITY	8605	[20]
	DATE FROM: 8619 - - DATE TO: 8618 - -		
A	PRINCIPAL BUSN ACTIVITY ☺	4345	[44]
	PRINCIPAL BUSN INCL PRODUCT OR SERVICE ☺	0022	[44]
B	PRINCIPAL BUSINESS CODE ☺	0023	[6]
C	BUSINESS NAME	0024	[30]
D	EMPLOYER ID NUMBER (EIN)	0031	[11]
E	STREET ADDRESS (IF DIFFERENT)	0025	[45]
	ZIP CODE (CITY, STATE)	0026	[45]
F	ACCOUNTING METHOD (IF NOT CASH)	ACCRUAL	1126 <input type="checkbox"/> YES
		OTHER	1127 <input type="checkbox"/> YES
		SPECIFY	0147 [18]
G	TP MATERIALLY PARTICIPATES IN OPERATION OF BUSINESS	1242	<input type="checkbox"/> NO
H	FIRST SCHEDULE C FOR THIS BUSINESS	1290	<input type="checkbox"/> YES
PART I - INCOME			
1	GROSS RECEIPTS OR SALES ☺ +	2261	
	STATUTORY EMPLOYEE EARNINGS •	1291	<input type="checkbox"/> YES
	MISC INCOME GREATER THAN GROSS RECIEPTS/SALES	1588	<input type="checkbox"/> YES
2	RETURNS AND ALLOWANCES	2262 ()	
4	COST OF GOODS SOLD •	2674 ()	
6	OTHER INCOME	2237	
7	GROSS INCOME •		
PART II AND V - EXPENSES			
8	ADVERTISING	2473	
9	CAR AND TRUCK EXPENSES ★ • •	2477	
10	COMMISSIONS AND FEES	2478	
11	CONTRACT LABOR	2475	
12	DEPLETION	2479	
13	DEPRECIATION AND SECTION 179 EXPENSE DEDUCTION (FORM 4562) ★ •	2480	
14	EMPLOYEE BENEFIT PROGRAMS	2482	
15	INSURANCE (OTHER THAN HEALTH)	2484	
16	INTEREST:		
	a	MORTGAGE (PAID TO BANKS, ETC.)	2474
		EXPLANATION OF FORM 1098	
		[25]	
		[25]	
		[25]	
		FORM 1098 NAME / ADDRESS	
		[25]	
b	OTHER INTEREST ★ +	2495	
17	LEGAL AND PROFESSIONAL SERVICES	2487	
18	OFFICE EXPENSE	2488	

PART II AND V - EXPENSES (CONTINUED)			
19	PENSION AND PROFIT SHARING PLANS		2489
20	RENT OR LEASE	a VEHICLES, MACHINERY AND EQUIPMENT ★ +	2476
		b OTHER BUSINESS PROPERTY	2491
21	REPAIRS AND MAINTENANCE		2492
22	SUPPLIES		2493
23	TAXES AND LICENSES ★ +		2494
	NYC UNINCORPORATED BUSINESS TAX		2578
24	TRAVEL, MEALS, ENTERTAINMENT:		
	a	TRAVEL	2496
	b	MEALS AND ENTERTAINMENT SUBJECT TO LIMITATION (ENTER 100%)	2673
		MEALS AND ENTERTAINMENT (FULLY DEDUCTIBLE)	2672
		SUBJECT TO D.O.T. HOURS OF SERVICE LIMITATIONS	1318 <input type="checkbox"/> YES
25	UTILITIES		2497
26	WAGES (LESS EMPLOYMENT CREDIT)		2498
27	OTHER EXPENSES:		
	AMORTIZATION (FORM 4562) ★ •		2418
	MISCELLANEOUS		2499
	OIL AND GAS DEDUCTION •		3576
	POSTAGE		2490
	TELEPHONE (BUSINESS ONLY)		2629
	OTHER EXPENSES:		
	EXPLANATION [45]		AMOUNT
28	TOTAL EXPENSES •		
29	TENTATIVE PROFIT (LOSS) •		
30	EXPENSES FOR BUSINESS USE OF HOME (Form 8829) •		2437
31	NET PROFIT (LOSS) •		
32	IF A LOSS, ARE THERE AMTS NOT AT RISK? IF 'YES', ENTER AMOUNT AT RISK AND ATTACH FORM 6198.		2644
PART III - COST OF GOODS SOLD			
33	INVENTORY METHOD (IF NOT COST)		
	b	LOWER OF COST OR MARKET	1155 <input type="checkbox"/> YES
	c	OTHER	1156 <input type="checkbox"/> YES
34	EXPLAIN 0280 [15]		
	ANY CHANGE IN DETERMINING QUANTITIES, COSTS, ETC.? 1144 <input type="checkbox"/> YES		
	EXPLANATION OF CHANGE OF INVENTORY		
	[50]		
	[50]		
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			
35	BEGINNING INVENTORY		2263
36	PURCHASES ☺		2265
	LESS: COST OF PERSONAL USE ITEMS		2266 ()
37	COST OF LABOR (NOT PAID TO SELF)		2267
38	MATERIALS AND SUPPLIES		2268
39	OTHER COSTS		2269
41	INVENTORY AT END OF YEAR		2264 ()
42	COST OF GOODS SOLD •		
PART IV - INFORMATION ON YOUR VEHICLE			
THIS SECTION SHOULD NOT BE USED IN CONJUNCTION WITH FORM 4562.			
43	DATE VEHICLE PLACED IN SERVICE FOR BUSN PURPOSES ★		0065 - -
44	a	BUSINESS ★	2857
	b	TOTAL COMMUTING MILES DRIVEN ★	2461
	c	TOTAL OTHER MILES DRIVEN ★	2486
45	AVAILABLE FOR USE DURING OFF-HOURS? ★		1245 <input type="checkbox"/> YES
46	ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? ★		1163 <input type="checkbox"/> YES
47	a	EVIDENCE TO SUPPORT DEDUCTION?	1292 <input type="checkbox"/> NO
	b	IF "YES", IS EVIDENCE WRITTEN?	1267 <input type="checkbox"/> NO
EXPENSES FOR BUSINESS USE OF HOME FOR THIS SCHEDULE C IS FOUND ON FORM 8829, LOCATED ON UNIVERSAL DATA SHEET 2.			

9	PROFIT OR (LOSS) FROM BUSINESS (MAY BE USED WITH SYSTEMS 1040 AND 1041)	LAST NAME	Multiple	2010
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GENERAL INFORMATION				
1040 ONLY	BUSINESS OWNER (T = TP S = SP J = JOINT)	0510		
	CLERGY SCHEDULE C	1450	<input type="checkbox"/> YES	
	IF JOINT SCH C, TAXPAYER'S OWNERSHIP PERCENTAGE	0501	[2]	
	COMMUNITY PROPERTY FOR SCHEDULE SE PURPOSES	1492	<input type="checkbox"/> YES	
TWO-LETTER STATE CODE		0309	[2]	
FORCE LONG SCHEDULE C		1117	<input type="checkbox"/> YES	
SUPPRESS AUTOMATIC SCHEDULE SE		1129	<input type="checkbox"/> YES	
FORCE ESTIMATED VOUCHERS TO PRINT		1229	<input type="checkbox"/> YES	
TEXAS LLC		1476	<input type="checkbox"/> YES	
NEW JERSEY SELF-EMPLOYED OR INDEPENDENT CONTRACTOR		1565	<input type="checkbox"/> YES	
NY STATE ONLY	SUBJECT TO NYC NONRESIDENT EARNINGS TAX	1206	<input type="checkbox"/> YES	
	SUBJECT TO YONKERS NONRESIDENT EARNINGS TAX	1207	<input type="checkbox"/> YES	
	NEW YORK CITY UNINCORPORATED BUSINESS	1477	<input type="checkbox"/> YES	
	COUNTY WHERE BUSINESS RESIDES	8768		
OH CITY ONLY	OHIO WORKING CITY	8605	[20]	
	DATE FROM: 8619 - - DATE TO: 8618 - -			
A	PRINCIPAL BUSN ACTIVITY ☺	4345	[44]	
	PRINCIPAL BUSN INCL PRODUCT OR SERVICE ☺	0022	[44]	
B	PRINCIPAL BUSINESS CODE ☺	0023	[6]	
C	BUSINESS NAME	0024	[30]	
D	EMPLOYER ID NUMBER (EIN)	0031	[11]	
E	STREET ADDRESS (IF DIFFERENT)	0025	[45]	
	ZIP CODE (CITY, STATE)	0026	[45]	
F	ACCOUNTING METHOD (IF NOT CASH)	ACCRUAL	1126 <input type="checkbox"/> YES	
		OTHER	1127 <input type="checkbox"/> YES	
		SPECIFY	0147	[18]
G	TP MATERIALLY PARTICIPATES IN OPERATION OF BUSINESS	1242	<input type="checkbox"/> NO	
H	FIRST SCHEDULE C FOR THIS BUSINESS	1290	<input type="checkbox"/> YES	
PART I - INCOME				
1	GROSS RECEIPTS OR SALES ☺ +	2261		
	STATUTORY EMPLOYEE EARNINGS •	1291	<input type="checkbox"/> YES	
	MISC INCOME GREATER THAN GROSS RECIEPTS/SALES	1588	<input type="checkbox"/> YES	
2	RETURNS AND ALLOWANCES	2262 ()		
4	COST OF GOODS SOLD •	2674 ()		
6	OTHER INCOME	2237		
7	GROSS INCOME •			
PART II AND V - EXPENSES				
8	ADVERTISING	2473		
9	CAR AND TRUCK EXPENSES ★ • •	2477		
10	COMMISSIONS AND FEES	2478		
11	CONTRACT LABOR	2475		
12	DEPLETION	2479		
13	DEPRECIATION AND SECTION 179 EXPENSE DEDUCTION (FORM 4562) ★ •	2480		
14	EMPLOYEE BENEFIT PROGRAMS	2482		
15	INSURANCE (OTHER THAN HEALTH)	2484		
16	INTEREST:			
	a	MORTGAGE (PAID TO BANKS, ETC.)	2474	
		EXPLANATION OF FORM 1098		
				[25]
				[25]
		FORM 1098 NAME / ADDRESS		
				[25]
				[25]
b	OTHER INTEREST ★ +	2495		
17	LEGAL AND PROFESSIONAL SERVICES	2487		
18	OFFICE EXPENSE	2488		

PART II AND V - EXPENSES (CONTINUED)				
19	PENSION AND PROFIT SHARING PLANS		2489	
20	RENT OR LEASE	a VEHICLES, MACHINERY AND EQUIPMENT ★ +	2476	
		b OTHER BUSINESS PROPERTY	2491	
21	REPAIRS AND MAINTENANCE		2492	
22	SUPPLIES		2493	
23	TAXES AND LICENSES ★ +		2494	
	NYC UNINCORPORATED BUSINESS TAX		2578	
24	TRAVEL, MEALS, ENTERTAINMENT:			
	a	TRAVEL	2496	
	b	MEALS AND ENTERTAINMENT SUBJECT TO LIMITATION (ENTER 100%)	2673	LIMITED AMOUNT •
		MEALS AND ENTERTAINMENT (FULLY DEDUCTIBLE)		2672
		SUBJECT TO D.O.T. HOURS OF SERVICE LIMITATIONS		1318 <input type="checkbox"/> YES
25	UTILITIES		2497	
26	WAGES (LESS EMPLOYMENT CREDIT)		2498	
27	OTHER EXPENSES:			
	AMORTIZATION (FORM 4562) ★ •		2418	
	MISCELLANEOUS		2499	
	OIL AND GAS DEDUCTION •		3576	
	POSTAGE		2490	
	TELEPHONE (BUSINESS ONLY)		2629	
	OTHER EXPENSES:			
	EXPLANATION [45]		AMOUNT	
28	TOTAL EXPENSES •			
29	TENTATIVE PROFIT (LOSS) •			
30	EXPENSES FOR BUSINESS USE OF HOME (Form 8829) •		2437	
31	NET PROFIT (LOSS) •			
32	IF A LOSS, ARE THERE AMTS NOT AT RISK? IF 'YES', ENTER AMOUNT AT RISK AND ATTACH FORM 6198.		2644	
PART III - COST OF GOODS SOLD				
33	INVENTORY METHOD (IF NOT COST)			
	b	LOWER OF COST OR MARKET	1155 <input type="checkbox"/> YES	
	c	OTHER	1156 <input type="checkbox"/> YES	
34	EXPLAIN 0280 [15]			
	ANY CHANGE IN DETERMINING QUANTITIES, COSTS, ETC.? 1144 <input type="checkbox"/> YES			
	EXPLANATION OF CHANGE OF INVENTORY			
			[50]	
			[50]	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
35	BEGINNING INVENTORY		2263	
36	PURCHASES ☺		2265	
	LESS: COST OF PERSONAL USE ITEMS		2266 ()	
37	COST OF LABOR (NOT PAID TO SELF)		2267	
38	MATERIALS AND SUPPLIES		2268	
39	OTHER COSTS		2269	
41	INVENTORY AT END OF YEAR		2264 ()	
42	COST OF GOODS SOLD •			
PART IV - INFORMATION ON YOUR VEHICLE				
THIS SECTION SHOULD NOT BE USED IN CONJUNCTION WITH FORM 4562.				
43	DATE VEHICLE PLACED IN SERVICE FOR BUSN PURPOSES ★		0065 - -	
44	a	BUSINESS ★	2857	
	b	TOTAL COMMUTING MILES DRIVEN ★	2461	
	c	TOTAL OTHER MILES DRIVEN ★	2486	
45	AVAILABLE FOR USE DURING OFF-HOURS? ★		1245 <input type="checkbox"/> YES	
46	ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? ★		1163 <input type="checkbox"/> YES	
47	a	EVIDENCE TO SUPPORT DEDUCTION?	1292 <input type="checkbox"/> NO	
	b	IF "YES", IS EVIDENCE WRITTEN?	1267 <input type="checkbox"/> NO	
EXPENSES FOR BUSINESS USE OF HOME FOR THIS SCHEDULE C IS FOUND ON FORM 8829, LOCATED ON UNIVERSAL DATA SHEET 2.				

10	UNIVERSAL DATA SHEET 2 (TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	LAST NAME	2010
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88241	LIKE-KIND EXCHANGES - PAGE 1		
MULTIPLE	CARRY INFORMATION TO: 1 = SCHEDULE D - SHORT TERM 2 = SCHEDULE D - LONG TERM 3 = FORM 4797, PART I 4 = FORM 4797, PART II 5 = OTHER	ENTER 1, 2, 3, 4, or 5	
		0029	
OWNERSHIP CODE (T / S / J)		0218	
TWO-LETTER STATE CODE		0219	
PART I - INFORMATION ON LIKE-KIND EXCHANGE			
1	DESCRIPTION OF LIKE-KIND PROPERTY GIVEN UP: 4411 [35]		
2	DESCRIPTION OF LIKE-KIND PROPERTY RECEIVED: 8687 [35]		
3	DATE PROP GIVEN UP WAS ORIGINALLY ACQUIRED	8688	- -
4	DATE PROP WAS TRANSFERRED TO OTHER PARTY	8689	- -
5	DATE PROP RECEIVED WAS IDENTIFIED	8690	- -
6	DATE RECEIVED PROP FROM OTHER PARTY	8691	- -
7	WAS EXCHANGE OF PROP GIVEN UP OR RECD MADE WITH RELATED PARTY, EITHER DIRECTLY OR INDIRECTLY?		1324 <input type="checkbox"/> YES
PART II - RELATED PARTY EXCHANGE INFORMATION			
8	NAME OF RELATED PARTY	4413	[35]
	IDENTIFYING NUMBER	SSN 8692	- -
		FEDERAL EIN 8693	-
	RELATIONSHIP	8694	[15]
	STREET ADDRESS OR P.O. BOX	4414	[60]
	ZIP CODE	4415	[50]
9	DURING TAX YEAR, DID RELATED PARTY SELL OR DISPOSE OF ANY PART OF EXCHANGED PROPERTY?		1328 <input type="checkbox"/> YES
10	DURING TAX YEAR, DID TAXPAYER SELL OR DISPOSE OF ANY PART OF PROPERTY RECEIVED?		1329 <input type="checkbox"/> YES
11	IF LINE 9 OR 10 IS "YES", INDICATE EXCEPTION, IF APPLICABLE	1 = Disposition was after death of either party 2 = Disposition was involuntary conversion 3 = Neither exchange nor disposition had tax avoidance as its purpose	(Enter 1, 2, or 3) 0030
	IF "3" SELECTED EXPLAIN		[70]
PART III - GAIN (LOSS) & BASIS OF LIKE-KIND PROPERTY REC'D			
COMPLETE LINES 12, 13, AND 14 ONLY IF GIVEN UP PROPERTY WAS NOT LIKE-KIND			
12	FAIR MARKET VALUE OF OTHER PROPERTY GIVEN UP	3435	
13	ADJUSTED BASIS OF OTHER PROPERTY GIVEN UP	3436	
15	CASH RECEIVED, FMV OF OTHER PROPERTY RECEIVED, PLUS NET LIABILITIES ASSUMED BY OTHER PARTY, LESS EXCHANGE EXPENSES INCURRED	3438	
16	FAIR MARKET VALUE OF LIKE-KIND PROPERTY RECEIVED	3439	
18	ADJUSTED BASIS OF OTHER PROPERTY GIVEN UP, NET AMOUNTS PAID TO OTHER PARTY, AND EXCHANGE EXPENSES NOT USED ON LINE 15	3440	
21	ORDINARY INCOME UNDER RECAP RULES (Fm 4797, line 16)	2272	

88242	LIKE-KIND EXCHANGES - PAGE 2		
PART IV - SECTION 1043 CONFLICT OF INTEREST SALES			
26	NUMBER FROM CERTIFICATE OF DIVESTITURE	0324	[15]
27	DESCRIPTION OF DIVESTED PROPERTY: 4412 [35]		
28	DESCRIPTION OF REPLACEMENT PROPERTY: 8695 [35]		
29	DATE DIVESTED PROPERTY WAS SOLD	8696	- -
30	SALES PRICE OF DIVESTED PROPERTY	3442	
31	BASIS OF DIVESTED PROPERTY	3443	
33	COST OF REPLACEMENT PROPERTY PURCHASED WITHIN 60 DAYS AFTER DATE OF SALE	3444	
35	ORDINARY INCOME UNDER RECAPTURE RULES (TO FORM 4797, LINE 10)	2288	

8829	EXPENSES FOR BUSINESS USE OF HOME		
CARRY TO:	1 = Schedule C 2 = Schedule F 3 = Form 2106 4 = Sch K-1 (1065) 5 = Schedule E	3547	MULTIPLE NUMBER ☺ 3553
SPOUSE'S FORM 8829 (FOR USE WITH MFS SPLIT RETURN ONLY)			1469 <input type="checkbox"/> YES
PART I - PART OF HOME USED FOR BUSINESS			
1	AREA USED EXCLUSIVELY FOR NON-DAYCARE BUSINESS OR NON-EXCLUSIVELY FOR DAYCARE BUSINESS		☺ 3477
2	TOTAL AREA OF HOME		3497
4	TOTAL HOURS FACILITY USED FOR DAY CARE		3498
5	TOTAL HOURS AVAILABLE (IF STARTED OR STOPPED DAY CARE IN 2009)		●● 2583
	SPECIAL COMPUTATION FOR CERTAIN DAYCARE FACILITIES: PART OF HOME USED EXCLUSIVELY FOR DAYCARE 3869		
PART II - ALLOWABLE DEDUCTION			
8	SCHEDULE C ONLY:	NET GAIN (LOSS) DERIVED FROM BUSN USE OF HOME PLUS GAIN (LOSS) FROM BUSN SHOWN ON SCH D OR FORM 4797	+ 2950
	SCHEDULE E ONLY:	SCHEDULE E NET INCOME RELATED TO BUSINESS USE OF HOME	+ 9885
	SCHEDULE F / 2106 ONLY:	BUSINESS EXPENSES THAT ARE NOT FROM BUSINESS USE OF HOME	2857
	FORM 2106 ONLY:	W-2 WAGES RELATED TO BUSINESS USE OF HOME	☺ 3489
WHEN OFFICE IN HOME EXPENSES ARE BEING GENERATED FOR SCH F OR FM 2106, A WKSHT WILL BE PREPARED THAT RESEMBLES FM 8829.			
		DIRECT EXPENSES	INDIRECT EXPENSES
9	CASUALTY LOSSES	3179	3182
	DEDUCTIBLE MORTGAGE INTEREST	3180	3183
10	QUALIFIED MORTGAGE INSURANCE PREMIUM ALLOWED	2941	2942
11	REAL ESTATE TAXES	3181	3184
16	EXCESS MTG INTEREST	3241	3469
17	INSURANCE	3242	3450
18	RENT	3808	3933
19	REPAIRS / MAINTENANCE	3243	3468
20	UTILITIES	3244	2707
21	OTHER EXPENSES	3245	2721
24	CARRYOVER - OPERATING EXPENSES FROM 2008 FORM 8829, LINE 42		2722
28	EXCESS CASUALTY LOSSES		3246
30	CARRYOVER OF EXCESS CASUALTY LOSSES AND DEPRECIATION FROM 2008 FORM 8829, LINE 43		3134
34	CASUALTY LOSSES INCLUDED ON LINES 14 AND 32 (CARRY TO FORM 4684, SECTION B)		3239
PART III - DEPRECIATION OF HOME			
36	SMALLER OF HOME'S ADJUSTED BASIS OR ITS FAIR MARKET VALUE	★	3247
37	VALUE OF LAND INCLUDED ON LINE 36	★	3248
40	DEPRECIATION PERCENTAGE	★●	0079 [2]
41	DEPRECIATION ALLOWABLE	★●●	2584

8615		TAX ON INVEST INCOME FOR DEPENDENT FILERS	
CHILD IS BETWEEN AGES OF 18 AND 24 AND QUALIFIES FOR 8615		1539	<input type="checkbox"/> YES
CHILD'S EARNED INCOME		2530	
A	PARENT'S NAME	0066	[40]
B	PARENT'S SSN	0067	- -
C	PARENT'S FILING STATUS CODE: 1 = Single 2 = Married Filing Jointly 3 = Married Filing Separately 4 = Head of Household 5 = Qualifying Widow(er)	2635	
2	PORTION OF CHILD'S SCHEDULE A DIRECTLY CONNECTED WITH PRODUCTION OF INVESTMENT INC (\$1,900 Addition is automatic)	2638	
6	PARENTS' TXBL INCOME (IF PARENT FILES FM 2555, ENTER LN 3 AMT FROM PARENTS' FOREIGN EARN INC WKSHT)	2636	
7	TTL NET INVEST INCOME FROM ALL OTHER FM 8615 (LN 5)	2639	
9	CHILD'S ITEMIZED DEDUCTIONS DIRECTLY CONNECTED WITH PRODUCTION OF NET CAPITAL GAIN	3142	
	PARENT'S QUALIFIED DIVIDENDS	7667	
	AMOUNT FROM PARENTS' SCHEDULE D NET CAP GAIN (SCH D, LN 15 OR 16, OR FM 1040 LN 13). If -0-or less, enter -1	2287	
	LINE 18 (28% RATE)	3454	
	LINE 19 (UNRECAPTURED 1250 GAIN)	3456	
	FORM 4952, LINE 4e	7671	
	FORM 4952, LINE 4g	2459	
	TOTAL OF ALL OTHER SCHEDULE(s) D		
	28% RATE GAIN (See instructions)	3453	
	SEC 1250 GAIN (See instructions)	3455	
	FORM 4952, LINE 4e (See instructions)	7672	
	FORM 4952, LINE 4g (See instructions)	3451	
	ALL OTHER CHILDREN'S QUALIFIED DIVIDENDS (FROM FORM 8615 LINE 5 WORKSHEET)	7668	
	OTHER CHILDREN'S TOTAL NET CAPITAL GAIN FROM LINE 2 OF FORM 8615 LINE 5 WORKSHEET (See instr)	2607	
	TOTAL NET CAP GAIN ON ALL OTHER FORM(s) 8615 (See instr)	3452	
	AMOUNT FROM PARENTS' SCHEDULE J		
	LINE 2a (ELECTED FARM INCOME)	7241	
	LINE 2b (EXCESS CAPTIAL GAINS)	9160	
	LINE 2c (UNRECAPTURED SECTION 1250 GAIN)	9161	
	LINE 5 (2007 FORM 1040 TAXABLE INCOME)	7242	
LINE 6	7243		
LINE 7	7244		
LINE 8 (2007 RECALCULATED TAX)	7245		
LINE 9 (2008 FORM 1040 TAXABLE INCOME)	7246		
LINE 10	7247		
LINE 11	7248		
LINE 12 (2008 RECALCULATED TAX)	7249		
LINE 13 (2009 FORM 1040 TAXABLE INCOME)	7250		
LINE 14	7251		
LINE 15	7252		
LINE 16 (2009 RECALCULATED TAX)	7253		
LINE 17	7254		
LINE 19 (2007 FORM 1040 TAX)	7255		
LINE 20 (2008 FORM 1040 TAX)	7256		
LINE 21 (2009 FORM 1040 TAX)	7257		
LINE 22	7258		
VERRIDE LINE 9 TAX CALCULATION	7669		
10	PARENTS' TAX (See instructions)	2637	
	SCHEDULE D OR SCHEDULE J (FORM 1040) WAS USED TO FIGURE PARENTS' TAX	1286	<input type="checkbox"/> YES
15	VERRIDE LINE 15 TAX CALCULATION	7670	

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8396		MORTGAGE INTEREST CREDIT	
ADDRESS OF MAIN HOME ON WHICH CREDIT IS TAKEN IF DIFFERENT FROM FORM 1040:			
ADDRESS			
0164 [35]			
ZIP CODE			
0172 [35]			
NAME OF ISSUER OF MORTGAGE CREDIT CERTIFICATE			
0251 [35]			
MORTGAGE CREDIT CERTIFICATE NUMBER [22]		ISSUE DATE	
0252		0253 - -	
1	INTEREST PAID ON CERTIFIED INDEBTEDNESS AMOUNT	2953	
2	CERTIFICATE CREDIT RATE PERCENT SHOWN ON MORTGAGE CREDIT CERTIFICATE (NOT INTEREST RATE ON MORTGAGE)	0056	
3	REFINANCED MTG / REDUCTION OF MORTGAGE INTEREST	7387	
4	2007 CREDIT CARRYFORWARD FROM 2009 FORM 8396, LINE 18	2954	
5	2008 CREDIT CARRYFORWARD FROM 2009 FORM 8396, LINE 16	2957	
6	2009 CREDIT CARRYFORWARD FROM 2009 FORM 8396, LINE 19	2994	

8889		HEALTH SAVINGS ACCOUNTS (HSAs)	
SPOUSE'S FORM 8889		8071	<input type="checkbox"/> YES
TWO-LETTER STATE CODE		0118	[2]
ACCOUNT BENEFICIARY DIED AND DESIGNATED BENEFICIARY IS NOT SURVIVING SPOUSE		1263	<input type="checkbox"/> YES
PART I - HSA CONTRIBUTIONS AND DEDUCTION			
1	HIGH-DEDUCTIBLE HEALTH PLAN FOR CURRENT YEAR IS: 1 - SELF ONLY 2 - FAMILY	8072	
2	HSA CONTRIBUTIONS MADE FOR CY, AND THOSE MADE FROM 01/01/10 THROUGH 04/18/10. DO NOT INCLUDE EMPLOYER CONTRIBUTIONS OR CAFETERIA PLAN AMTS	7681	
3	ALLOWABLE CONTRIBUTION AMOUNT OVERRIDE	7682	
4	AMOUNT TAXPAYER AND EMPLOYER CONTRIBUTED TO ARCHER MSAs FOR CURRENT YEAR	7683	
6	HALF OF LN 5 IF TP AND SP HAVE SEPARATE HSAs AND FAMILY COVERAGE HDHP AT ANY TIME IN CURR YR, (OR SHARE OF LINE 5 IF TP AND SP CHOOSE TO DIVIDE DIFFERENTLY)	7684	
7	IF AGE 55 OR OLDER AND MARRIED, ENTER THE NUMBER OF MONTHS YOU OR SPOUSE HAD FAMILY COVERAGE UNDER AN HDHP WHILE NOT ENROLLED IN MEDICARE DURING CY	7685	
9	EMPLOYER CONTRIB MADE TO TP HSAs FOR CY	7686	
10	QUALIFIED HSA FUNDING DISTRIBUTIONS	7730	
PART II - HSA DISTRIBUTIONS			
14	a TOTAL DISTRIBUTIONS TP, AND SP IF MFJ, RECEIVED IN CURRENT YEAR FROM ALL HSAs	7687	
	b DISTRIBUTIONS INCLUDED ON LINE 14a ROLLED OVER TO ANOTHER HSA. ALSO INCLUDE ANY EXCESS CONTRIBUTIONS (AND EARNINGS FROM THEM) INCLUDED ON LINE 14a THAT WERE WITHDRAWN	7688	
15	UNREIMBURSED QUALIFIED MEDICAL EXPENSES	7689	
17	a DISTRIBUTION AMOUNT NOT SUBJECT TO 10% TAX	7690	
PT III - INCOME/ADD'L TAX FAILURE TO MAINTAIN HDHP COVERAGE			
18	QUALIFIED HSA DISTRIBUTION	7089	
19	PART-YEAR COVERAGE	7090	
20	QUALIFIED HSA FUNDING DISTRIBUTIONS	7091	

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SE		SELF-EMPLOYMENT			
PRINT EVEN IF NOT QUALIFIED				1382	YES
SECTION A - SHORT SCHEDULE SE					
			TAXPAYER	SPOUSE	
1	FARM	SCH F INC ●	F	2222	2228
		PTSHP K-1 ●	1065 K-1 (Box 14, Code A)	2224	2230
1b	CONSERVATION RESERVE PROGRAM PAYMENTS		+	9085	9086
2	NON-FARM	SCH C INC ●	C / CEZ	2221	2227
		PTSHP K-1 ●	1065 K-1 (Box 14, Code A)	2225	2231
		OTHER NONFARM INCOME		2226	2232
SECTION B - LONG SCHEDULE SE					
FILED FORM 4029			1193	<input type="checkbox"/> YES	1195 <input type="checkbox"/> YES
FILED FORM 4361			1394	<input type="checkbox"/> YES	1395 <input type="checkbox"/> YES
FORM 4361 EXEMPT INCOME AMOUNT ●●			2422	2423	
ALLOW CLERGY W-2 WAGES TO BE CONSIDERED FOR EARNED INCOME CREDIT AND ADDITIONAL CHILD TAX CREDIT				1482	<input type="checkbox"/> YES
3	EXEMPT NOTARY AMOUNT		3016	2303	
	CHAPTER 11 BANKRUPTCY INCOME		7789	7790	
5	a	CHURCH EMP INC FROM W-2	2375	2380	
8	a	TOTAL FICA W-2 WAGES / RAILROAD RETIREMENT ●●	2259	2260	
PART II - OPTIONAL METHODS					
FIGURE OPTIONAL METHOD			1387	<input type="checkbox"/> YES	1388 <input type="checkbox"/> YES
15	GROSS FARM INCOME ●●		2223	2229	
17	GROSS NONFARM INCOME ●●		2432	2433	

CLG		CLERGY		
HOUSING METHOD #1			TAXPAYER	SPOUSE
3	a	FAIR RENTAL VALUE OF PARSONAGE PROV BY CHURCH	7507	7716
	b	UTILITY ALLOWANCE, IF ANY	7719	7720
	c	ACTUAL EXPENSES FOR UTILITIES	7721	7722
HOUSING METHOD #2				
4	a	HOUSING ALLOWANCE RECEIVED (INCLUDE UTILITY ALLOWANCE)	7723	7724
	b	UTILITY ALLOWANCE, IF SEPARATE	7782	7783
	d	ACTUAL HOUSING EXPENSES	7717	7718
	e	ACTUAL EXPENSES FOR UTILITIES	7784	7785
	g	FAIR RENT VALUE OF HOME, INCL FURNISHINGS AND UTILITIES (REQD FOR ACCURATE CALC) ☺	7786	7787
OTHER RELATED INPUTS				
OTHER ADJ TO SE INC (DESCRIBE BELOW)			7828	7829
TP	0381			[35]
SP	0382			[35]
VALUE OF MEALS AND LODGING PROVIDED FOR EMPLOYER'S CONVENIENCE			7508	7727
EXEMPT NOTARY INCOME			3016	2303
OVERRIDE TOTAL TAXABLE EARNED INCOME ●●			7509	
OVERRIDE TOTAL SELF-EMPL INCOME FOR EIC ●●			3148	
ALLOW CLERGY W-2 WAGES TO BE CONSIDERED FOR EIC AND ADDITIONAL CTC			1482	<input type="checkbox"/> YES

[illegible]

8814		ELECTION TO REPORT CHILD'S INTEREST / DIVIDENDS			
ADDITIONAL TAXABLE INCOME TO SPOUSE'S FORM 8814				1465	<input type="checkbox"/> YES
TWO-LETTER STATE CODE				8171	
A	CHILD'S	FIRST NAME	4098		[15]
		LAST NAME	4099		[15]
B	CHILD'S SOCIAL SECURITY NUMBER			0128	- -
1	a	CHILD'S TAXABLE INTEREST INCOME			2552
		CHILD'S TAXABLE INTEREST INCOME FROM NOMINEE DISTRIBUTIONS			2558
		CHILD'S ACCRUED INTEREST INCOME ADJUSTMENT			2105
		CHILD'S ABP INTEREST INCOME ADJUSTMENT			2106
		CHILD'S OID INTEREST INCOME ADJUSTMENT			2107
	b	CHILD'S TAX-EXEMPT INTEREST INCOME			2553
		AMOUNT FROM LINE 1b SUBJECT TO AMT TAX			3073
	2	a	CHILD'S ORDINARY DIVIDENDS (Incl AK Perm Fund Div)		
CHILD'S ORDINARY DIV FROM NOMINEE DISTRIBUTIONS			2559		
CHILD'S ALASKA PERMANENT FUND DIVIDEND			7798		
b		CHILD'S QUALIFIED DIVIDENDS			2874
3	CHILD'S CAPITAL GAIN DISTRIBUTIONS			2863	
	CHILD'S CAP GAIN DISTRIB FROM NOMINEE DISTRIBUTIONS			2555	
	28% RATE CAPITAL GAINS			3400	
	UNRECAPTURED SECTION 1250 CAPITAL GAINS			3401	

8862		INFO TO CLAIM EIC AFTER DISALLOWANCE				
PART I - FOR ALL FILERS						
2	ONLY REASON FOR PRIOR DISALLOWANCE WAS INCORRECTLY REPORTED EARNED INC OR INVEST INC			4205	<input type="checkbox"/> YES	
3	TP (AND/OR SP IF MFJ) IS QUALIFYING DEPN OF ANOTHER			4270	<input type="checkbox"/> YES	
PART II - FILERS WITH A QUALIFYING CHILD OR CHILDREN						
4	NUMBER OF DAYS CHILD LIVED WITH TAXPAYER IN THE U.S DURING THE YEAR			a	CHILD #1	4206
				b	CHILD #2	4226
				c	CHILD #3	4216
IF CHILD WAS BORN OR DIED DURING THE YEAR, SHOW BIRTH AND/OR DEATH DATES FOR EACH. OTHERWISE, SKIP THIS LINE.						
5			(1) BIRTH DATE ●●		(2) DEATH DATE	
	a	CHILD #1	4207	- -	4208	- -
	b	CHILD #2	4227	- -	4228	- -
	c	CHILD #3	4217		4218	- -
	ADDRESS IN U.S. WHERE TAXPAYER AND CHILD LIVED DURING THE YEAR					
6	a	CHILD #1	STREET ADDR	4209 [35]		
			CITY, STATE, ZIP	4210 [25]		
	IS ADDRESS THE SAME FOR CHILD #2 AS CHILD #1?				4211	<input type="checkbox"/> YES
	b	CHILD #2	STREET ADDR	4229 [35]		
			CITY, STATE, ZIP	4230 [25]		
	IS ADDRESS THE SAME FOR CHILD #3 AS CHILD #1?				4219	<input type="checkbox"/> YES
	IS ADDRESS THE SAME FOR CHILD #3 AS CHILD #2 (AND DIFFERENT FROM CHILD #1'S ADDRESS?)				4220	<input type="checkbox"/> YES
	c	CHILD #3	STREET ADDR	4221 [35]		
			CITY, STATE, ZIP	4222 [25]		
	7	DID ANYONE (EXCEPT SP, IF MFJ, AND DEPNS UNDER AGE 19) LIVE WITH CHILD #1 OR #2 OR #3 OVER HALF THE YEAR?				4212
a		CHILD #1	NAME	4213 [35]		
			RELATIONSHIP	4214 [11]		
IS THIS PERSON THE SAME FOR CHILD #2 AS CHILD #1?				4215	<input type="checkbox"/> YES	
b		CHILD #2	NAME	4233 [35]		
			RELATIONSHIP	4234 [11]		
IS THIS PERSON THE SAME FOR CHILD #3 AS CHILD #1?				4223	<input type="checkbox"/> YES	
IS THIS PERSON THE SAME FOR CHILD #3 AS CHILD #2 (AND DIFFERENT FROM PERSON LIVING WITH CHILD #1?)				4231	<input type="checkbox"/> YES	
c		CHILD #3	NAME	4224 [35]		
			RELATIONSHIP	4225 [11]		
PART III - FOR FILERS WITHOUT A QUALIFYING CHILD						
8	DATES DURING YEAR THAT TAXPAYER'S HOME WAS IN UNITED STATES			FROM	TO	
				4201 - -	4202 - -	
9	IF MFJ, DATES DURING YEAR THAT SPOUSE'S HOME WAS IN U.S.			4203 - -	4204 - -	

8853	MSAs AND LONG-TERM INSURANCE ACCTS					
PREPARE FORM 8853 8027 YES 2-LTR STATE CODE 0504						
PART I - ARCHER MSA CONTRIBUTIONS AND DEDUCTIONS						
		TAXPAYER	SPOUSE			
1	TOTAL EMPLOYER CONTRIB TO ARCHER MSAs FOR CY		2649	2650		
2	ARCHER MSA CONTRIB MADE FOR CY INCL FROM 01/01/10-04/15/10		2758	2759		
LIMITATION WORKSHEET CALCULATIONS						
COVERAGE EQUAL FOR ENTIRE YEAR		8049	YES			
		TAXPAYER	SPOUSE			
		TP / Fam Cover Code	TP / FAMILY DEDUCTIBLE	SP Cover Code SP DEDUCTIBLE		
3	ENTER COVER TYPE FOR EACH DATE	JAN 1	8663	9003	8675	9015
		FEB 1	8664	9004	8676	9016
		MAR 1	8665	9005	8677	9017
		APR 1	8666	9006	8678	9018
		MAY 1	8667	9007	8679	9019
		JUN 1	8668	9008	8680	9020
		JUL 1	8669	9009	8681	9021
		AUG 1	8670	9010	8682	9022
		SEP 1	8671	9011	8683	9023
		OCT 1	8672	9012	8684	9024
		NOV 1	8673	9013	8685	9025
		DEC 1	8674	9014	8686	9026
F= Family S=Self N=None						
4	COMPENSATION FROM EMPLOYR MAINTAINING HDHP (IF SELF-EMP, EARNED INC FROM TRADE/ BUSN UNDER WHICH PLAN WAS ESTABLISHED)		7104	7129		
PART II - ARCHER MSA DISTRIBUTIONS						
6	a	TOTAL ARCHER MSA DISTRIB RECEIVED IN CURR YEAR	7105	7121		
	b	DISTRIB INCLUDED ON LINE 6a	ROLLED OVER TO ANOTHER MSA	7106	7122	
		WITHDRAWN BY RETURN DUE DATE	7500	7549		
7	UNREIMB QUAL MEDICAL EXPENSES		7107	7123		
SECTION B - MEDICARE ADVANTAGE MSA DISTRIBUTIONS						
10	TOTAL MEDICARE ADVANTAGE MSA DISTRIBUTIONS RECEIVED IN CY		7281	7283		
11	TTL UNREIMB QUAL MEDICAL EXP		7282	7284		
SECTION C - LONG-TERM CARE (LTC) INSURANCE CONTRACTS						
SPOUSE IS POLICYHOLDER		8087	YES			
MORE THAN ONE SECTION C IS ATTACHED		8050	YES			
14	a	NAME OF INSURED	FIRST NAME 8117 [15]	LAST NAME 8118 [19]		
	b	SOCIAL SECURITY NUMBER OF INSURED 8119 - -				
15	ANYONE BUT TP RECEIVE PMTS ON PER DIEM OR OTHER BASIS UNDER QUALIFIED LTC INSURANCE CONTRACT?		8088	YES		
16	WAS INSURED TERMINALLY ILL?		8089	YES		
	ACCELERATED DEATH BENEFITS ONLY PMTS RECD THIS YR?		8094	YES		
17	GROSS LTC PMTS RECD ON PER DIEM / OTHER PRD BASIS		7295			
18	PART OF LINE 19 FROM QUALIFIED LTC INS CONTRACTS		7296			
19	ACCELERATED DEATH BENEFITS RECEIVED ON A PER DIEM OR OTHER PERIODIC BASIS		7297			
21	NUMBER OF DAYS IN LTC PERIOD		7298			
22	COSTS INCURRED FOR QUALIFIED LTC SERVICES PROVIDED FOR INSURED DURING LTC PERIOD		7299			
24	TOTAL REIMBURSEMENTS FOR QUALIFIED SERVICES PROVIDED FOR INSURED DURING LTC PERIOD		7280			

8885	HEALTH COVERAGE TAX CREDIT			
SPOUSE'S FORM 8885		8066	YES	
PART I - CHECK ELIGIBILITY FOR TAKING THE CREDIT				
CHECK BOXES FOR EACH MONTH THIS YR THAT ALL OF THE FOLLOWING STATEMENTS ARE TRUE ON FIRST DAY OF THAT MONTH:				
1	ELIGIBLE TRADE ADJ ASSISTANCE (TAA) RECIPIENT, ALTERNATIVE TAA RECIPIENT, REEMPLOYMENT TRADE ADJ ASSISTANCE (RTAA) RECIPIENT OR PENSION BENEFIT GUARANTY CORP (PBGC) PAYEE OR QUALIFIED FAMILY MEMBER OF AN INDIVIDUAL WHO FALLS UNDER ONE OF THE CATEGORIES LISTED ABOVE WHEN HE/SHE PASSED AWAY OR FILED FOR DIVORCE.			
	COVERED BY QUALIFIED HEALTH INS PLAN FOR WHICH TP PAID PREMIUMS OR TP PORTION OF PREMIUMS, DIRECTLY TO TP HEALTH PLAN (INCL MOS FOR WHICH TP PAID PREMIUMS TO U.S. TREASURY-HCTC)			
	NOT ENTITLED TO MEDICARE PART A NOR ENROLLED IN MEDICARE PART B OR ENROLLED IN MEDICARE BUT FAMILY MEMBER(S) QUALIFIED FOR THE HCTC			
	NOT ENROLLED IN MEDICAID OR STATE CHILDREN'S HEALTH INS PROGRAM			
	NOT ENROLLED IN FED EMPL HEALTH BENEFITS PROG OR ELIGIBLE TO RECEIVE BENEFITS UNDER U.S. MILITARY HEALTH SYSTEM (TRICARE)			
	NOT IMPRISONED UNDER FEDERAL, STATE, OR LOCAL AUTHORITY			
	EMPLOYER DID NOT PAY 50% OR MORE OF COST OF COVERAGE			
	TP DID NOT RECEIVE 65% COBRA PREMIUM REDUCTION FROM FORMER EMPLOYER OR COBRA ADMINISTRATOR			
	JANUARY 8067 MAY 8434 SEPTEMBER 8438			
	FEBRUARY 8068 JUNE 8435 OCTOBER 8439			
MARCH 8432 JULY 8436 NOVEMBER 8440				
APRIL 8433 AUGUST 8437 DECEMBER 8441				
PART II - HEALTH COVERAGE TAX CREDIT				
2	QUAL HEALTH INS COVERAGE PD FOR MONTHS CHKD ON LN 1 (DO NOT INCLUDE ON LN 2 QUAL HEALTH INS PREMS PAID TO "US TREAS HCTC" OR ANY INS PREMS ON COVG ACTUALLY PD FOR WITH NATL EMERGENCY GRANT. ALSO, NO ADVANCE (MONTHLY) PAYMTS OR REIMBURSEMENT CR FROM FORM 1099-H, BOX 1			9769
3	ANY ARCHER MSA OR HEALTH SAVINGS ACCTS DISTRIBUTIONS USED TO PAY FOR QUAL HEALTH INS COVERAGE FOR MONTHS CHECKED ON LINE 1			9770
5	ADVANCE PAYMENTS RECEIVED FOR ANY MONTHS NOT CHECKED ON LINE 1			9771
3903 MOVING EXPENSES				
OWNERSHIP CODE: T - TAXPAYER S - SPOUSE J - JOINT		0205		
STATE MOVED TO (IF DIFFERENT THAN RESIDENT STATE)		0358		
MILES FROM OLD HOME TO NEW WORKPLACE		3050		
MILES FROM OLD HOME TO OLD WORKPLACE		3051		
ARMED FORCES PERMANENT CHANGE OF STATION		1341 YES		
1	TOTAL TRANSPORTATION AND STORAGE OF HOUSEHOLD GOODS AND PERSONAL EFFECTS			3052
2	TRAVEL AND LODGING MOVING EXPENSES	TOTAL LODGING EXPENSES (NOT MEALS)		3053
		PARKING FEES AND TOLLS		9194
		ACTUAL VEHICLE EXPENSE		3566
		TOTAL MILEAGE		3567
4	TOTAL EMPLOYER-PAID MOVING EXPENSES (W-2, box 12, code P)			3075

<input type="checkbox"/> 14	UNIVERSAL DATA SHEET 1 (TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	LAST NAME	2010
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H HOUSEHOLD EMPLOYMENT TAX	
Multiple	FILING AS STAND-ALONE (Firm data prints in signature area) 8323 <input type="checkbox"/> YES
	SPOUSE'S SCHEDULE H 8007 <input type="checkbox"/> YES
	FEDERAL ID NUMBER 8106 -
A	PAID \$1,700 OR MORE TO ANY ONE HOUSEHOLD EMPLOYEE IN CURRENT YEAR 8001 <input type="checkbox"/> YES
B	WITHHELD FEDERAL INCOME TAX IN CURRENT YEAR FOR ANY HOUSEHOLD EMPLOYEE 8002 <input type="checkbox"/> YES
C	PAID TOTAL CASH WAGES OF \$1,000 OR MORE IN ANY CALENDAR QUARTER OF PRIOR YEAR OR CURRENT YEAR 8003 <input type="checkbox"/> YES
PART I - SOCIAL SECURITY, MEDICARE, AND INCOME TAXES	
1	TOTAL CASH WAGES SUBJECT TO SOCIAL SECURITY TAXES 7125
3	TOTAL CASH WAGES SUBJECT TO MEDICARE TAXES 7126
5	FEDERAL INCOME TAX WITHHELD, IF ANY 7127
7	ADVANCE EARNED INCOME CREDIT (EIC) PAYMENTS, IF ANY 7128
PART II - FEDERAL UNEMPLOYMENT (FUTA) TAX	
10	PAID UNEMPLOYMENT CONTRIBUTIONS TO ONLY ONE STATE 8004 <input type="checkbox"/> YES
11	PAID ALL STATE UNEMPLOYMENT CONTRIBUTIONS FOR 2010 BY APRIL 18, 2011 8005 <input type="checkbox"/> YES
12	ALL FUTA TAX WAGES ALSO TAXABLE FOR STATE UNEMPLOYMENT TAX 8006 <input type="checkbox"/> YES
SECTION A	
13	STATE WHERE UNEMPLOYMENT CONTRIBUTIONS WERE PAID 8100 [2]
14	CONTRIBUTIONS PAID TO STATE UNEMPLOYMENT FUND 8105
	CONTRIB NOT REQUIRED DUE TO ZERO PCT EXPERIENCE RATE 1602 <input type="checkbox"/> YES
16	TOTAL CASH WAGES SUBJECT TO FUTA TAX 7131
SECTION B	
COMPLETE ALL APPLICABLE LINES	
STATE #1 STATE #2	
a	NAME OF STATE 4416 [2] 4423 [2]
b	TAXABLE WAGES 4418 4425
c	STATE EXPERIENCE RATE PERIOD FROM 4419 - - 4426 - - TO 4420 - - 4427 - -
d	STATE EXPERIENCE RATE 4421 4428
h	CONTRIBUTIONS PAID TO STATE UNEMPLOYMENT FUND 4422 4429
WORKSHEET FOR CREDIT REDUCTION STATES (INDIANA, MICHIGAN, AND SOUTH CAROLINA)	
23	TOTAL TAXABLE FUTA WAGES PAID IN INDIANA 9968
	TOTAL TAXABLE FUTA WAGES PAID IN MICHIGAN 9969
	TOTAL TAXABLE FUTA WAGES PAID IN SOUTH CAROLINA 9970

4952 INVESTMENT INTEREST EXPENSE DEDUCTION	
1	INVESTMENT INTEREST EXP PAID / ACCRUED IN CY ☺ + 2745
2	DISALLOWED INVEST INT EXP FROM PY FORM 4952, LN 7 ☺ 2755
a	GROSS INC FROM PROP HELD FOR INVESTMENT ●● 2746
	WORKSHEET ADJUSTMENT [38] AMOUNT 4713 4469
b	QUALIFIED DIVIDENDS INCLUDED ON LINE 4a ●● 7665
d	NET GAIN FROM DISPOSITION OF INVEST PROP ●● 3311
	WORKSHEET ADJUSTMENT [38] AMOUNT 4714 4470
e	NET CAPITAL GAIN FROM DISPOSITION OF PROPERTY HELD FOR INVESTMENT ●● 3312
	WORKSHEET ADJUSTMENT [38] AMOUNT 4715 4471
g	AMOUNT OF LINES 4b AND 4e ELECTED TO INCLUDE IN INVESTMENT INCOME 2754
5	INVESTMENT EXPENSES ●● 7666
	WORKSHEET ADJUSTMENT [38] AMOUNT 0178 3171

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2210 UNDERPAYMENT OF ESTIMATED TAX	
FORCE PRINTING OF FORM 2210 / 2210F EVEN IF NO PENALTY 1187 <input type="checkbox"/> YES	
SUPPRESS PRINTING OF FORM 2210 / 2210F 1468 <input type="checkbox"/> YES	
TAKE SHORT METHOD CALCULATION, IF APPLICABLE 1281 <input type="checkbox"/> YES	
CARRY PENALTY TO FORM 1040 / 1041 1146 <input type="checkbox"/> NO	
F	PREPARE FORM 2210F (FARMER / FISHERMAN) ☺ 1148 <input type="checkbox"/> YES
	DATE AMOUNT DUE IS PAID 0047 - -
PART I - REQUIRED ANNUAL PAYMENT	
PRIOR YEAR (2009) TAX ☺ 2401	
PRIOR YEAR TAX OPTIONS: 0 - Not Applicable, Enter prior year tax above (Default) 1 - No Tax Liability (Whether or not return was required) 2 - Prior year return not filed or tax liability unknown (Penalty based on current year tax only) 3 - Prior year less than 12 months (Penalty based on current year tax only)	
8	0512
PRIOR YEAR AGI 3314	
PART II - REASON FOR FILING	
WAIVER OF PENALTY REQUESTED 1107 <input type="checkbox"/> YES	
WAIVED AMOUNT 2602	
WAIVER EXPLANATION 0260 [30]	
C	ANNUALIZED INCOME INSTALLMENT METHOD USED 1256 <input type="checkbox"/> YES
D	ACTUALLY WITHHELD METHOD USED 1257 <input type="checkbox"/> YES
E	FILING STATUS HAS CHANGED 1246 <input type="checkbox"/> YES
HAND PREPARED ANNUALIZED INCOME INSTALLMENT WKSHT FROM LN 25	
18	January to March January to May January to August January to December ●● 2807 ●● 2808 ●● 2809 ●● 2810
ENTER ALL ES PAYMENT DATES AND AMOUNTS, OVERPAYMENT APPLIED, AND EXTENSION PAYMENTS ON THE ESTIMATES SCREEN	
19	OVERWRITE FEDERAL WITHHOLDING PAYMENTS FIRST QUARTER WITHHOLDING ●● 7366 SECOND QUARTER WITHHOLDING ●● 7367 THIRD QUARTER WITHHOLDING ●● 7368 FOURTH QUARTER WITHHOLDING ●● 7369
SCHEDULE AI - ANNUALIZED INCOME INSTALLMENTS	
PERIODS January - March April - May June - August	
1	FEDERAL AGI 2240 2241 2242
4	ITEMIZE DEDUCTION 2936 2937 2938
12	TAX RATE ●● 4796 ●● 4797 ●● 4798
15	TTL OTHER TAXES ●● 3458 ●● 2412 ●● 3320
16	CREDITS ●● 3174 ●● 3175 ●● 3176
17	1040NR - INCOME NOT EFFECTIVELY CONNECTED TO U.S. TRADE / BUSINESS: 3925 3926 3927
PART II - ANNUALIZED SELF-EMPLOYMENT TAX	
NET EARNINGS FROM SELF-EMPLOYMENT FOR EACH PERIOD:	
26	TAXPAYER 2391 2392 2393
	SPOUSE 4733 4734 4735
ACTUAL WAGES SUBJECT TO SOCIAL SECURITY TAX:	
28	TAXPAYER 2939 2940 2917
	SPOUSE 4736 4737 4738

8908 ENERGY EFFICIENT HOME CREDIT	
1	a TOTAL NO. - QUAL ENERGY EFFICIENT HOMES MEETING 50% STANDARD SOLD OR LEASED TO ANOTHER PERSON FOR USE AS RESIDENCE DURING TAX YEAR 3917
2	a TOTAL NO. - QUAL ENERGY EFFICIENT MANUF HOMES MEETING 30% STD SOLD OR LEASED TO ANOTHER PERSON FOR USE AS RESIDENCE DURING TAX YEAR 3918
ENERGY EFFICIENT HOME CREDIT FROM PARTNERSHIPS AND S CORPORATIONS 3919	
1040 / 1041 ONLY - FORM 8908 PASSIVE CREDIT FOR FORM 8582CR	
3	ACTIVITY NAME [33] T/S WK # CURRENT CR PRIOR YR CR

15	2106 EMPLOYEE BUSINESS EXPENSE	LAST NAME	Multiple	2010
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OCCUPATION	0032	[20]	CLERGY FORM 2106	1449	<input type="checkbox"/>	YES	
BUSINESS EXPENSE OWNER	T - TAXPAYER	S - SPOUSE	0356	FORCE LONG FORM 2106	1343	<input type="checkbox"/>	YES
TWO-LETTER STATE CODE	0391	[2]					

PART I - EMPLOYEE BUSINESS EXPENSES AND REIMBURSEMENTS

STEP 1 - EXPENSES

			COLUMN A NOT MEALS AND ENTERTAINMENT	COLUMN B MEALS AND ENTERTAINMENT
2	PARKING FEES, TOLLS, AND TRANSPORTATION, INCLUDING TRAINS, BUSES, ETC. (Not overnight or commuting)	+ ★	2449	
3	TRAVEL EXPENSE AWAY FROM HOME OVERNIGHT (NOT MEALS AND ENTERTAINMENT)			
	LODGING		2440	
	CAR RENTAL		2215	
	OTHER		2216	
4	BUSINESS EXPENSES NOT INCLUDED (NOT MEALS AND ENTERTAINMENT)	+ ★	2454	
5	MEALS AND ENTERTAINMENT EXPENSES			2450
	DEPARTMENT OF TRANSPORTATION EMPLOYEE			1137 <input type="checkbox"/> YES

STEP 2 - REIMBURSEMENTS FROM EMPLOYER FOR EXPENSES IN STEP 1

7	REIMBURSEMENTS RECEIVED FROM THE EMPLOYER NOT REPORTED IN BOX 1 OF FORM W-2	● ●	2453	2238
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STEP 3 - FIGURE EXPENSES TO DEDUCT ON SCHEDULE A

10	ARMED FORCES RESERVIST		1178	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO ARMED FORCES RESERVIST	● ●	2441		
	QUALIFIED PERFORMING ARTIST		1168	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO QUALIFIED PERFORMING ARTIST	● ●	2442		
	FEE-BASIS STATE/LOCAL GOVERNMENT EMPLOYEE		1118	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO FEE-BASIS STATE/LOCAL GOVERNMENT EMPLOYEE	● ●	2443		
	DISABLED EMPLOYEE		1169	<input type="checkbox"/>	YES
	AMOUNT OF LINE 10 ALLOCATED TO DISABLED EMPLOYEE	● ●	2444		

PART II - VEHICLE EXPENSES

PART II - VEHICLE EXPENSES, SECTIONS A-D

VEHICLE DESCRIPTION		[20]
METHOD	(OPTIMIZE - FORCE SMR - FORCE ACTUAL)	
DATE PLACED IN SERVICE	- -	
TOTAL MILES DRIVEN		
BUSINESS MILES		
AVERAGE ROUND TRIP COMMUTING MILES		
COMMUTING MILES INCLUDED IN TOTAL MILES		
GASOLINE		
OIL		
REPAIRS		
VEHICLE INSURANCE		
OTHER MAINTENANCE EXPENSES		
VEHICLE RENT OR (LEASE)		
INCLUSION AMOUNT		
VALUE OF EMPLOYER-PROVIDED VEHICLE (ONLY IF 100% OF ANNUAL LEASE VALUE IS INCLUDED ON FORM W-2)		
COST OR OTHER BASIS		
AMOUNT OF SECTION 179 DEDUCTION		
DEPRECIATION METHOD	(200% - 150% - STRAIGHT LINE)	
DEPRECIATION PERCENTAGE		
DEPRECIATION BEFORE LIMITATION AND SECTION 179 DEDUCTION		
LIMITATION AMOUNT FROM TABLE IN INSTRUCTIONS		

ADDITIONAL LINES ARE AVAILABLE ON THE INPUT SCREEN

18	VEHICLE AVAILABLE FOR PERSONAL, OFF DUTY USE	(DEFAULT = NO)	★	1210	<input type="checkbox"/>	YES
19	ANOTHER VEHICLE IS AVAILABLE FOR PERSONAL USE	(DEFAULT = NO)	★	1209	<input type="checkbox"/>	YES
20	THERE IS EVIDENCE TO SUPPORT THIS DEDUCTION	(DEFAULT = YES)	★	1211	<input type="checkbox"/>	YES
21	IF "YES", THE EVIDENCE IS WRITTEN	(DEFAULT = YES)	★	1212	<input type="checkbox"/>	YES

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OWNERSHIP ENTITY (1040 ONLY) [T] = Taxpayer [S] = Spouse [J] = Joint (Default)										0075	
TWO-LETTER STATE CODE										0068	
1	PROPERTY KIND			PROPERTY LOCATION							
	☺ 0092 [30]			STREET ADDRESS		☺ 0051		[35]			
TYPE OF ACTIVITY			1 - Passive rental real estate with active participation		4 - Nonpassive rental real estate		7 - Not rented for profit (related party or less than FMV rental)		ENTER NUMBER (1 - 9)		
			2 - Passive rental real estate		5 - Land lease (nonpassive investment income)		8 - Vacation home		0306		
			3 - Real estate professional		6 - Self-rental to busn in which taxpayer(s) materially participated		9 - Royalty (Portfolio, non passive)				
PRINT SEC 469(ccc)(7)(a) RENTAL REAL ESTATE AGGREGATION ELECTION									1578		
REAL ESTATE PRO INCOME (LOSS) IS PASSIVE FOR CA PURPOSES									1601		
FINAL DISPOSITION									1261		
PERCENT OF OWNERSHIP (IF NOT 100%)									0070		
PERSONAL USE FOR MORE THAN 14 DAYS OR 10% DAYS RENTED									1190		
RENTAL IS PART OF PERSONAL RESIDENCE									1175		
2	AREA IS USED FOR RENTAL PURPOSES									9875	
	TOTAL AREA OF PERSONAL RESIDENCE									9876	
	SUPPRESS CARRYING OF INTEREST AND TAXES TO SCHEDULE A									1591	
VACATION HOME											
USE THE TAX COURT METHOD TO ALLOCATE INTEREST AND TAXES									1592		
NUMBER OF DAYS HOME USED PERSONALLY									9877		
NUMBER OF DAYS HOME RENTED AT FAIR RENTAL PRICE									9878		
NUMBER OF DAYS HOME OWNED, IF NOT 365 (FOR TAX COURT METHOD)									9879		
PERCENT OF PERSONAL USE, IF NOT ENTERED ABOVE									●● 8377		
INCOME											
3	RENTS RECEIVED									2876	
4	ROYALTIES RECEIVED									2873	
EXPENSES											
NOTE: USE INDIRECT COLUMN ONLY IF: A) OWNERSHIP IS LESS THAN 100%, B) RENTAL IS ONLY PARTIALLY TENANT OCCUPIED, OR C) PROPERTY IS A VACATION HOME											
							DIRECT AMOUNT		INDIRECT AMOUNT		
5	ADVERTISING						3344		9886		
6	AUTO MILEAGE EXPENSE ★●						3345		9887		
	OTHER TRAVEL EXPENSES						3316		9888		
7	CLEANING AND MAINTENANCE						3346		9889		
8	COMMISSIONS						3347		9890		
9	INSURANCE						3348		9891		
10	LEGAL AND OTHER PROFESSIONAL FEES						3349		9892		
11	MANAGEMENT FEES						3350		9893		
12	MORTGAGE INTEREST PAID TO BANKS, ETC.						3351		9894		
	QUALIFIED MORTGAGE INSURANCE						9901		9895		
13	OTHER INTEREST ★ +						3352		9896		
14	REPAIRS						3353		9897		
15	SUPPLIES						3354		9898		
16	TAXES ★ +						3355		9899		
17	UTILITIES						3356		9900		
18	OTHER EXPENSES:										
	DESCRIPTION: [20]						DIRECT AMOUNT		INDIRECT AMOUNT		
	AMORTIZATION ★						3361		9902		
	OFFICE IN HOME DEDUCTION +						3573		9903		
OIL AND GAS DEDUCTION +						3573		9904			
20	DEPRECIATION EXPENSE (FROM FORM 4562) ★●						2879		9905		
	DEPLETION +						3570		9906		

OWNERSHIP ENTITY (1040 ONLY) [T] = Taxpayer [S] = Spouse [J] = Joint (Default)										0075		
TWO-LETTER STATE CODE										0068		
1	PROPERTY KIND			PROPERTY LOCATION								
	☺ 0092 [30]			STREET ADDRESS		☺ 0051		[35]				
TYPE OF ACTIVITY		1 - Passive rental real estate with active participation 2 - Passive rental real estate 3 - Real estate professional		4 - Nonpassive rental real estate 5 - Land lease (nonpassive investment income) 6 - Self-rental to busn in which taxpayer(s) materially participated		7 - Not rented for profit (related party or less than FMV rental) 8 - Vacation home 9 - Royalty (Portfolio, non passive)		ENTER NUMBER (1 - 9)		0306		
PRINT SEC 469(ccc)(7)(a) RENTAL REAL ESTATE AGGREGATION ELECTION										1578	<input type="checkbox"/> YES	
REAL ESTATE PRO INCOME (LOSS) IS PASSIVE FOR CA PURPOSES										1601	<input type="checkbox"/> YES	
FINAL DISPOSITION										1261	<input type="checkbox"/> YES	
PERCENT OF OWNERSHIP (IF NOT 100%)										0070		
PERSONAL USE FOR MORE THAN 14 DAYS OR 10% DAYS RENTED										1190	<input type="checkbox"/> YES	
RENTAL IS PART OF PERSONAL RESIDENCE										1175	<input type="checkbox"/> YES	
2	AREA IS USED FOR RENTAL PURPOSES										9875	
	TOTAL AREA OF PERSONAL RESIDENCE										9876	
	SUPPRESS CARRYING OF INTEREST AND TAXES TO SCHEDULE A										1591	<input type="checkbox"/> YES
VACATION HOME												
USE THE TAX COURT METHOD TO ALLOCATE INTEREST AND TAXES										1592	<input type="checkbox"/> YES	
NUMBER OF DAYS HOME USED PERSONALLY										9877		
NUMBER OF DAYS HOME RENTED AT FAIR RENTAL PRICE										9878		
NUMBER OF DAYS HOME OWNED, IF NOT 365 (FOR TAX COURT METHOD)										9879		
PERCENT OF PERSONAL USE, IF NOT ENTERED ABOVE										●●	8377	
INCOME												
3	RENTS RECEIVED										2876	
4	ROYALTIES RECEIVED										2873	
EXPENSES												
NOTE: USE INDIRECT COLUMN ONLY IF: A) OWNERSHIP IS LESS THAN 100%, B) RENTAL IS ONLY PARTIALLY TENANT OCCUPIED, OR C) PROPERTY IS A VACATION HOME												
										DIRECT AMOUNT	INDIRECT AMOUNT	
5	ADVERTISING										3344	9886
6	AUTO MILEAGE EXPENSE ★●										3345	9887
	OTHER TRAVEL EXPENSES										3316	9888
7	CLEANING AND MAINTENANCE										3346	9889
8	COMMISSIONS										3347	9890
9	INSURANCE										3348	9891
10	LEGAL AND OTHER PROFESSIONAL FEES										3349	9892
11	MANAGEMENT FEES										3350	9893
12	MORTGAGE INTEREST PAID TO BANKS, ETC.										3351	9894
	QUALIFIED MORTGAGE INSURANCE										9901	9895
13	OTHER INTEREST ★ +										3352	9896
14	REPAIRS										3353	9897
15	SUPPLIES										3354	9898
16	TAXES ★ +										3355	9899
17	UTILITIES										3356	9900
18	OTHER EXPENSES:											
	DESCRIPTION: [20]										DIRECT AMOUNT	INDIRECT AMOUNT
	AMORTIZATION ★										3361	9902
	OFFICE IN HOME DEDUCTION +										3573	9903
OIL AND GAS DEDUCTION +										3573	9904	
20	DEPRECIATION EXPENSE (FROM FORM 4562) ★●										2879	9905
	DEPLETION +										3570	9906

* **LOCALITY NAME** - Enter code NYC for New York City Residents or NYY (for New York Yonkers Residents), the wages will carry to the state and the local income tax will carry to Schedule A (Form 1040), line 5, as well as the state withholding line on the state return. If the residency for either city is part-year or nonresident, then PY or NR must be added to the city code respectively. For example, a city resident should enter NYC or NYY. If a part-year resident of either city, then enter NYCPY or NYYPY. If a nonresident of either city, then enter NYCNR or NYYNR.

[#] MAX CHAR

17	W-2 WAGES AND TAX STATEMENT DATA	LAST NAME	Multiple	2010
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#		W-2 WAGE AND TAX STATEMENT									
		[T]AXPAYER OR [S]POUSE ☺				5 MEDICARE WAGES AND TIPS		SEE INSTR FOR BOX 12			
		EMPLOYEE NAME (IF DIFFERENT)		8201 [35]		7305		8227		7291	
		EMPLOYEE ADDRESS (IF DIFFERENT)		8202 [35]		6 MEDICARE TAX WITHHELD		8228		7292	
		CITY STATE ZIP (IF DIFFERENT)		8203 [35]		7 SOCIAL SECURITY TIPS		8229		7293	
a		CONTROL NUMBER		8209 [14]		7307		12 8230		7294	
b		FEDERAL ID NUMBER		8207 [9]		8 ALLOCATED TIPS		"J" SICK PAY - RR		8008 <input type="checkbox"/>	
c	E M P L O Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES		9 ADVANCE EIC PAYMENT		"L" TO FM 2106 #		8221	
		NAME ☺		8204 [35]		7308		"P" TO FM 3903 #		8182	
		ADDRESS		8205 [35]		10 DEPENDENT CARE BENEFITS		"W" TO FM 8889 #		8701	
		ZIP CODE		8199 [10] STATE 8198 [2]		11 NONQUALIFIED PLANS		13 STATUTORY SCH C # EMPLOYEE		8222	
		CITY		8197 [20]		7311		RETIREMENT PLAN		8226 <input type="checkbox"/>	
1		WAGES, TIPS, OTHER COMP.		7301		CLERGY		THIRD PARTY SICK PAY		8225 <input type="checkbox"/>	
2		FEDERAL INCOME TAX WITHHELD		7302		CLERGY W-2 1448 <input type="checkbox"/>		14 OTHER		8213 [8] 7313	
		SOCIAL SECURITY TAX WITHHELD		7304		SUPPRESS CLERGY SE 1452 <input type="checkbox"/>		8214 [8] 7314		8215 [8] 7315	
		SOCIAL SECURITY WAGES		7303				8216 [8] 7316			
		STATE		STATE IDENTIFICATION NO [16]		STATE WAGES		STATE TAX WITHHELD		LOCAL WAGES, ETC	
		1									
		2									
		3									
		NON-STANDARD INDICATOR		8223 <input type="checkbox"/> YES		MICHIGAN CITIES ONLY - WORKSTATION ADDRESS (Street and City)					
		CORRECTED FORM W-2		8224 <input type="checkbox"/> YES		8231				[30]	

*** LOCALITY NAME** - Enter code NYC for New York City Residents or NYY (for New York Yonkers Residents), the wages will carry to the state and the local income tax will carry to Schedule A (Form 1040), line 5, as well as the state withholding line on the state return. If the residency for either city is part-year or nonresident, then PY or NR must be added to the city code respectively. For example, a city resident should enter NYC or NYY. If a part-year resident of either city, then enter NYCPY or NYPPY. If a nonresident of either city, then enter NYCNR or NYYNR.

#		W-2 WAGE AND TAX STATEMENT									
		[T]AXPAYER OR [S]POUSE ☺				5 MEDICARE WAGES AND TIPS		SEE INSTR FOR BOX 12			
		EMPLOYEE NAME (IF DIFFERENT)		8201 [35]		7305		8227		7291	
		EMPLOYEE ADDRESS (IF DIFFERENT)		8202 [35]		6 MEDICARE TAX WITHHELD		8228		7292	
		CITY STATE ZIP (IF DIFFERENT)		8203 [35]		7 SOCIAL SECURITY TIPS		8229		7293	
a		CONTROL NUMBER		8209 [14]		7307		12 8230		7294	
b		FEDERAL ID NUMBER		8207 [9]		8 ALLOCATED TIPS		"J" SICK PAY - RR		8008 <input type="checkbox"/>	
c	E M P L O Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES		9 ADVANCE EIC PAYMENT		"L" TO FM 2106 #		8221	
		NAME ☺		8204 [35]		7308		"P" TO FM 3903 #		8182	
		ADDRESS		8205 [35]		10 DEPENDENT CARE BENEFITS		"W" TO FM 8889 #		8701	
		ZIP CODE		8199 [10] STATE 8198 [2]		11 NONQUALIFIED PLANS		13 STATUTORY SCH C # EMPLOYEE		8222	
		CITY		8197 [20]		7311		RETIREMENT PLAN		8226 <input type="checkbox"/>	
1		WAGES, TIPS, OTHER COMP.		7301		CLERGY		THIRD PARTY SICK PAY		8225 <input type="checkbox"/>	
2		FEDERAL INCOME TAX WITHHELD		7302		CLERGY W-2 1448 <input type="checkbox"/>		14 OTHER		8213 [8] 7313	
		SOCIAL SECURITY TAX WITHHELD		7304		SUPPRESS CLERGY SE 1452 <input type="checkbox"/>		8214 [8] 7314		8215 [8] 7315	
		SOCIAL SECURITY WAGES		7303				8216 [8] 7316			
		STATE		STATE IDENTIFICATION NO [16]		STATE WAGES		STATE TAX WITHHELD		LOCAL WAGES, ETC	
		1									
		2									
		3									
		NON-STANDARD INDICATOR		8223 <input type="checkbox"/> YES		MICHIGAN CITIES ONLY - WORKSTATION ADDRESS (Street and City)					
		CORRECTED FORM W-2		8224 <input type="checkbox"/> YES		8231				[30]	

1099R		FORM 1099-R	#
[T]AXPAYER OR [S]POUSE		8208	
QUALIFIED DISASTER DISTRIBUTION		8222	<input type="checkbox"/> YES
NAME OF PAYER ☺ 8204		[30]	
1	GROSS DISTRIBUTION		7301
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
	QUALIFIED CHARITABLE DISTRIBUTION (QCD)		7797
QUALIFIED HEALTH SVC ACCT FUND (HSA)		7937	
INS PREMIUMS FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
4	FEDERAL INCOME TAX WITHHELD		7302
7	DISTRIBUTION CODE		8211 [4]
	IRA / SEP / SIMPLE		8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TXBL INCOME		8020
FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228	[4]
10	STATE TAX WITHHELD		7314
11	STATE		8217 [2]
	STATE / PAYER'S STATE NUMBER		8216 [14]

1099R		FORM 1099-R	#
[T]AXPAYER OR [S]POUSE		8208	
QUALIFIED DISASTER DISTRIBUTION		8222	<input type="checkbox"/> YES
NAME OF PAYER ☺ 8204		[30]	
1	GROSS DISTRIBUTION		7301
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
	QUALIFIED CHARITABLE DISTRIBUTION (QCD)		7797
QUALIFIED HEALTH SVC ACCT FUND (HSA)		7937	
INS PREMIUMS FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
4	FEDERAL INCOME TAX WITHHELD		7302
7	DISTRIBUTION CODE		8211 [4]
	IRA / SEP / SIMPLE		8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TXBL INCOME		8020
FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228	[4]
10	STATE TAX WITHHELD		7314
11	STATE		8217 [2]
	STATE / PAYER'S STATE NUMBER		8216 [14]

1099R		FORM 1099-R	#
[T]AXPAYER OR [S]POUSE		8208	
QUALIFIED DISASTER DISTRIBUTION		8222	<input type="checkbox"/> YES
NAME OF PAYER ☺ 8204		[30]	
1	GROSS DISTRIBUTION		7301
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
	QUALIFIED CHARITABLE DISTRIBUTION (QCD)		7797
QUALIFIED HEALTH SVC ACCT FUND (HSA)		7937	
INS PREMIUMS FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
4	FEDERAL INCOME TAX WITHHELD		7302
7	DISTRIBUTION CODE		8211 [4]
	IRA / SEP / SIMPLE		8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TXBL INCOME		8020
FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228	[4]
10	STATE TAX WITHHELD		7314
11	STATE		8217 [2]
	STATE / PAYER'S STATE NUMBER		8216 [14]

1099R		FORM 1099-R	#
[T]AXPAYER OR [S]POUSE		8208	
QUALIFIED DISASTER DISTRIBUTION		8222	<input type="checkbox"/> YES
NAME OF PAYER ☺ 8204		[30]	
1	GROSS DISTRIBUTION		7301
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
	QUALIFIED CHARITABLE DISTRIBUTION (QCD)		7797
QUALIFIED HEALTH SVC ACCT FUND (HSA)		7937	
INS PREMIUMS FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
4	FEDERAL INCOME TAX WITHHELD		7302
7	DISTRIBUTION CODE		8211 [4]
	IRA / SEP / SIMPLE		8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TXBL INCOME		8020
FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228	[4]
10	STATE TAX WITHHELD		7314
11	STATE		8217 [2]
	STATE / PAYER'S STATE NUMBER		8216 [14]

1099R		FORM 1099-R	#
[T]AXPAYER OR [S]POUSE		8208	
QUALIFIED DISASTER DISTRIBUTION		8222	<input type="checkbox"/> YES
NAME OF PAYER ☺ 8204		[30]	
1	GROSS DISTRIBUTION		7301
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
	QUALIFIED CHARITABLE DISTRIBUTION (QCD)		7797
QUALIFIED HEALTH SVC ACCT FUND (HSA)		7937	
INS PREMIUMS FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
4	FEDERAL INCOME TAX WITHHELD		7302
7	DISTRIBUTION CODE		8211 [4]
	IRA / SEP / SIMPLE		8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TXBL INCOME		8020
FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228	[4]
10	STATE TAX WITHHELD		7314
11	STATE		8217 [2]
	STATE / PAYER'S STATE NUMBER		8216 [14]

1099R		FORM 1099-R	#
[T]AXPAYER OR [S]POUSE		8208	
QUALIFIED DISASTER DISTRIBUTION		8222	<input type="checkbox"/> YES
NAME OF PAYER ☺ 8204		[30]	
1	GROSS DISTRIBUTION		7301
2	a	TAXABLE AMOUNT	7303
	b	TAXABLE AMOUNT NOT DETERMINED	8223 <input type="checkbox"/>
		TOTAL DISTRIBUTION	8224 <input type="checkbox"/>
	QUALIFIED CHARITABLE DISTRIBUTION (QCD)		7797
QUALIFIED HEALTH SVC ACCT FUND (HSA)		7937	
INS PREMIUMS FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
4	FEDERAL INCOME TAX WITHHELD		7302
7	DISTRIBUTION CODE		8211 [4]
	IRA / SEP / SIMPLE		8225 <input type="checkbox"/>
	DISTRIBUTION WAS ROLLED OVER TO: 1 = IRA 2 = ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TXBL INCOME		8020
FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228	[4]
10	STATE TAX WITHHELD		7314
11	STATE		8217 [2]
	STATE / PAYER'S STATE NUMBER		8216 [14]

#		FORM 1099R	
[T]TAXPAYER OR [S]SPOUSE		8208	
R E C I P	RECIPIENT NAME IF DIFFERENT	8201 [30]	
	RECIPIENT ADDRESS IF DIFFERENT	8202 [30]	
	CITY STATE ZIP IF DIFFERENT	8203 [30]	
	FEDERAL IDENTIFICATION NUMBER		8207 - [9]
P A Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES
	NAME ☺	8204 [30]	
	ADDRESS		8205 [30]
	ZIP CODE	8199 [10]	STATE 8198 [2]
	CITY		8197 [20]
	ACCOUNT NUMBER		8209 [30]
	1 GROSS DISTRIBUTION		7301
	a TOTAL TAXABLE AMOUNT		7303
2	b TAXABLE AMOUNT NOT DETERMINED		8223 <input type="checkbox"/> YES
	TOTAL DISTRIBUTION		8224 <input type="checkbox"/> YES
	QUALIFIED CHARITABLE DISTRIBUTION (QCD) INCLUDED IN TOTAL TAXABLE AMOUNT		7797
	QUALIFIED HEALTH SAVINGS ACCOUNT FUNDING (HSA)		7937
INS PREMIUM FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
3 CAPITAL GAIN (INCLUDED IN BOX 2a)		7304	
4 FEDERAL INCOME TAX WITHHELD		7302	
5 EMPL / DESIGNATED ROTH CONTRIB OR INSURANCE PREM		7305	
6 NET UNREALIZED APPRECIATION IN EMPLOYER SECURITIES		7306	
7	DISTRIBUTION CODE 8211 [4] IRA / SEP / SIMPLE		8225 <input type="checkbox"/> YES
	DISTRIBUTION ROLLED OVER TO: 1 - IRA 2 - ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TAXABLE INCOME		7796
	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228
8 OTHER 8212 [6] PERCENT		8213 [6]	
9	a PERCENT OF TOTAL DISTRIBUTION		8214 [6]
	b TOTAL EMPLOYEE CONTRIBUTION		7307
DESIGNATED ROTH ACCELERATED INCOME INCLUSION (FM 8606) BOX TO THE FAR LEFT OF BOX 10		9306	
NON-STANDARD INDICATOR		8227 <input type="checkbox"/> YES	
DISABILITY INCOME IS EARNED INCOME		8226 <input type="checkbox"/> YES	
10	STATE 8217	STATE TAX WITHHELD 7314	13
	8220	7318	
11	STATE PAYER ID NUMBER		14
	8216 [16]	NAME OF LOCALITY 8218 [9]	
12	STATE DISTRIBUTION		15
	7313	LOCAL DISTRIBUTION 7315	
7317		7319	
FOR STATE EXCLUSION PURPOSES. SEE INSTRUCTIONS			
STATE #1 TYPE		8457	
STATE #2 TYPE		8458	
PREPARE SUBSTITUTE 1099-R (FORM 4852)		8196 <input type="checkbox"/> YES	
9	HOW WERE DISTRIBUTIONS FROM PENSIONS, ANNUITIES, ETC., DETERMINED?		
	8321 [72]		
10	EXPLAIN EFFORTS TO OBTAIN FORM 1099-R		
	8322 [72]		
TAXABLE PENSION CALCULATION (SIMPLIFIED METHOD)	COST IN PLAN AT STARTING DATE		7309
	AGE AT STARTING DATE		8231
	AMOUNT RECEIVED TAX-FREE AFTER 1986		7310
	ANNUITY STARTING DATE		8234
	NUMBER OF MONTHS PAYMENTS MADE THIS YR		8232
TABLE 1 OR TABLE 2		8233	

#		FORM 1099R	
[T]TAXPAYER OR [S]SPOUSE		8208	
R E C I P	RECIPIENT NAME IF DIFFERENT	8201 [30]	
	RECIPIENT ADDRESS IF DIFFERENT	8202 [30]	
	CITY STATE ZIP IF DIFFERENT	8203 [30]	
	FEDERAL IDENTIFICATION NUMBER		8207 - [9]
P A Y E R	FOREIGN ADDRESS		8235 <input type="checkbox"/> YES
	NAME ☺	8204 [30]	
	ADDRESS		8205 [30]
	ZIP CODE	8199 [10]	STATE 8198 [2]
	CITY		8197 [20]
	ACCOUNT NUMBER		8209 [30]
	1 GROSS DISTRIBUTION		7301
	a TOTAL TAXABLE AMOUNT		7303
2	b TAXABLE AMOUNT NOT DETERMINED		8223 <input type="checkbox"/> YES
	TOTAL DISTRIBUTION		8224 <input type="checkbox"/> YES
	QUALIFIED CHARITABLE DISTRIBUTION (QCD) INCLUDED IN TOTAL TAXABLE AMOUNT		7797
	QUALIFIED HEALTH SAVINGS ACCOUNT FUNDING (HSA)		7937
INS PREMIUM FOR RETIRED PUBLIC SAFETY OFFICERS (PSO)		7938	
3 CAPITAL GAIN (INCLUDED IN BOX 2a)		7304	
4 FEDERAL INCOME TAX WITHHELD		7302	
5 EMPL / DESIGNATED ROTH CONTRIB OR INSURANCE PREM		7305	
6 NET UNREALIZED APPRECIATION IN EMPLOYER SECURITIES		7306	
7	DISTRIBUTION CODE 8211 [4] IRA / SEP / SIMPLE		8225 <input type="checkbox"/> YES
	DISTRIBUTION ROLLED OVER TO: 1 - IRA 2 - ROTH		8210
	PARTIAL ROLLOVER AMOUNT INCL IN TOTAL TAXABLE INCOME		7796
	FIRST YEAR OF DESIGNATED ROTH CONTRIBUTION		8228
8 OTHER 8212 [6] PERCENT		8213 [6]	
9	a PERCENT OF TOTAL DISTRIBUTION		8214 [6]
	b TOTAL EMPLOYEE CONTRIBUTION		7307
DESIGNATED ROTH ACCELERATED INCOME INCLUSION (FM 8606) BOX TO THE FAR LEFT OF BOX 10		9306	
NON-STANDARD INDICATOR		8227 <input type="checkbox"/> YES	
DISABILITY INCOME IS EARNED INCOME		8226 <input type="checkbox"/> YES	
10	STATE 8217	STATE TAX WITHHELD 7314	13
	8220	7318	
11	STATE PAYER ID NUMBER		14
	8216 [16]	NAME OF LOCALITY 8218 [9]	
12	STATE DISTRIBUTION		15
	7313	LOCAL DISTRIBUTION 7315	
7317		7319	
FOR STATE EXCLUSION PURPOSES. SEE INSTRUCTIONS			
STATE #1 TYPE		8457	
STATE #2 TYPE		8458	
PREPARE SUBSTITUTE 1099-R (FORM 4852)		8196 <input type="checkbox"/> YES	
9	HOW WERE DISTRIBUTIONS FROM PENSIONS, ANNUITIES, ETC., DETERMINED?		
	8321 [72]		
10	EXPLAIN EFFORTS TO OBTAIN FORM 1099-R		
	8322 [72]		
TAXABLE PENSION CALCULATION (SIMPLIFIED METHOD)	COST IN PLAN AT STARTING DATE		7309
	AGE AT STARTING DATE		8231
	AMOUNT RECEIVED TAX-FREE AFTER 1986		7310
	ANNUITY STARTING DATE		8234
	NUMBER OF MONTHS PAYMENTS MADE THIS YR		8232
TABLE 1 OR TABLE 2		8233	

FEDERAL DATA		ASSET # _____
1	DESCRIPTION [20] ☺	
2	TYPE (TABLE 1)	
3	DATE PLACED IN SERVICE ☺	- -
4	FORM DESCRIPTION (TABLE 2) ☺	
5	MULTIPLE FORM NUMBER	
6	STATE (1040 RETURNS ONLY)	
7	QUALIFIES FOR SPECIAL DEPRECIATION ALLOWANCE	<input type="checkbox"/> YES
FEDERAL		
8	STATE SAME AS FEDERAL	<input type="checkbox"/> YES
9	COST ☺	
10	- CURRENT SECTION 179 EXPENSE	
11	- PRIOR SECTION 179 EXPENSE	
12	- PRIOR SPECIAL ALLOWANCE	
13	- LAND	
14	- OTHER	
15	- SALVAGE VALUE	
16	DEPRECIATION METHOD (TABLE 3) ☺	
17	RECOVERY PERIOD	
18	CONVENTION (TABLE 4)	
19	PRIOR DEPRECIATION	
20	PRIOR AMT DEPRECIATION	
OVERRIDE		
21	CURRENT DEPRECIATION (MANUAL) ●●	
22	CURRENT AMT DEPRECIATION (MANUAL) ●●	
23	FORCE OPTIONS (TABLE 5)	
24	AMORTIZATION CODE SECTION	
25	AMORTIZATION PERIOD	
26	BUSINESS USE PERCENTAGE (e.g. 66.66)	
LISTED PROPERTY		
27	LISTED PROPERTY (TABLE 6)	
28	HAVE EVIDENCE OF BUSINESS USE CLAIMED	<input type="checkbox"/> YES
29	IF "YES", IS EVIDENCE WRITTEN?	<input type="checkbox"/> YES
AUTO EXPENSE WORKSHEET		
30	METHOD SELECTED (TABLE 7)	
31	OPTIONS (TABLE 8)	
32	BUSINESS MILEAGE 01-01-2008 to 06-30-2008 ☺	
33	COMMUTING MILEAGE	
34	OTHER MILEAGE	
35	GASOLINE AND OIL	
36	REPAIRS	
37	INTEREST EXPENSE	
38	OTHER EXPENSE	
39	VALUE OF EMPLOYER-PROVIDED VEHICLE	
40	LEASE PAYMENT EXPENSE	
41	INCLUSION AMOUNT	
42	PARKING FEES AND TOLLS (SMR AND ACTUAL)	
43	PRIOR STD MILEAGE RATE DEPRECIATION ALLOWANCE	
QUESTIONS		
44	AVAILABLE FOR PERSONAL USE DURING OFF-DUTY HOURS?	<input type="checkbox"/> YES <input type="checkbox"/> N/A
45	USED PRIMARILY BY 5% OWNER OR RELATIVE?	<input type="checkbox"/> YES <input type="checkbox"/> N/A
46	ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?	<input type="checkbox"/> YES <input type="checkbox"/> N/A
47	WRITTEN POLICY PROHIBITS ALL PRSNL USE, INCLUDING COMMUTING?	<input type="checkbox"/> YES
48	POLICY PROHIBITS PERSONAL USE EXCEPT COMMUTING?	<input type="checkbox"/> YES
49	ALL USE IS PERSONAL USE?	<input type="checkbox"/> YES
50	PROVIDE OVER 5 VEHICLES AND RETAIN INFORMATION CONCERNING USE?	<input type="checkbox"/> YES
51	MEETS QUALIFIED AUTO DEMONSTRATION REQUIREMENTS	<input type="checkbox"/> YES

TABLE 1
TYPE
Land
Residential Real Estate
Res Rental Furn & Fixtures
Nonresidential Real Estate
Machinery and Equipment
Furniture and Fixtures
Vehicles
Trucks and Vans
Over 6,000 GVW Vehicles
6,000 to 14,000 GVW SUV
Computer Systems
Depreciable Computer Software
Amortization
Improvements
Indian Reservation
Water Utility Property
Qual Leasehold Improvements
Other / Miscellaneous
Not Applicable

TABLE 2
FORM DESCRIPTION
Schedule A (Points)
Schedule A (Misc)
Form 8829
Schedule C
Schedule E
Schedule F
Form 2106 (Auto)
Form 2106 (Other)
Form 4835
PT K-1 Recd - URE
Do Not Carry

TABLE 4
CONVENTION
HY - Half-Year
MQ - Mid-Quarter
MM - Mid-Month

TABLE 6
LISTED PROPERTY
Not Applicable
Auto
Other Listed Property

TABLE 7
METHOD SELECTED
Optimize
Force SMR
Force Actual

TABLE 8
OPTIONS
Not Applicable
Suppress Luxury Auto Limitations
Electric Vehicle Limitation
Trucks & Vans (Higher Limitation)
6000 - 14000 GVW SUV (179 Limit Only)

TABLE 3
MACRS Method:
MSL - ADS Straight Line
M3YR - 3 Yr 200% DB Switch to SL
M5YR - 5 Yr 200% DB Switch to SL
M7YR - 7 Yr 200% DB Switch to SL
M10YR - 10 Yr 200% DB Switch to SL
M15YR - 15 Yr 150% DB Switch to SL
M20YR - 20 Yr 150% DB Switch to SL
M27.5R - 27.5 Yr. SL Residential
M39/M31.5NR - 31.5 / 39 Yr SL Nonresidential
ACRS Method:
ASL - Alternate SL
A3YR - 3 Year - No longer in use
A5YR - 5 Year - No longer in use
A10YR - 10 Year
A15PU - 15 Year Public Util.
A15LIH - 15 Year Low-Income Housing
A15RP - 15 Year Real Property
A18YR - 18 Year
A19YR - 19 Year
Nonrecovery Method:
NRSL - Straight Line
NR200 - 200% Declining Balance
NR150 - 150% Declining Balance
NR125 - 125% Declining Balance
NRAMRT - Amortization
NRSYD - Nonrecov Sum of Yrs Digits
0 - Manual Override Method
See Operations Manual to force MACRS or ACRS Tables.

TABLE 5
FORCE OPTIONS
Not Applicable
Straight Line
Actual Calculation
Land
Qualified Zone Property
Sec 168(l)(4) Grouped Asset
Cellulosic Biomass Ethanol Plant Property
Subject to Sec 168(f)(1) Election
Qual Indian Reservation Property
Long Prod Period, Transportation or Non-Commercial Aircraft
Asset Placed in Service in Short Yr
Qual NY Liberty Zone Property
NYC Qual Resurgence Zone Prop
Qual Gulf Opportunity Zone Prop
Short Yr & Qual Gulf Opp Zone Prop
S/L & Qual Gulf Oppy Zone Prop
Ext Qual Gulf Oppy Zone Prop
Short Yr & Extended Qual GOZ Prop
S/L & Extended Qual GOZ Prop
Qual KS Recovery Assistance Prop
Short Yr & Qual KS Recov Assist Prop
S/L & Qual KS Recov Assist Prop
Qual Disaster Assistance Property
Short Yr & Qual Disaster Assist Prop
S/L & Qual Disaster Assist Prop
Cellulosic Biofuel Plant Property
Qual Reuse & Recycling Property

20		SALE OF DEPRECIATED PROPERTY		NAME OR CLIENT NUMBER		2010	
AUTOMATICALLY PREPARES FORMS 6252, AND 4797 AND SCHEDULE D						SOFTWARE USERS ONLY	
DISPOSITION INFORMATION							
						ASSET # _____	
52	TYPE OF DISPOSITION (TABLE 9) ☺						
53	DATE DISPOSED ☺					- -	
54	GROSS SALES PRICE						
55	EXPENSE OF DISPOSITION						
FORM 4797							
56	CARRY TO 4797 PART (Default = Pt II, Sec 1245) (TABLE 10) ☺						
SECTION 1245 - BUSINESS ASSETS							
57	OVERRIDE CALCULATION					<input type="checkbox"/> YES	
						FEDERAL	
	DEPRECIATION ALLOWED						
SEC 1250 - REAL ESTATE (ACCUM DEPRECIATION ONLY)							
58	ADDITIONAL DEPRECIATION AFTER 1975						
59	APPLICABLE PERCENT AFTER 1975						
60	ADDITIONAL DEPRECIATION AFTER 1969 AND BEFORE 1975						
61	SECTION 291 AMOUNT						
SECTION 1252 - SOIL, WATER, LAND CLEARING							
62	SOIL, WATER, LAND CLEARING EXPENSE						
63	APPLICABLE PERCENT						
SECTION 1254 - DRILLING AND DEVELOPMENT COSTS							
64	COSTS FOR MINING, ETC.						
SECTION 1255 - COST SHARE PAYMENTS (SECTION 126)							
65	PAYMENTS EXCLUDED FROM INCOME						
66	APPLICABLE PAYMENT PERCENT						
FORM 6252							
67	MORTGAGE PURCHASER ASSUMES						
68	CURRENT YEAR PRINCIPAL PAYMENTS RECEIVED ☺						
TABLE 9							
TYPE OF DISPOSITION							
Not Disposed							
Sale							
Installment Sale							
Like-Kind Exchange							
TABLE 10							
FORM 4797 PART							
Not Applicable							
Part 1 - Held Over 1 Year							
Part 2 - Ordinary Gains and Losses							
Part 3 - Section 1245							
Part 3 - Section 1250							
Part 3 - Other							
FORM 8824							
69	DESCRIPTION [19] ☺						
70	DATE PROPERTY RECEIVED WAS IDENTIFIED ☺					- -	
71	DATE PROPERTY WAS ACTUALLY RECEIVED ☺					- -	
72	CASH RECEIVED						
73	FAIR MARKET VALUE OF OTHER PROPERTY RECEIVED						
74	LIABILITY ASSUMED BY OTHER PARTY						
75	FAIR MARKET VALUE OF LIKE-KIND PROPERTY RECEIVED ☺						
76	NET AMOUNTS PAID TO OTHER PARTY ☺						
77	ORDINARY INCOME UNDER RECAPTURE RULES						

EXAMPLES OF ITEMS REPORTABLE ON FORM 4797 (WHERE TO ENTER FIRST)							
EXAMPLES (a)			SHORT TERM (b)	LONG TERM (c)	EXAMPLES (a)		
1. DEPRECIABLE TRADE OR BUSINESS PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	PART III (1245, 1250)	6. CATTLE AND HORSES USED IN TRADE OR BUSINESS	a	SOLD AT A GAIN
	b	SOLD OR EXCHANGED AT A LOSS	PART II	PART I		b	SOLD AT A LOSS
2. DEPRECIABLE RESIDENTIAL RENTAL PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	PART III (1250)	7. OTHER LIVESTOCK USED IN TRADE OR BUSINESS	c	RAISED CATTLE AND HORSES SOLD AT A GAIN
	b	SOLD OR EXCHANGED AT A LOSS	PART II	PART I			LESS THAN 12 MONTHS
3. FARMLAND (SEE INSTRUCTIONS)	a	SOLD AT A GAIN	PART II	PART III (1252)		a	SOLD AT A GAIN
	b	SOLD AT A LOSS	PART II	PART I		b	SOLD AT A LOSS
4. ALL OTHER FARMLAND			PART II	PART I		c	RAISED LIVESTOCK SOLD AT A GAIN
5. DISPOSITION OF COST-SHARING PAYMENT PROPERTY DESCRIBED IN SECTION 126			PART II	PART III (1255)			

21		1040 ADDITIONAL DEPENDENTS / EIC / 8867				LAST NAME		2010			
DI		DEPENDENTS									
		DEPENDENT #6		DEPENDENT #7		DEPENDENT #8		DEPENDENT #9		DEPENDENT #10	
FIRST NAME & INIT		[12]		[12]		[12]		[12]		[12]	
LAST NAME IF DIFF		[12]		[12]		[12]		[12]		[12]	
BIRTHDATE		[8]		[8]		[8]		[8]		[8]	
SOC SEC NUMBER											
RELATIONSHIP		[11]		[11]		[11]		[11]		[11]	
CLAIMED BY T / S											
# MOS IN HOME											
DISABLED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
COLLEGE STUDENT		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
INELIGIBLE FOR CTC		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
6 CHILD CARE EXP		[4]		[4]		[4]		[4]		[4]	
EDUC EXP AMOUNT		[4]		[4]		[4]		[4]		[4]	
TYPE OF ED EXP *											
HOPE PRIOR YRS											
STATUS ** (ENTER 1 - 9)		[1]		[1]		[1]		[1]		[1]	
INSURED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
KIDNAPPED		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
* TYPE OF EDUCATION EXP:		1 = Optimize: AOC, Lifetime, Tuition 3 = Force AOC 5 = Force Tuition Dedn 2 = Optimize: Lifetime, Tuition Dedn 4 = Force Lifetime									
** STATUS OPTIONS		0 = CLAIMED 1 = NOT CLAIMING CHILD THIS YEAR 2 = NOT CLAIMED BUT CHILD QUALIFIES FOR EIC 3 = NOT CLAIMED BUT QUALIFYING CHILD FOR 4 = NOT CLAIMED BUT QUALIFIES FOR DEPN CARE BENEFITS (DCB) 5 = NOT CLAIMED BUT QUALIFIES FOR BOTH EIC AND HOH 6 = NOT CLAIMED BUT QUALIFIES FOR BOTH EIC AND DCB 7 = NOT CLAIMED BUT QUALIFIES FOR HOH AND DCB 8 = NOT CLAIMED BUT QUALIFIES FOR ALL THREE 9 = CLAIMED BUT INELIGIBLE FOR EIC									
ADDITIONAL DEPENDENTS MAY BE ENTERED BY USING FIELDS 6 THROUGH 100.											
		CHILD #6		CHILD #7		CHILD #8		CHILD #9		CHILD #10	
9 IS CHILD TP'S SON, DTR, STEPCHILD, FOSTER CHILD, BRO, SIS, STEPbro, STEPSIS, OR DESCENDENT OF THEM? (YES / NO)											
10 IS EITHER OF FOLLOWING TRUE? (1) CHILD UNMARRIED OR (2) CHILD MARRIED AND CAN BE CLAIMED AS TP DEPN? (YES / NO)											
11 DID CHILD LIVE W / TP IN U.S. OVER HALF THE YR? (YES / NO)											
13 a COULD ANY OTHER PERSON ANSWER YES ON LINE 9 THROUGH 11 FOR THE CHILD? (YES / NO)											
13 b CHILD'S RELATIONSHIP TO THE OTHER PERSON											
13 c IF TIE-BREAKER RULES APPLY, WOULD CHILD BE TREATED AS TP'S QUALIFYING CHILD? (YES / NO)											
14 DOES CHILD HAVE SSN ALLOWING WORK OR IS VALID (YES / NO)											
NUMBER OF CHILDREN LIVING AT HOME (DEFAULT) ●● 2324		NUMBER OF CHILDREN NOT LIVING AT HOME DUE TO DIVORCE OR SEPARATION ●● 2286		NUMBER OF OTHER DEPENDENTS LISTED ABOVE ●● 2325							
EIC / 8867		EARNED INCOME CREDIT QUESTIONS MUST BE ANSWERED FOR THE EIC TO BE CALCULATED									
INELIGIBLE FOR EARNED INCOME CREDIT		1172		<input type="checkbox"/> YES		DATE INFORMATION WAS OBTAINED ☺ 4370					
FORCE PRINTING OF SCHEDULE EIC WORKSHEETS		1273		<input type="checkbox"/> YES		FROM WHOM WAS INFO OBTAINED? (TP - SP - BOTH - OTHER) 4371					
ELECT TO INCLUDE NONTAXABLE COMBAT PAY		TAXPAYER 1409		<input type="checkbox"/> YES		IF OTHER, NAME: 4372		[35]			
		SPOUSE 1410		<input type="checkbox"/> YES		EXPLAIN: 1		[60]			
						2		[60]			
						3		[60]			
FM 8867 - PAID PREPARER'S EARNED INCOME CREDIT CHECKLIST											
PART I - ALL TAXPAYERS											
3 DOES TP/SP HAVE SSN THAT ALLOWS THEM TO WORK? SSN IS NOT VALID IF "NOT VALID FOR EMPLOYMENT" IS PRINTED ON THE CARD AND NUMBER WAS ISSUED SOLELY TO APPLY FOR OR RECEIVE A FEDERALLY FUNDED BENEFIT. IT MAY BE USEFUL TO LOOK AT SOC SEC CARD TO VERIFY VALIDITY FOR EIC. ☺		YES 4367		<input type="checkbox"/>		NO 0272		<input type="checkbox"/>			
5a a WAS TP A NONRES ALIEN FOR ANY PART OF YR? ☺		8022		<input type="checkbox"/>		1501		<input type="checkbox"/>			
7 TP OR SP IS QUALIFYING DEPN OF ANOTHER THIS YR ☺		1358		<input type="checkbox"/>		1502		<input type="checkbox"/>			
PART II - TAXPAYERS WITH A QUALIFYING CHIL											
THE EIC QUESTIONS IN THE DEPENDENT INFORMATION GRID MUST BE ANSWERED FOR ANY CHILD USED IN THE EIC CALCULATIONS.											
PART III - TAXPAYERS WITHOUT QUALIFYING CHIL											
16 TAXPAYER'S (OR SPOUSE'S, IF MFJ) MAIN HOME WAS IN U.S. MORE THAN HALF THE YEAR ☺		1517		<input type="checkbox"/>		1366		<input type="checkbox"/>			
PART IV - DUE DILIGENCE REQUIREMENTS											
20 HAS FORM 8867 BEEN COMPLETED BASED ON INFORMATION PROVIDED BY TAXPAYER? ☺		1520		<input type="checkbox"/>		4366		<input type="checkbox"/>			
22 IN COMPLIANCE WITH KNOWLEDGE REQUIREMENTS? ☺		1521		<input type="checkbox"/>		4368		<input type="checkbox"/>			
23 FOLLOWING RECORDS BEEN MAINTAINED? FM 8867 - EIC WKSHTS - RECORD OF HOW, WHEN & FROM WHOM INFO TO PREPARE FORMS WAS OBTAINED ☺		1522		<input type="checkbox"/>		4369		<input type="checkbox"/>			
2 b SELF-EMPLOYMENT INCOME IF UNDER \$400 NECESSARY FOR EIC		TAXPAYER ● 2726		SPOUSE ● 2727							
4 a PENSION OR ANNUITY FROM NONQUALIFIED DEFERRED COMP PLAN OR NONGOVERNMENTAL SECTION 457(b) PLAN ●		7544									
		OTHER ADJUSTMENTS [40]		8612		7844					
b OVERRIDE INVESTMENT INC FOR EIC PURPOSES ●●		3044									

X		AMENDED RETURN	
PREPARE FORM 1040X ONLY ☺		1380	<input type="checkbox"/> YES
PREPARE 1040X WITH FULL RETURN OR DIAGNOSTIC ☺		1379	<input type="checkbox"/> YES
DATE PREPARED ●● 8643 - -			
4	EXEMPTIONS	1563	<input type="checkbox"/> YES
15	TAX PAID WITH ORIGINAL RETURN, PLUS ADDITIONAL TAX PAID AFTER FILING	2978	
17	OVERPAYMENT, IF ANY, AS SHOWN ON ORIGINAL RETURN	2979	
22	REFUND AMOUNT TO BE APPLIED TO FUTURE YR EST TAX	2964	
	YEAR REFUND APPLIED	8103	
EXPLANATION OF CHANGES			
PRESIDENTIAL ELECTION CAMPAIGN FUND			
TAXPAYER NOW WISHES TO CONTRIBUTE \$3 TO FUND		1377	<input type="checkbox"/> YES
SPOUSE NOW WISHES TO CONTRIBUTE \$3 TO FUND		1378	<input type="checkbox"/> YES

R		CREDIT FOR ELDERLY AND DISABLED	
SUPPRESS PRINTING OF SCHEDULE R		1320	<input type="checkbox"/> YES
PRINT SCHEDULE R EVEN IF NOT QUALIFIED		1120	<input type="checkbox"/> YES
PART I - FILING STATUS			
		TAXPAYER	SPOUSE
	PERMANENTLY AND TOTALLY DISABLED	1197 <input type="checkbox"/> YES	1198 <input type="checkbox"/> YES
8	MARRIED FILING SEPARATELY AND LIVED APART FROM SPOUSE DURING ENTIRE YEAR	1199	<input type="checkbox"/> YES
PART II - STATEMENT OF PERMANENT AND TOTAL DISABILITY			
2	PREVIOUSLY FILED STATEMENT AND UNABLE TO ENGAGE IN GAINFUL ACTIVITY IN CURRENT YEAR	1234 <input type="checkbox"/> YES	1398 <input type="checkbox"/> YES
	DATE RETIRED IF AFTER 12-31-1976	0123	0122
	SPOUSE'S PHYSICIAN INFORMATION SAME AS TAXPAYER	1455	<input type="checkbox"/> YES
TAXPAYER'S PHYSICIAN INFORMATION			
	PHYSICIAN'S NAME	0366	[30]
	PHYSICIAN'S ADDRESS	0367	[40]
	ZIP CODE, CITY, STATE	0368	[40]
	ZIP CODE, CITY, STATE	0369	[40]
SPOUSE'S PHYSICIAN INFORMATION			
	PHYSICIAN'S NAME	0370	[30]
	PHYSICIAN'S ADDRESS	0371	[40]
	ZIP CODE, CITY, STATE	0372	[40]
	ZIP CODE, CITY, STATE	0373	[40]
PART III - FIGURE CREDIT			
		TAXPAYER	SPOUSE
11	TAXABLE DISABILITY INC ●●	2385	●● 2386
13	b NONTAXABLE VETERANS' PENSIONS, ANY OTHERS EXCLUDED FROM INCOME:		
		2387	2388

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8379		INJURED SPOUSE CLAIM AND ALLOCATION	
FILE AS STAND-ALONE FORM (Firm data prints in signature area)		8316	<input type="checkbox"/> YES
FOR LINES 5-9, CHOOSE FROM THE FOLLOWING: AZ, CA, ID, LA, NV, NM, TX, WA, WI			
5	TWO-LETTER STATE CODE IF MAIN HOME WAS IN A COMMUNITY PROPERTY STATE	8085	[2]
6	MADE AND REPORTED PMTS, SUCH AS FED INCOME TAX WITHHOLDING OR ESTIMATED TAX PAYMENTS	0524	[2]
7	HAD EARNED INCOME, SUCH AS WAGES, SALARIES, OR SELF-EMPLOYMENT INCOME	0525	[2]
8	CLAIMED EARNED INCOME CREDIT OR ADDITIONAL CHILD TAX CREDIT	0526	[2]
9	CLAIMED REFUNDABLE TAX CREDIT, SUCH AS HEALTH COVERAGE TAX CREDIT OR REFUNDABLE CREDIT FOR PRIOR YEAR MINIMUM TAX	0527	[2]
CHECK ONLY ONE BOX. INJURED SPOUSE IS:			
10	TAXPAYER ☺	8309	<input type="checkbox"/> YES
	SPOUSE ☺	8310	<input type="checkbox"/> YES
11	DIVORCED OR SEPARATED FROM SPOUSE ON MFJ RETURN AND WANT REFUND ISSUED IN THIS NAME ONLY	8311	<input type="checkbox"/> YES
ADDRESS FOR INJURED SPOUSE REFUND, IF DIFF FROM ADDRESS ON JOINT RETURN:			
12	ST ADDRESS ●●	8081	[30]
	ZIP ●●	8084	[10] STATE ●● 8083
	CITY ●●	8082	[20]
PART II - ITEMS ALLOCATED TO INJURED SPOUSE			
13	a WAGES ●●	7375	
	b OTHER INCOME ALLOCATED TO INJURED SPOUSE 8044 [30]		
	OTHER INCOME ALLOCATED TO OTHER SPOUSE 8045 [30]	7376	
14	ADJUSTMENTS TO INCOME	7377	
15	STANDARD OR ITEMIZED DEDUCTIONS	7378	
16	NUMBER OF EXEMPTIONS	7379	
17	CREDITS (DO NOT INCLUDE ANY EARNED INCOME CREDIT)	7380	
18	OTHER TAXES	7381	
19	FEDERAL INCOME TAX WITHHELD ●●	7382	
20	ESTIMATED PAYMENTS	7383	

8915		QUAL HURRICANE RETIRE PLAN DISTRIB & REPAYMTS	
SPOUSE'S FORM 8915		1431	<input type="checkbox"/> YES
FILE AS STAND-ALONE FORM (FIRM INFORMATION WILL PRINT)		1432	<input type="checkbox"/> YES
PART I - QUALIFIED HURRICANE DISTRIBUTIONS FROM RETIREMENT PLANS (OTHER THAN IRAs)			
1	PRIOR YEAR FORM 8915, LINE 6 AMOUNT	3899	
2	PRIOR YEAR FORM 8915, LINE 1 AMOUNT	3886	
4	TOTAL REPAYMENTS MADE IN CURRENT YR. (DO NOT INCL REPAYMENTS MADE ON OR BEFORE THE DUE DATE (INCL EXTENSIONS) FOR FILING PRIOR YR TAX RETURN	3878	
PART II - QUALIFIED HURRICANE DISTRIBUTIONS FROM TRADITIONAL, SEP, SIMPLE, AND ROTH IRAs			
6	PRIOR YEAR FORM 8915, LINE 13 AMOUNT	3417	
7	PRIOR YEAR FORM 8915, LINE 8 AMOUNT	3879	
9	TOTAL REPAYMENTS MADE IN CURRENT YR. (DO NOT INCL REPAYMENTS MADE ON OR BEFORE THE DUE DATE (INCL EXTENSIONS) FOR FILING PRIOR YR TAX RETURN	3880	

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23 PG 1	Dividend Income (Extended service \$10 fee applies if over 3 transactions)	LAST NAME	Multiple	2010
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PART II - ORDINARY DIVIDENDS									
DIVIDEND INCOME BASIC / DIVIDEND INCOME ADVANCED (WITHHOLDING, INVESTMENTS, FOREIGN, ETC.) (Shaded items are found on the Advanced grid only)									
DIVIDEND INCOME DESCRIPTION		1	2	3	4	5	6	7	
[33]									
[20]									
OWNERSHIP CODE (T / S / J)									
1	a	TOTAL ORDINARY DIVIDENDS							
	b	QUALIFIED DIVIDENDS							
% U.S. GOVERNMENT BONDS									
U.S. GOVERNMENT BONDS									
TOTAL MUNICIPAL BONDS									
[2]									
% IN-STATE MUNICIPAL BONDS									
IN-STATE MUNICIPAL BONDS									
POST 8-7-86 PRIVATE ACTIVITY BONDS									
2	a	TOTAL CAPITAL GAINS							
	d	COLLECTIBLES (28%) GAIN							
	b	UNRECAPTURED SECTION 1250							
	c	SECTION 1202 GAIN							
3 NONDIVIDEND DISTRIBUTION									
8 CASH LIQUIDATING DISTRIBUTION									
9 NONCASH LIQUIDATING DISTRIBUTION									
* ADJUSTMENT TYPE									
* ADJUSTMENT TYPES: 0 = None; 1 = Nominee - Ordinary Dividend; 2 = Nominee - U.S. Government Obligation Dividend; 3 = Nominee - Prorated Municipal Bond Dividend; 4 = Nominee - Instate Municipal Bond Dividend; 5 = Nominee - Out-of-State Municipal Bond Dividend; 6 = Nominee - Capital Gain Distribution; 7 = Dividend on Restricted Stock									
ADJUSTMENT AMOUNT									
5 INVESTMENT EXPENSE									
6 FOREIGN TAX PAID									
7 FGN COUNTRY OR US POSSESSION [12]									
4 FEDERAL TAX WITHHELD									
FEDERAL EIN [10]		-	-	-	-	-	-	-	-
STATE TAX WITHHELD									
CARRY TO STATE CODE [2]									
STATE ID NUMBER [10]									
BANK INTEREST (MA / TN ONLY)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONTAXABLE TO TN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
** NH TYPE									
** NH TYPES		1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans		5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid		9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital			
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN									

PART III - FOREIGN ACCOUNTS AND TRUSTS										
7	a	FOREIGN ACCOUNT							1112	<input type="checkbox"/> YES
	b	NAME OF COUNTRY	0069							
8		FOREIGN TRUST							1147	<input type="checkbox"/> YES
EF ONLY		ACCRUED MARKET DISCOUNT							3263	

PART II - ORDINARY DIVIDENDS

DIVIDEND INCOME BASIC / DIVIDEND INCOME ADVANCED (WITHHOLDING, INVESTMENTS, FOREIGN, ETC.) (Shaded items are found on the Advanced grid only)

DIVIDEND INCOME DESCRIPTION			8	9	10	11	12	13	14
ACCOUNT NUMBER									
OWNERSHIP CODE (T /S /J)									
1	a	TOTAL ORDINARY DIVIDENDS							
	b	QUALIFIED DIVIDENDS							
% U.S. GOVERNMENT BONDS									
U.S. GOVERNMENT BONDS									
TOTAL MUNICIPAL BONDS									
ISSUING STATE									
% IN-STATE MUNICIPAL BONDS									
IN-STATE MUNICIPAL BONDS									
POST 8-7-86 PRIVATE ACTIVITY BONDS									
2	a	TOTAL CAPITAL GAINS							
	d	COLLECTIBLES (28%) GAIN							
	b	UNRECAPTURED SECTION 1250							
	c	SECTION 1202 GAIN							
3	NONDIVIDEND DISTRIBUTION								
8	CASH LIQUIDATING DISTRIBUTION								
9	NONCASH LIQUIDATING DISTRIBUTION								
* ADJUSTMENT TYPE									
* ADJUSTMENT TYPES:			0 = None; 1 = Nominee - Ordinary Dividend; 2 = Nominee - U.S. Government Obligation Dividend; 3 = Nominee - Prorated Municipal Bond Dividend; 4 = Nominee - Instate Municipal Bond Dividend; 5 = Nominee - Out-of-State Municipal Bond Dividend; 6 = Nominee - Capital Gain Distribution; 7 = Dividend on Restricted Stock						
ADJUSTMENT AMOUNT									
5	INVESTMENT EXPENSE								
6	FOREIGN TAX PAID								
7	FGN COUNTRY OR US POSSESSION								
4	FEDERAL TAX WITHHELD								
FEDERAL EIN			-	-	-	-	-	-	-
STATE TAX WITHHELD									
CARRY TO STATE CODE									
STATE ID NUMBER									
BANK INTEREST (MA / TN ONLY)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NONTAXABLE TO TN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
** NH TYPE									
** NH TYPES	1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans		5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid				9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital		

PART III - FOREIGN ACCOUNTS AND TRUSTS

7	a	FOREIGN ACCOUNT	1112	<input type="checkbox"/>	YES
	b	NAME OF COUNTRY	0069		[12]
8		FOREIGN TRUST	1147	<input type="checkbox"/>	YES
EF ONLY		ACCRUED MARKET DISCOUNT	3263		

PART 1 - INTEREST INCOME

INTEREST INCOME BASIC / INTEREST INCOME ADVANCED (FOREIGN, WITHHOLDING, INVESTMENT, ETC.) (Shaded items are found on the Advanced grid only)

INTEREST INCOME DESCRIPTION [33]	1	2	3	4	5	6	7
ACCOUNT NUMBER [20]							
OWNERSHIP CODE (T / S / J)							
1 INTEREST INCOME (NOT U.S. GOVT)							
2 EARLY WITHDRAWAL PENALTY							
3 U.S. GOVT SAVINGS BONDS							
8 TAX-EXEMPT MUNI BONDS							
ISSUING STATE							
% IN-STATE MUNICIPAL BONDS							
IN-STATE MUNICIPAL BONDS							
9 POST 8-7-86 PRIVATE ACTIVITY BONDS							
* ADJUSTMENT TYPE							
ADJUSTMENT AMOUNT (+ / -)							
*ADJUSTMENT TYPES	0 = None 1 = Nominee - Ordinary Interest 2 = Nominee - U.S. Government Obligation Interest 3 = Nominee - Prorated Muni Bond Interest 4 = Nominee - In-state Muni Bond Interest 5 = Nominee - Out-of-state Muni Bond Interest 6 = Accrued - Ordinary Interest 7 = Accrued - U.S. Gov't Obligation Interest 8 = Accrued - Prorated Muni Bond Interest 9 = Accrued - In-state Muni Bond Interest 10 = Accrued - Out-of-state Muni Bond Interest 11 = OID Adjustment 12 = Amortizable Bond Premium 13 = U.S. Savings Bonds Previously Reported						
4 FEDERAL INCOME TAX WITHHELD							
FEDERAL EIN	-	-	-	-	-	-	-
5 INVESTMENT EXPENSE							
6 FOREIGN TAX PAID							
7 FOREIGN COUNTRY OR US POSSESSION							
STATE WITHHOLDING							
CARRY TO STATE CODE							
STATE ID NUMBER [10]							
BANK INTEREST (MA / TN ONLY)							
** NH TYPE							
** NH TYPES	1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans 5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid 9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital						

SELLER FINANCED-MORTGAGES

NAME [25]	ADDRESS [32]	ZIP CODE	IDENTIFYING NUMBER	T, S, J	AMOUNT	ST	FOREIGN CITY	FOREIGN PROVINCE/STATE	FOREIGN COUNTRY	POSTAL CODE
			SSN - -							
			EIN -							
			SSN - -							
			EIN -							
			SSN - -							
			EIN -							

PART 1 - INTEREST INCOME

INTEREST INCOME BASIC / INTEREST INCOME ADVANCED (FOREIGN, WITHHOLDING, INVESTMENT, ETC.) (Shaded items are found on the Advanced grid only)

INTEREST INCOME DESCRIPTION [33]	8	9	10	11	12	13	14
ACCOUNT NUMBER [20]							
OWNERSHIP CODE (T / S / J)							
1 INTEREST INCOME (NOT U.S. GOVT)							
2 EARLY WITHDRAWAL PENALTY							
3 U.S. GOVT SAVINGS BONDS							
8 TAX-EXEMPT MUNI BONDS							
ISSUING STATE							
% IN-STATE MUNICIPAL BONDS							
IN-STATE MUNICIPAL BONDS							
9 POST 8-7-86 PRIVATE ACTIVITY BONDS							
* ADJUSTMENT TYPE							
ADJUSTMENT AMOUNT (+ / -)							
*ADJUSTMENT TYPES	0 = None 1 = Nominee - Ordinary Interest 2 = Nominee - U.S. Government Obligation Interest 3 = Nominee - Prorated Muni Bond Interest 4 = Nominee - In-state Muni Bond Interest 5 = Nominee - Out-of-state Muni Bond Interest 6 = Accrued - Ordinary Interest 7 = Accrued - U.S. Gov't Obligation Interest 8 = Accrued - Prorated Muni Bond Interest 9 = Accrued - In-state Muni Bond Interest 10 = Accrued - Out-of-state Muni Bond Interest 11 = OID Adjustment 12 = Amortizable Bond Premium 13 = U.S. Savings Bonds Previously Reported						
4 FEDERAL INCOME TAX WITHHELD							
FEDERAL EIN	-	-	-	-	-	-	-
5 INVESTMENT EXPENSE							
6 FOREIGN TAX PAID							
7 FOREIGN COUNTRY OR US POSSESSION							
STATE WITHHOLDING							
CARRY TO STATE CODE							
STATE ID NUMBER [10]							
BANK INTEREST (MA / TN ONLY)							
** NH TYPE							
** NH TYPES	1 - Direct U.S. Government Obligations 2 - NH Municipal Bonds 3 - L/T or S/T Capital Gain included in Line 3 4 - Indiv Retire Acct KEOGH plans, other exempt retire plans 5 - Liquidating Distributions 6 - 100% of K-1 Int or Div Income from PT / Trust with nontransf shares subj to I&D Tax 7 - Part of Int or Div Income from PT / Trust with nontransf shares NOT subj to I&D Tax 8 - Allocation of non-NH res extra paid 9 - Specifically exempted PR, Guam, VI Bonds 10 - Distributive Share of Entity's Interest or Dividend Income indicated on Sch K-1 and included in Ptr, Benef or Shrhldr Federal Income Tax Return 11 - Return of Capital						

SELLER FINANCED-MORTGAGES

NAME [25]	ADDRESS [32]	ZIP CODE	IDENTIFYING NUMBER	T, S, J	AMOUNT	ST	FOREIGN CITY	FOREIGN PROVINCE/STATE	FOREIGN COUNTRY	POSTAL CODE
			SSN - -							
			EIN -							
			SSN - -							
			EIN -							
			SSN - -							
			EIN -							

25	CAPITAL GAINS AND LOSSES (Extended service \$10 fee applies if over 3 transactions)	LAST NAME	Multiple	2010
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DETAILS ON SALES OF SHORT-TERM AND LONG-TERM CAPITAL GAINS AND LOSSES																	
	1099 TRANSACTIONS PROPERTY DESCRIPTION	# OF SHRS	T S J	TYPE	DATE ACQUIRED	DATE SOLD	Term	SALES PRICE	COST OR BASIS	AMT COST (If Different)	FEDERAL WITHHOLDING	FEDERAL EIN	STATE COST (If Different)	ST CODE	ST TAX WITHHELD	STATE EIN	
1	1				- -	- -											
	2				- -	- -											
	3				- -	- -											
and	4				- -	- -											
	5				- -	- -											
8	6				- -	- -											
	7				- -	- -											
TYPES: 0 = NONSPECIFIC 1 = 28% RATE 2 = SECTION 1202 3 = WASH SALE 4 = SECTION 1202 EZBS 5 = SECTION 1045 ROLLOVER 6 = PERSONAL 7 = QUALIFIED COMMUNITY ASSETS																	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN																	

PART I - SHORT-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD 1 YEAR OR LESS									
							GAIN OR (LOSS)		AMT GAIN / (LOSS)
4	SHORT-TERM GAIN FROM 6252, INSTALLMENT SALES						● 2646	●● 3380	
	SHORT-TERM GAIN (LOSS) FROM FORM 4684, CASUALTIES AND THEFT						● 2724	●● 3381	
	SHORT-TERM GAIN (LOSS) FROM FORM 6781, CONTRACTS AND STRADDLES						● 2731	●● 3382	
	SHORT-TERM GAIN (LOSS) FROM FORM 8824, LIKE-KIND EXCHANGES						● 2851	●● 3383	
5	NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (1065, 1120S, 1041 SCHEDULES K-1)						● 2208	●● 3384	
6	SHORT-TERM CAPITAL LOSS CARRYOVER						●● 2370	3385	

PART II - LONG-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD MORE THAN 1 YEAR																		
										GAIN OR (LOSS)		AMT GAIN / (LOSS)		28% RATE		AMT 28% RATE		
11	GAIN FROM FORM 4797, PART I. SALES OF BUSINESS PROPERTY										●	2210	●●	3386	●●	2904	●●	3823
	L/T GAIN FROM FORM 2439, UNDISTRIBUTED CAPITAL GAIN										●	2736	●●	3387		2906	●●	3824
	L/T GAIN FROM FORM 6252, INSTALLMENT SALES										●	2647	●●	3388	●●	2905	●●	3825
	L/T GAIN / (LOSS) FROM FORM 4684, CASUALTIES AND THEFT										●	2933	●●	3392	●●	2144	●●	3826
	L/T GAIN / (LOSS) FROM FORM 6781, CONTRACTS AND STRADDLES										●	2855	●●	3393	●●	2856	●●	3827
	L/T GAIN / (LOSS) FROM FORM 8824, LIKE-KIND EXCHANGES										●	2852	●●	3394		2907	●●	3828
12	NET L/T GAIN/(LOSS) SCHEDULES K-1 (1065, 1120S, AND 1041)										●	2211	●●	3395	●●	2903	●●	3829
13	CAPITAL GAIN DISTRIBUTIONS (ENTER ON SCH B - DIVIDENDS DATA)										●	2200	●●	3396	●●	2908	●●	3830
14	L/T CAPITAL LOSS CARRYOVER										●●	2372	●●	3397				
	LIMIT CAPITAL LOSS TO \$1,500														1481 <input type="checkbox"/>			
	CAPITAL LOSS CARRYOVER WORKSHEET														REGULAR TAX		AMT TAX	
	AMOUNT FROM 2008 FORM 1040, LINE 40														3372			
	AMOUNT FROM 2008 FORM 8914, LINE 2														7793			
	AMOUNT FROM 2008 SCHEDULE D, LINE 21														3373		●● 3873	
	AMOUNT FROM 2008 SCHEDULE D, LINE 7 (ENTER '-' IF NEGATIVE)														3374		●● 3874	
AMOUNT FROM 2008 SCHEDULE D, LINE 15 (ENTER '-' IF NEGATIVE)														3375		●● 3875		

PART III - SUMMARY AND WORKSHEETS																
28% RATE GAIN WORKSHEET										SECTION 1202 EXCLUSION		REGULAR TAX		AMT TAX		
19	UNRECAPTURED SECTION 1250 GAIN, IF ANY												●● 7673	●● 3831		
	UNRECAPTURED SECTION 1250 WORKSHEET	TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM 6252 HELD MORE THAN 1 YEAR										3296		3832		
		TOTAL UNRECAPTURED SECTION 1250 GAIN FROM SALE OR EXCHANGE OF INTEREST IN PTNSHP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN										3297		3833		
		TOTAL OF ANY AMOUNTS REPORTED ON A SCHEDULE K-1, FORM 1099-DIV, AND FORM 2439 AS "UNRECAPTURED" SECTION 1250 GAIN FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND										●● 7794		●● 7795		
		TOTAL UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 HELD OVER 1 YEAR WITH NO ENTRY ON PART I OF FORM 4797 FOR YEAR OF SALE										●● 3299		●● 3834		

PARTS IV AND V - SALES OF SHORT-TERM AND LONG-TERM CAPITAL ASSETS															
TRANSACTIONS WILL BE SORTED ACCORDING TO DATE ACQUIRED. ACQUIRED DATES OF "VARIOUS" WILL DEFAULT TO LONG-TERM.															
DESCRIPTION OF PROPERTY	# OF SHRS	T / S / J	TYPE	DATE ACQUIRED	DATE SOLD	Term	GROSS SALES PRICE	COST OR OTHER BASIS	AMT COST (If Different)	FEDERAL TAX WITHHELD	FEDERAL EIN	ST COST/BASIS (If Different)	ST CODE	ST TAX WITHHELD	STATE EIN
11				- -	- -										
12				- -	- -										
13				- -	- -										
14				- -	- -										
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48				- -	- -										
49				- -	- -										
50				- -	- -										

TYPES: 0 = NONSPECIFIC 1 = 28% RATE 2 = SECTION 1202 3 = WASH SALE 4 = SECTION 1202 EZBS 5 = SECTION 1045 ROLLOVER 6 = PERSONAL 7 = QUALIFIED COMMUNITY ASSETS

ADDITIONAL INPUT LINES ARE AVAILABLE FOR TRANSACTIONS BY USING FIELD NUMBERS 51 THROUGH 9999.

5695 RESIDENTIAL ENERGY EFFICIENT PROPERTY CR	
SPOUSE'S FORM 5695 1479 <input type="checkbox"/> YES	
MARRIED TAXPAYERS WITH MORE THAN ONE MAIN HOME FILING A JOINT RETURN SHOULD COMPLETE SEPARATE FORM(s) 5695 FOR EACH MAIN HOME IN PART I. HOWEVER, THEY SHOULD COMBINE AMOUNTS IN PART II ON ONE FORM BECAUSE THE MAXIMUM CREDIT LIMITS HAVE BEEN ELIMINATED AND THEREFORE DO NOT NEED TO BE FIGURED ON SEPARATE FORMS.	
PART I - NONBUSINESS ENERGY PROPERTY CREDIT	
1	ENERGY EFFICIENCY IMPROVEMENTS OR RESIDENTIAL ENERGY PROPERTY COSTS WERE FOR TAXPAYER MAIN HOME LOCATED IN U.S. 1473 <input type="checkbox"/> NO
QUALIFIED ENERGY EFFICIENT IMPROVEMENTS:	
a	INSULATION MATERIAL SPECIFICALLY AND PRIMARILY DESIGNED TO REDUCE HEAT LOSS OR GAIN IN TAXPAYER'S HOME 7750
b	EXTERIOR WINDOWS (INCLUDING CERTAIN WINDOWS AND SKYLIGHTS) 7751
c	EXTERIOR DOORS (INCLUDING CERTAIN STORM DOORS) 7752
d	METAL ROOF WITH APPROPRIATE PIGMENTED COATINGS, OR ASPHALT ROOF WITH APPROPRIATE GRANULES, THAT ARE SPECIFICALLY AND PRIMARILY DESIGNED TO REDUCE HEAT GAIN IN TAXPAYER'S HOME, AND ROOF MEETS OR EXCEEDS ENERGY STAR PROGRAM REQUIREMENTS IN EFFECT AT TIME OF PURCHASE OR INSTALLATION. 7753
RESIDENTIAL ENERGY PROPERTY COSTS:	
a	ENERGY-EFFICIENT BUILDING PROPERTY 7754
b	QUALIFIED NATURAL GAS, PROPANE, OR OIL FURNACE OR HOT WATER BOILER 7755
c	ADVANCED MAIN AIR CIRCULATING FAN USED IN A NATURAL GAS, PROPANE, OR OIL FURNACE 7756
7	AMOUNT FROM 2009 FORM 5695, LINE 11 9218
PART II - RESIDENTIAL ENERGY EFFICIENCY PROPERTY CREDIT	
12	QUALIFIED SOLAR ELECTRIC PROPERTY COSTS 7758
13	QUALIFIED SOLAR WATER HEATING PROPERTY COSTS 7759
14	QUALIFIED SMALL WIND ENERGY PROPERTY COSTS 9081
15	QUALIFIED GEOTHERMAL HEAT PUMP PROPERTY COSTS 9082
18	QUALIFIED FUEL CELL PROPERTY COSTS 7760
20	KILOWATT CAPACITY OF PROPERTY ON LINE 18 ABOVE 0380
22	CREDIT CARRYFORWARD FROM 2008 (AMOUNT FROM 2008 FORM 5695, LINE 28) 7763
JOINT OCCUPANCY	
NOTE: THIS SECTION NOT APPLICABLE FOR MARRIED FILING JOINT RETURNS	
PART I - NONBUSINESS ENERGY PROPERTY CREDIT	
7	TOTAL FORMS 5695, LINE 4 AMOUNTS FOR ALL OWNERS, INCLUDING TAXPAYER 7810
PART II - RESIDENTIAL ENERGY EFFICIENCY PROPERTY CREDIT	
18	TOAL QUALIFIED FUEL CELL PROPERTY COSTS PAID BY TAXPAYER AND ALL OTHER OCCUPANTS 7813

6251 ALTERNATIVE MINIMUM TAX	
FORCE PRINTING OF FORM 6251 1350 <input type="checkbox"/> YES	
4	CERTAIN HOME MORTGAGE INTEREST 2871
7	TAX REFUND 2601
8	INVESTMENT INTEREST 2332
9	DEPLETION 3014
10	ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION SUBJECT TO 90% OF AMTI 2952
10	ALTERNATIVE TAX NET OPERATING LOSS DEDUCTION SUBJECT TO 100% OF AMTI 2600
12	INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS EXEMPT FROM REGULAR TAX + 2934
13	QUALIFIED SMALL BUSINESS STOCK (7% OF GAIN EXCLUDED UNDER SEC 1202) 2757
14	INCENTIVE STOCK OPTIONS 2652
15	BENEFICIARIES OF ESTATES AND TRUSTS 2550
16	ELECTING LARGE PARTNERSHIPS (SCH K-1 (1065-B), BOX 6) 2750
17	ADJUSTED ORDINARY GAIN (LOSS) FROM FORM 4797 3854
17	ADJUSTED ORDINARY GAIN (LOSS) FROM BUSINESS OR INCOME-PRODUCING PROPERTY ON FORM 4684 3855
17	OTHER ADJUSTED ORDINARY GAIN (LOSS) NOT REPORTED ELSEWHERE ON FORM 6251 3856
17	ADJUSTED CAPITAL GAIN (LOSS) FROM SCHEDULE D 3857
17	OVERRIDE TOTAL LINE 18 AMOUNT 2336
18	POST-1986 DEPRECIATION ★ 2411
19	PASSIVE ACTIVITIES 2299
20	LOSS LIMITATIONS 2400
21	CIRCULATION EXPENDITURES 2414
22	LONG-TERM CONTRACTS 2369
23	MINING COSTS 2413
24	RESEARCH AND EXPERIMENTAL COSTS 2409
25	INSTALLMENT SALES 2306
26	INTANGIBLE DRILLING COSTS 2410
27	DEPRECIATION (PRE-1987) + 2408
27	PATRON'S ADJUSTMENT 3071
27	POLLUTION CONTROL FACILITIES 2371
27	TAX SHELTER FARM ACTIVITIES 2279
27	RELATED ADJUSTMENTS 2663
27	ADJ FOR CHARITABLE CONTRIB OF CERTAIN PROPERTY 9133
29	AMOUNT TO OVERRIDE EXEMPTION WORKSHEET 2922
29	CHILD UNDER 18 AND BOTH PARENTS ARE DECEASED 8177 <input type="checkbox"/> YES
29	FULL-TIME STUDENT OVER 18 AND UNDER 24 AND DID NOT HAVE EARNED INC THAT WAS HALF OF THEIR SUPPORT 8020 <input type="checkbox"/> YES
30	NR ALIENS ONLY: U.S. REAL PROPERTY INTEREST 3432
32	ALT MIN FOREIGN TAX CREDIT (FORM 1116) 2833

J FARM INCOME AVERAGING	
FORCE PRINTING OF SCHEDULE J 1315 <input type="checkbox"/> YES	
USE SCHEDULE J TAX EVEN IF REGULAR TAX IS GREATER 1304 <input type="checkbox"/> YES	
a ELECTED FARM INCOME 7114	
2	CAPITAL GAIN INCLUDED ON LINE 2a:
	b EXCESS, IF ANY, OF NET LONG-TERM CAP GAIN OVER NET SHORT-TERM CAPITAL LOSS 9063
	c UNRECAPTURED SECTION 1250 GAIN 9064
5	AMOUNT FROM 2009 SCHEDULE J, LINE 11; 2008 SCHEDULE J, LINE 15; 2007 SCHEDULE J, LINE 3; OR TAXABLE INCOME FROM 2007 FORM 1040, LINE 43; FORM 1040A, LINE 27; FORM 1040EZ, LINE 6; FORM 1040NR, LINE 41 7115
2007 FORM 2555, LINE 45 (INCLUDE SPOUSES IF FILED JOINTLY) 9179	
2007 UNALLOWED ITEMIZED DED DUE TO FOREIGN EXCLUSION 9180	
8 IF 2007 SCH D TAX APPLIES:	2007 FILING STATUS IF DIFFERENT: 1 = SGL 2 = MFJ 3 = MFS 4 = HOH 5 = WIDOW(ER) 8109
	2007 QUALIFIED DIVIDENDS 7139
	2007 SCHEDULE D, LINE 15 7140
	2007 SCHEDULE D, LINE 16 7137
	2007 FORM 4952, LINE 4e 7674
	2007 FORM 4952, LINE 4g 7138
	2007 SCHEDULE D, LINE 18 7675
	2007 SCHEDULE D, LINE 19 7141
2007 CAPITAL GAIN DISTRIBUTION IF TAX WAS FIGURED ON CAPITAL GAIN TAX WORKSHEET 7522	
9	TAXABLE INCOME FROM 2009 SCHEDULE J, LINE 15, 2008 SCHEDULE J, LINE 3 OR 2008 FORM 1040, LINE 43; FORM 1040A, LINE 27; FORM 1040EZ, LINE 6; OR FORM 1040NR, LINE 41 7116
2008 FORM 2555, LINE 45 (INCLUDE SPOUSES IF FILED JOINTLY) 9181	
12 IF 2008 SCHEDULE D TAX APPLIES:	2008 FILING STATUS IF DIFFERENT: 1 = SGL 2 = MFJ 3 = MFS 4 = HOH 5 = WIDOW(ER) 8107
	2008 QUALIFIED DIVIDENDS 7692
	2008 SCHEDULE D, LINE 15 7693
	2008 SCHEDULE D, LINE 16 7694
	2008 FORM 4952, LINE 4e 7695
	2008 FORM 4952, LINE 4g 7696
	2008 SCHEDULE D, LINE 18 7698
	2008 SCHEDULE D, LINE 19 7697
2008 CAPITAL GAIN DISTRIBUTION IF TAX WAS FIGURED ON CAPITAL GAIN TAX WKSHT 7520	
13	AMOUNT FROM 2009 SCHEDULE J, LINE 3 OR TAXABLE INCOME FROM 2009 FORM 1040, LINE 43; FORM 1040A, LINE 27; FORM 1040EZ, LINE 6; OR FORM 1040NR, LINE 41 7117
2009 FORM 2555, LINE 45 (INCLUDE SPOUSES IF FILED JOINTLY) 9182	
2009 FORM 2555, LINE 50 (INCLUDE SPOUSES IF FILED JOINTLY) 9183	
16 IF 2009 SCHEDULE D TAX APPLIES:	2009 FILING STATUS IF DIFFERENT: 1 = SGL 2 = MFJ 3 = MFS 4 = HOH 5 = WIDOW(ER) 8108
	2009 QUALIFIED DIVIDENDS 7132
	2009 SCHEDULE D, LINE 15 7133
	2009 SCHEDULE D, LINE 16 7134
	2009 FORM 4952, LINE 4e 7135
	2009 FORM 4952, LINE 4g 7136
	2009 SCHEDULE D, LINE 18 7653
	2009 SCHEDULE D, LINE 19 7652
2009 CAPITAL GAIN DISTRIBUTION IF TAX WAS FIGURED ON CAPITAL GAIN TAX WKSHT 7521	
19	AMOUNT FROM 2009 SCHEDULE J, LINE 12; 2008 SCHEDULE J, LINE 16; 2007 SCHEDULE J, LINE 4; OR TAX FROM 2007 FORM 1040, LINE 44*; FORM 1040A, LINE 28*; FORM 1040EZ, LINE 10; OR FORM 1040NR, LINE 42* 7118

SCHEDULE J CONTINUED NEXT COLUMN

SCHEDULE J (CONTINUED)	
20	AMOUNT FROM 2009 SCHEDULE J, LINE 16; 2008 SCHEDULE J, LINE 4; OR TAX FROM 2008 FORM 1040, LINE 44*; FORM 1040A, LINE 28*; FORM 1040EZ, LINE 11; OR FORM 1040NR, LINE 42* 7119
21	AMOUNT FROM 2009 SCHEDULE J, LINE 4 OR TAX FROM 2009 FORM 1040, LINE 44*; FORM 1040A, LINE 28*; FORM 1040EZ, LINE 10; OR FORM 1040NR, LINE 42* 7120
* DO NOT INCLUDE ANY AMOUNT FROM FORM 4972 OR FORM 8814	

SOH SALE OF HOME WORKSHEET	
SPOUSE'S SALE OF HOME WORKSHEET (Default = TP) 1447 <input type="checkbox"/> YES	
TWO-LETTER STATE CODE 0361	
PRINT WORKSHEET EVEN IF NOT REQUIRED 1265 <input type="checkbox"/> YES	
PRINT SALE AND EXCLUSION OF HOME ON SCHEDULE D EVEN IF NOT REQUIRED 1282 <input type="checkbox"/> YES	
DESCRIPTION OF PROPERTY	8290 [27] 8349 [27]
DATE HOME WAS ACQUIRED	8291 - -
DATE HOME WAS SOLD	8292 - -

WORKSHEET 1 - ADJUSTED BASIS OF HOME SOLD	
1	PURCHASE PRICE OF HOME SOLD 7565
2	SELLER PAID POINTS FOR HOME PURCHASED AFTER 1990 7566
4	a ABSTRACT AND RECORDING FEES 7567
	b LEGAL FEES (INCL TITLE SEARCH, DOCUMENT PREPARATION FEES) 7568
	c SURVEYS 7569
	d TITLE INSURANCE 7570
	e TRANSFER OR STAMP TAXES 7571
	f AMOUNTS OWED BY SELLER BUT PAID BY TAXPAYER 7572
	g OTHER SETTLEMENT FEES OR CLOSING COSTS 7573
6	COSTS OF ADDITIONS AND IMPROVEMENTS 7574
7	SPECIAL TAX ASSESSMENTS PAID 7575
8	OTHER INCREASES TO BASIS 7576
10	DEPRECIATION ALLOWED/ALLOWABLE RELATED TO HOME BUSINESS USE 7577
11	OTHER DECREASES TO BASIS 7578

WORKSHEET 2 - GAIN (LOSS) EXCLUSION AND TAXABLE GAIN	
1	SELLING PRICE OF HOME + 7579
2	SELLING EXPENSES 7580
6	DEPRECIATION ALLOWED OR ALLOWABLE FOR PERIOD AFTER MAY 6, 1997 7581
TP SATISFIES ALL REQ FOR MAX SALE OF HOME EXCLUSION 1515 <input type="checkbox"/> NO	
SP SATISFIES ALL REQ FOR MAX SALE OF HOME EXCLUSION 1516 <input type="checkbox"/> NO	
DECEASED SP QUALIFIES FOR MAXIMUM SALE OF HOME EXCLUSION 1576 <input type="checkbox"/> YES	

WORKSHEET 3 - REDUCED MAXIMUM EXCLUSION		
REDUCE MAXIMUM EXCL BECAUSE: 1) OWNERSHIP & USE TESTS NOT MET OR 2) HOME WAS SOLD WITHIN 2 YRS OF PRIOR SALE. EITHER REASON MUST BE DUE TO: 1) EMPLOYMENT PLACE CHANGED, 2) HEALTH, 3) UNFORESEEN CIRCUMSTANCES AS DEFINED IN IRS PUB 523.		TAXPAYER 8069 <input type="checkbox"/> YES 8070 <input type="checkbox"/> YES
1	MAXIMUM AMOUNT	\$250,000.00 \$250,000.00
2	a NO. DAYS PROP WAS USED AS MAIN HOME DURING 5-YEAR PERIOD ENDED ON SALE DATE	7582 7583
	b NUMBER OF DAYS PROP WAS OWNED DURING 5-YEAR PD ENDED ON DATE OF SALE	7584 7585
3	IF GAIN FROM SALE OF ANOTHER HOME DURING 2-YEAR PERIOD ENDED ON DATE OF THIS SALE WAS EXCLUDED, ENTER DATE OF PRIOR SALE	8293 8294

27 <small>PAGE 1</small>	FORM 3468 INVESTMENT CREDIT <small>(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)</small>	NAME _____	2010
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PART I - ELECTION TO TREAT LESSEE AS PURCHASER OF INVESTMENT CREDIT PROPERTY										
INFORMATION ON PROPERTY ACQUIRED AS A LESSEE										
LESSOR NAME		[24]	STREET ADDRESS		[27]	ZIP CODE	PROPERTY DESCRIPTION		[35]	AMOUNT
1										
2										
3										
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN										
PART II - QUALIFYING ADV COAL PROJECT CREDIT, QUALIFYING GASIFICATION PROJECT CREDIT, AND QUALIFYING ADV ENERGY PROJECT CREDIT										
QUALIFYING ADVANCED COAL PROJECT CREDIT:										
5	a	QUALIFIED INVESTMENT IN INTEGRATED GASIFICATION COMBINED CYCLE PROPERTY PLACED IN SERVICE DURING TAX YEAR FOR PROJECTS DESCRIBED IN SECTION 48A(d)(3)(b)(i)								3815
	b	QUALIFIED INVESTMENT IN ADVANCED COAL-BASED GENERATION TECHNOLOGY PROPERTY PLACED IN SERVICE DURING TAX YEAR FOR PROJECTS DESCRIBED IN SECTION 48A(d)(3)(B)(ii)								3816
	c	QUALIFIED INVESTMENT IN ADVANCED COAL-BASED GENERATION TECHNOLOGY PROPERTY PLACED IN SERVICE DURING TAX YEAR FOR PROJECTS DESCRIBED IN SECTION 48A(d)(3)(B)(iii)								9728
QUALIFYING GASIFICATION PROJECT CREDIT:										
6	a	QUALIFIED INVESTMENT IN QUALIFIED GASIFICATION PROPERTY PLACED IN SERVICE DURING THE TAX YEAR FOR WHICH CREDITS WERE ALLOCATED OR REALLOCATED AFTER 10/03/2008, AND THAT INCLUDE EQUIPMENT THAT SEPARATES AND SEQUESTERS AT LEAST 75% OF THE PROJECT'S CARBON DIOXIDE EMISSIONS								3817
	b	QUALIFIED INVESTMENT IN PROPERTY OTHER THAN IN "a" ABOVE PLACED IN SERVICE DURING THE TAX YEAR								9729
QUALIFYING ADVANCED ENERGY PROJECT CREDIT:										
7	a	QUALIFIED INVESTMENT IN ADVANCED ENERGY PROJECT PROPERTY PLACE IN SERVICE AFTER 02/17/2009								9803
QUALIFYING THERAPEUTIC DISCOVERY PROJECT CREDIT:										
8	a	QUALIFIED INVESTMENT IN A QUALIFYING THERAPEUTIC DISCOVERY PROJECT								9964
9	ENTER THE APPLICABLE UNUSED INVESTMENT CREDIT FROM COOPERATIVES								2868	
PART III - REHABILITATION CREDIT AND ENERGY CREDIT										
1120S/1065 ONLY		QUALIFIED REHABILITATION EXPENDITURES - OTHER THAN RENTAL REAL ESTATE							8468	<input type="checkbox"/> YES
		ELECT TO TAKE QUALIFIED REHABILITATION EXPENDITURES INTO ACCOUNT FOR TAX YEAR IN WHICH PAID							1224	<input type="checkbox"/> YES
REHABILITATION CREDIT EXPLANATION										
a										[60]
										[60]
										[60]
										[60]
b	24- OR 60-MONTH MEASURING PERIOD				BEGINS 0322 - -		ENDS 0323 - -			
c	ADJUSTED BASIS OF BLDG AS OF BEGINNING DATE								3601	
d	QUALIFIED REHABILITATION EXPENDITURES INCURRED DURING LINE 10b PERIOD								3602	
QUALIFIED REHABILITATION EXPENDITURES										
e	PRE-1936 BUILDINGS LOCATED IN THE GULF OPPORTUNITY ZONE								3902	
f	PRE-1936 BUILDINGS AFFECTED BY A MIDWESTERN DISASTER								9735	
g	OTHER PRE-1936 BUILDINGS								2864	
	1041 ONLY	FIDUCIARY PORTION							● ●	7907
		BENEFICIARY PORTION							● ●	7908
h	CERTIFIED HISTORIC STRUCTURES LOCATED IN THE GULF OPPORTUNITY ZONE								3903	
i	CERTIFIED HISTORIC STRUCTURES AFFECTED BY A MIDWESTERN DISASTER								9736	
j	OTHER CERTIFIED HISTORIC STRUCTURES								2865	
	1041 ONLY	FIDUCIARY PORTION							● ●	7909
		BENEFICIARY PORTION							● ●	7910
FOR PROPERTIES ON LINES 10h, 10i, OR 10j, COMPLETE LINES 10k AND 10l										
ENTER PROJECT # OR PASS-THROUGH EIN BUT NOT BOTH:										
k	PASS-THROUGH EIN							0507	-	
	NPS PROJECT NUMBER							0136	[18]	
l	DATE NPS APPROVED REQUEST FOR CERTIFICATION OF COMPLETED WORK							0321	- -	
	EXPLANATION OF PENDING APPROVAL									
										[60]
										[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN										
m	REHABILITATION CREDIT FROM ELECTING LARGE PARTNERSHIP (FORM 1065-B, Sch K-1, Box 9)								2323	

PART III - REHABILITATION CREDIT AND ENERGY CREDIT (CONTINUED)																																									
ENERGY CREDIT																																									
a	BASIS OF PROPERTY USING GEOTHERMAL ENERGY OR SOLAR ENERGY (ACQUIRED BEFORE 01/01/06, AND THE BASIS ATTRIBUTED TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER BEFORE 01/01/2006) PLACED IN SERVICE DURING THE TAX YEAR								3809																																
	1041 ONLY	FIDUCIARY PORTION							●●	7911																															
		BENEFICIARY PORTION							●●	7912																															
b	BASIS OF PROPERTY USING SOLAR ILLUMINATION OR SOLAR ENERGY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2005, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2005								3810																																
	1041 ONLY	FIDUCIARY PORTION							●●	7913																															
		BENEFICIARY PORTION							●●	7914																															
QUALIFIED FUEL CELL PROPERTY																																									
c	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2005, AND BEFORE 10/04/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2005, AND BEFORE 10/04/2008								3811																																
d	APPLICABLE KILOWATT CAPACITY OF PROPERTY ON LINE 11c								3812																																
f	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008								3813																																
g	APPLICABLE KILOWATT CAPACITY OF PROPERTY ON LINE 11f								3814																																
QUALIFIED MICROTURBINE PROPERTY																																									
i	BASIS OF PERPTY PLACE INSERVICE DUING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2005, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2005								9726																																
j	KILOWATT CAPACITY OF PROPERTY ON LINE 11i								9727																																
12	COMBINED HEAT AND POWER SYSTEM PROPERTY. CAUTION: CREDIT CANNOT BE CLAIMED IF ELECTRICAL CAPACITY IS MORE THAN 50 MEGAWATTS OR 67,000 HORSEPOWER.																																								
l	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008								9730																																
m	ELECTRICAL CAPACITY (ENTER EITHER MEGAWATTS OR HORSEPOWER)							MEGAWATTS	9731																																
								HORSEPOWER	9732																																
QUALIFIED SMALL WIND ENERGY PROPERTY																																									
o	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND BEFORE 01/01/2009, AND THE BASIS ATTRIBUTABLE TO THE CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008, AND BEFORE 01/01/2009								9733																																
q	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 12/31/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 12/31/2008								9734																																
GEOTHERMAL HEAT PUMP SYSTEMS																																									
r	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR THAT WAS ACQUIRED AFTER 10/03/2008, AND THE BASIS ATTRIBUTABLE TO CONSTRUCTION, RECONSTRUCTION, OR ERECTION BY THE TAXPAYER AFTER 10/03/2008								9801																																
QUALIFIED INVESTMENT CREDIT FACILITY PROPERTY																																									
s	BASIS OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR								9802																																
1040 / 1041 ONLY - FORM 6478 PASSIVE CREDIT FOR FORM 8582CR																																									
<table border="1" style="width:100%"><tr><th>ACTIVITY NAME</th><th>[33]</th><th>T/S</th><th>WK #</th><th>CURRENT CREDIT</th><th>PRIOR YEAR CR</th><th></th></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td><td rowspan="4"></td></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr></table>										ACTIVITY NAME	[33]	T/S	WK #	CURRENT CREDIT	PRIOR YEAR CR																										
ACTIVITY NAME	[33]	T/S	WK #	CURRENT CREDIT	PRIOR YEAR CR																																				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN																																									
13	APPLICABLE UNUSED INVERSTMENT CREDIT FROM COOPERATIVES								9748																																
15	PASSIVE ACTIVITY CREDITS INCLUDED ON LINE 13								9749																																
17	PASSIVE ACTIVITY CREDIT ALLOWED FOR 2009								●● 9750																																
18	CARRYFORWARD OF REHAB CREDIT THAT ORIGINATED AFTER 2007 AND ENERGY CREDIT THAT ORIGINATED IN A TAX YR THAT BEGAN AFTER 10/03/2008								9737																																
19	CARRYBACK OF REHABILITATION AND ENERGY CREDITS FROM 2009								9751																																

28	UNIVERSAL DATA SHEET (TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	NAME	2010
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4972	LUMP-SUM DISTRIBUTIONS	
	TAXPAYER	SPOUSE
3	DISTRIBUTION PAID AS A BENEFICIARY OF PLAN PARTICIPANT WHO WAS BORN BEFORE 01-02-1936	1228 <input type="checkbox"/> YES 1276 <input type="checkbox"/> YES
4	TAXPAYER WAS: a) PLAN PARTICIPANT WHO RECEIVED DISTRIBUTION, b) WAS BORN BEFORE 01-02-36, AND c) HAS BEEN IN PLAN AT LEAST 5 YRS BEFORE DISTRIBUTION	1223 <input type="checkbox"/> YES 1275 <input type="checkbox"/> YES
	USE PART II - CAPITAL GAIN ELECTION (DO NOT OPTIMIZE)	1323 <input type="checkbox"/> YES 1280 <input type="checkbox"/> YES
	DIVIDE DEDUCTIONS BETWEEN CAP GAINS & ORDINARY INCOME	1283 <input type="checkbox"/> YES 1284 <input type="checkbox"/> YES
6	CAPITAL GAIN PORTION FROM FORM 1099-R, BOX 3 ●●	2239 <input type="checkbox"/> YES 2613 <input type="checkbox"/> YES
8	ORDINARY INCOME FROM FORM 1099-R, BOX 2a +	2523 <input type="checkbox"/> YES 2612 <input type="checkbox"/> YES
9	DEATH BENEFIT EXCLUSION FOR BENEFICIARY OF PARTICIPANT WHO DIED BEFORE 08-21-1996	2549 <input type="checkbox"/> YES 2615 <input type="checkbox"/> YES
11	CURRENT ACTUARIAL VALUE OF ANNUITY (FORM 1099-R, BOX 8)	2524 <input type="checkbox"/> YES 2614 <input type="checkbox"/> YES
18	FEDERAL ESTATE TAX ATTRIBUTABLE TO LUMP-SUM DISTRIBUTION	2512 <input type="checkbox"/> YES 2616 <input type="checkbox"/> YES

2439	NOTICE TO SHAREHOLDER OF UNDISTRIB LT CAP GAIN
1040 ONLY: SPOUSE'S FORM 2439 (DEFAULT = TP)	0451 <input type="checkbox"/> YES
VOID FORM 2439	0452 <input type="checkbox"/> YES
CORRECTED FORM 2439	0453 <input type="checkbox"/> YES
RIC / REIT IDENTIFICATION NUMBER	0454 [11]
RIC / REIT	NAME 0455 [35] NAME 0456 [35] ADDRESS 0457 [35] ZIP CODE 0458 [12] CITY 0459 [22] ST 0460
1	TOTAL UNDISTRIBUTED LONG TERM CAPITAL GAIN 7887 7888
	UNRECAPTURED SECTION 1250 GAIN 7889 7890
	SECTION 1202 GAIN 7891 7892
	COLLECTIBLES (28%) GAIN 7893 7894
2	TAX PAID BY REGULATED INVESTMENT COMPANY 7895

8903	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION
TWO-LETTER STATE CODE	0503
USING SMALL BUSINESS SIMPLIFIED OVERALL METHOD	1420 <input type="checkbox"/> YES
1	DOMESTIC PRODUCTION GROSS RECEIPTS (DPGR) 3780
2	ALLOCABLE COST OF GOODS SOLD 3781
3	DEDNS / LOSSES ALLOCABLE TO DPGR 3782
4	COST OF GOODS SOLD & OTHER DEDUCTIONS/LOSSES RATABLY APPORTIONED TO DPGR (SB SIMPLIFIED METHOD) 3783
7	QUALIFIED PRODUCTION ACTIVITY INCOME ESTATES, TRUST, CERTAIN PARTNERSHIPS, AND S CORPS + 3784
9	AMOUNT ALLOC TO BENEFICIARIES OF ESTATE/TRUST ●● 9718
11	INCOME LIMITATION (NOT FOR 1040) ☺ 3672
16	FORM W-2 WAGES (SEE INSTRUCTIONS FOR CALCULATION METHODS) 3871
17	FORM W-2 WAGES FROM ESTATE, TRUSTS, AND CERTAIN PARTNERSHIPS AND S CORPORATIONS + 3785
19	AMOUNT ALLOC TO BENEFICIARIES OF ESTATE/TRUST ●● 9719
23	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION FROM COOPERATIVES (FORM 1099-PATR, BOX 6) 3786
24	EXPANDED AFFILIATED GROUP ALLOCATION 3787

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8609-A	ANNUAL STATEMENT LOW-INC HOUSING CR
	PART I - COMPLIANCE INFORMATION
Multiple	DATE BUILDING PLACED IN SERVICE 0519 - -
	A BUILDING IDENTIFICATION NUMBER 8095 [9]
B	THIS FORM 8609-A IS FOR: A NEWLY CONSTRUCTED OR EXISTING BUILDING 1427 <input type="checkbox"/> SECTION 42(e) REHABILITATION EXPENDITURES 1428 <input type="checkbox"/>
C	ORIGINAL FORM 8609 MAINTAINED IN TAXPAYER'S RECORDS? 8452 <input type="checkbox"/> NO
D	BUILDING QUALIFIES AS PART OF QUALIFIED LOW-INCOME HOUSING PROJECT AND MEETS SEC 42 REQUIREMENTS 8453 <input type="checkbox"/> YES
E	WAS THERE A DECREASE IN QUALIFIED BASIS OF BUILDING THIS TAX YEAR? 8454 <input type="checkbox"/> YES ENTIRE CREDIT WAS CLAIMED IN PRIOR TAX YEARS 8634 <input type="checkbox"/> YES
	PART II - COMPUTATION OF CREDIT
1	ELIGIBLE BASIS OF BUILDING FROM FORM 8609, PART II, LINE 7b ☺ 7191
2	LOW-INCOME PERCENTAGE 8096 %
3	QUALIFIED BASIS OF LOW-INCOME BUILDING IS -0- 8011 <input type="checkbox"/> YES
4	NO. OF MONTHS OWNED IF LESS THAN 12 MONTHS 7192
5	CREDIT PERCENTAGE FROM FORM 8609, PART I, LINE 2 8097 %
7	ORIGINAL QUALIFIED BASIS OF BUILDING AT CLOSE OF FIRST YEAR FROM FORM 8609, PART II, LINE 8a 7193
	QUALIFIED BASIS OF BUILDING FROM PREVIOUS YEARS' SCHEDULE A, LINE 3 7194
11	AMOUNT FROM PREVIOUS YEARS' SCHEDULE A, LINE 1 7195 AMOUNT FROM PREVIOUS YEARS' SCHEDULE A, LINE 2 (PCT) 8110 % MODIFIED PERCENTAGE 8098 %
14	TOTAL OF ALL FEDERAL GRANTS FOR THIS BUILDING 7197
15	AMOUNT ON FORM 8609, PART I, LINE 1b 7198
16	PERCENT OF INTEREST IN THIS BUILDING IF LESS THAN 100% 8099 % PROPORTIONATE SHARE OF CREDIT ●● 7199
17	PRO RATA REDUCTION FOR INCREASED CREDIT IN PRIOR YEAR 7359

8948	EXPLANATION FOR NOT FILING ELECTRONICALLY
	CHECK APPLICABLE BOX TO INDICATE REASON RETURN IS NOT BEING FILED ELECTRONICALLY
1	TP (BOTH IF MFJ) CHOSE TO FILE THIS RETURN ON PAPER. TP, NOT PREPARER, WILL SEND PAPER RETURN TO IRS. 4201 <input type="checkbox"/> YES PRINT A SIGNED STATEMENT FOR PREPARER'S RECORDS, INDICATING TP'S CHOICE TO PAPER FILE THE RETURN. TO REPLACE WITH OWN WORDING, ENTER STATEMENT BELOW 1603 <input type="checkbox"/> YES STATEMENT FOR TAXPAYER'S CHOICE TO PAPER FILE RETURN
2	PREPARER RECEIVED WAIVER FROM REQUIREMENT TO ELECTRONICALLY FILE TAX RETURN. 4202 <input type="checkbox"/> YES WAIVER REFERENCE NUMBER 4203 [25] APPROVAL LETTER DATE 4204
3	PREPARER IS MEMBER OF RECOGNIZED RELIGIOUS GROUP CONSCIENTIOUSLY OPPOSED TO FILING ELECTRONICALLY 4205 <input type="checkbox"/> YES
4	RETURN WAS REJECTED BY IRS E-FILE AND REJECT CONDITION COULD NOT BE RESOLVED 4206 <input type="checkbox"/> YES REJECT CODE 4207 [25] NUMBER OF ATTEMPTS TO RESOLVE REJECT 4208
5	PREPARER'S E-FILE SOFTWARE PACKAGE DOES NOT SUPPORT FORM OR SCHEDULE ATTACHED TO RETURN 4209 <input type="checkbox"/> YES FORM 4210 SCHEDULE 4211
	CHECK APPLICABLE BOX AND PROVIDE ADDITIONAL INFORMATION IF REQUESTED:
a	PREPARER IS INELIGIBLE TO E-FILE BECAUSE IRS E-FILE DOES NOT ACCEPT FOREIGN PREPARERS WITHOUT SOC SEC NUMBERS WHO LIVE AND WORK ABROAD. 4212 <input type="checkbox"/> YES
b	PREPARER INELIGIBLE TO PARTICIPATE IN IRS E-FILE DUE TO AN IRS SANCTION. 4213 <input type="checkbox"/> YES
c	OTHER. DESCRIBE CIRCUMSTANCES BELOW 4214 <input type="checkbox"/> YES

29	UNIVERSAL DATA SHEET <small>(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)</small>	NAME	2010
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6198		AT-RISK LIMITATIONS	
Multiple	DESCRIPTION OF ACTIVITY	0285	[25]
PART I - CURRENT YEAR PROFIT (LOSS) FROM ACTIVITY			
1	ORDINARY INCOME (LOSS) FROM ACTIVITY THIS YEAR	2462	
GAIN (LOSS) FRO SALE BEING REPORTED ON:			
2	a SCHEDULE D	2463	
	b FORM 4797	2464	
	c OTHER FORM OR SCHEDULE	2465	
3	OTHER INCOME AND GAINS FROM SCHEDULES K-1 NOT INCLUDED ABOVE	2466	
4	OTHER DEDUCTIONS AND LOSSES (INCLUDING INVESTMENT INTEREST EXPENSE ALLOWED)	2467	
PART II - SIMPLIFIED COMPUTATION			
6	ADJUSTED BASIS IN ACTIVITY ON FIRST DAY OF TAX YEAR	2468	
7	INCREASES FOR THE TAX YEAR	2469	
9	DECREASES FOR THE TAX YEAR	2470	
PART III - DETAILED COMPUTATION			
11	INVESTMENT IN ACTIVITY AT EFFECTIVE DATE	2471	
12	INCREASES AT EFFECTIVE DATE	2801	
14	DECREASES AT EFFECTIVE DATE	2802	
AMOUNT AT RISK:			
15	a AT EFFECTIVE DATE	1305	<input type="checkbox"/> YES
	b FROM 2009 FORM 6198, LINE 19b	1306	<input type="checkbox"/> YES
		AMOUNT (AUTOMATIC IF AT EFFECTIVE DATE)	2803
INCREASES SINCE:			
16	a EFFECTIVE DATE	1307	<input type="checkbox"/> YES
	b AT END OF 2009 TAX YEAR	1308	<input type="checkbox"/> YES
		AMOUNT	2804
DECREASES SINCE:			
18	a EFFECTIVE DATE	1309	<input type="checkbox"/> YES
	b AT END OF 2009 TAX YEAR	1310	<input type="checkbox"/> YES
		AMOUNT	2805

8611		RECAPTURE OF LOW-INCOME HOUSING CREDIT	
MULTIPLE	C	BUILDING ADDRESS	STREET ADDRESS 0021 [35] ZIP CODE 0027 [35]
D		BUILDING ID NUMBER (BIN)	0038 -
E		DATE PLACED IN SERVICE	0100 - -
F	(1)	ISSUER'S NAME (IF FINANCED WITH TAX-EXEMPT BONDS): 4489 [50]	
	(2)	DATE OF ISSUE	4490 - -
	(3)	NAME OF ISSUE	4491 [50]
	(4)	CUSIP NUMBER	4492 [9]
IF RECAPTURE IS PASSED THROUGH FROM A FLOW-THROUGH ENTITY (PTSHF, S-CORP, ESTATE OR TRUST), SKIP LINES 1 THROUGH 7 AND GO TO LINE 8.			
1		TOTAL PRIOR YR CREDITS FROM FORM 8586 FOR BUILDING	2912
2		CREDITS ATTRIB TO ADDITIONS TO QUALIFIED BASIS	2913
4		CREDIT RECAPTURE PERCENTAGE: 1 - YRS 2-11 = .333 3 - YR 13 = .200 5 - YR 15 = .067 2 - YR 12 = .267 4 - YR 14 = .133	0278
6		PERCENTAGE DECREASE IN QUALIFIED BASIS	0137 [2]
7		FLOW-THROUGH ENTITY EXCEPT ELECTING LARGE PARTNERSHIP OR SECTION 42(j)(5) PARTNERSHIP	8284 <input type="checkbox"/> YES
8		SECTION 42(j)(5) PARTNERSHIP	8283 <input type="checkbox"/> YES
9		RECAPTURE AMOUNT FROM FLOW-THRU ENTITIES	2915
9		UNUSED CREDIT ATTRIBUTABLE TO THIS BUILDING	2916
10		UNUSED CR ATTRIBUTABLE TO ADDITIONS TO QUAL BASIS	2927
10		NET RECAPTURE (LINE 7 OR 8 LESS LINE 9)	
11		INTEREST ON NET RECAPTURE AMOUNT (LINE 10)	2481
SECTION 42(j)(5) PARTNERSHIPS ONLY			
16		INTEREST ON RECAPTURE AMOUNT - FLOW-THRU ENTITIES	2427

8801		CREDIT FOR PRIOR YEAR MINIMUM TAX	
*** FOR USE WITH 1040 AND 1041 ***			
FORCE PRINTING OF FORM 8801		1194	<input type="checkbox"/> YES
1040 ONLY - FILED FORM 2555 OR 2555-EZ IN PRIOR YEAR		1430	<input type="checkbox"/> YES
PART I - NET MINIMUM TAX ON EXCLUSION ITEMS			
1	TAXABLE INCOME FROM PY FORM 6251, LINES 1, 6, 7, AND 11	2737	
2	ADJUSTMENTS AND PREFERENCE ITEMS TREATED AS EXCLUSION ITEMS	2738	
3	FORM 1040 MINIMUM TAX CREDIT NOL DEDUCTION	2988	
5	2008 FILING STATUS, IF DIFFERENT (1 - 2 - 3 - 4 - 5)	3254	
9	AMOUNT FOR CHILD UNDER 24	9126	
10	PRIOR YEAR 1040NR ONLY - NET GAIN ON DISPOSITION OF U.S. REAL PROPERTY INTERESTS	3420	
11	1040 ONLY- PY FORM 2555, LINES 45 AND 50, OR PY FORM 2555-EZ, LINE 18	3419	
12	MINIMUM TAX FOREIGN TAX CREDIT ON EXCLUSION ITEMS	2741	
14	AMOUNT FROM PRIOR YEAR FORM 6251, LINE 35, OR PRIOR YEAR FORM 1041, SCHEDULE I, LINE 55	2742	
PART II - MINIMUM TAX CREDIT AND CARRYFORWARD TO 2010			
16	AMOUNT FROM PRIOR YEAR FORM 6251, LINE 36, OR PRIOR YEAR FORM 1041, SCHEDULE I, LINE 56	2795	
19	PRIOR YEAR MINIMUM TAX CREDIT CARRYFORWARD	2619	
20	PRIOR YEAR UNALLOWED QUAL ELECTRIC VEHICLE CREDIT	2796	
26	1040 ONLY - THERE WAS MIN TAX OR CARRYFORWARD FROM 2007 TO 2008	8470	<input type="checkbox"/> YES
PT III - LINE 11 COMPUTATION USING MAX CAPITAL GAIN RATES			
IF QUALIFIED DIVIDENDS / CAPITAL GAIN TAX WORKSHEET, SCHEDULE D TAX WKSHT OR PART V OF SCHEDULE D (FORM 1041) WAS NOT COMPLETED IN PRIOR YEAR SEE F-1 HELP BEFORE COMPLETING THIS SECTION.			
PY TAX WAS FIGURED USING SCH D TAX WKSHT (1040 ONLY)		1439	<input type="checkbox"/> YES
30	AMOUNT FROM: PY QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET, LINE 6 OR PY SCHEDULE D TAX WORKSHEET, LINE 13 OR PY SCHEDULE D (FORM 1041), LINE 22	2756	
31	AMOUNT FROM: PY SCHEDULE D (FORM 1040), LINE 19 OR PY SCHEDULE D (FORM 1041), LINE 14b, COLUMN (2)	2760	
32	IF PY SCHEDULE D TAX WORKSHEET WAS COMPLETED, AMOUNT FROM LINE 10 OF THAT WORKSHEET	2762	
37	AMOUNT FROM: PY QUALIFIED DIVIDENDS AND CAPITAL GAIN TAX WORKSHEET, LINE 7 OR PY SCHEDULE D TAX WORKSHEET, LINE 14 OR PY SCHEDULE D (FORM 1041), LINE 23	2295	
PART IV - TENTATIVE REFUNDABLE CREDIT			
49	2008 FM 8801, LINES 18 & 20 (IF ZERO OR LESS LEAVE BLANK)	7939	
50	2009 FM 8801, LINES 18 & 20 (IF ZERO OR LESS LEAVE BLANK)	7940	
55	2009 FM 8801, LINE 59	7941	

30	FORM 4684 DATA SHEET (TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	NAME	2010
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46841 CASUALTY AND THEFT OF PERSONAL PROPERTY - PAGE 1												
IMPORTANT	GROUP CASUALTY #1 IS ATTRIBUTABLE TO LOSS IN A FEDERALLY DECLARED DISASTER AREA THAT OCCURRED AFTER 2007 AND BEFORE 2010			1526	<input type="checkbox"/> YES	GROUP			DESCRIPTION FOR CASUALTIES AND THEFTS			STATE
1	DESCRIPTION / LOCATION [30]	T / S	DATE ACQUIRED	CASUALTY & THEFT GROUP NUMBER	COST OR BASIS	INSURANCE OR OTHER REIMBURSEMENT	FAIR MARKET VALUE BEFORE	FAIR MARKET VALUE AFTER	HELD UNDER 1 YR	28% RATE PROPERTY		
			- -						<input type="checkbox"/>	<input type="checkbox"/>		
			- -						<input type="checkbox"/>	<input type="checkbox"/>		
			- -						<input type="checkbox"/>	<input type="checkbox"/>		
			- -						<input type="checkbox"/>	<input type="checkbox"/>		
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN												

46842 CASUALTY AND THEFT OF BUSINESS & INCOME-PRODUCING PROPERTY - PAGE 2											
GROUP		DESCRIPTION FOR CASUALTIES AND THEFTS									STATE
22	DESCRIPTION / LOCATION [30]	T / S	DATE ACQUIRED	CASUALTY & THEFT GROUP NUMBER	COST OR BASIS	INSURANCE OR OTHER REIMBURSEMENT	FAIR MKT VALUE BEFORE	FAIR MKT VALUE AFTER	HELD UNDER 1 YR	28% RATE PROP	INCOME PRODUCING PROPERTY (1 = Income, 2 = Empl Prop)
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
			- -						<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN											

37	CASUALTY OR THEFT GAINS FROM FORM 4797, LINE 32										3441	
REV. PROC. 2009-20 THEFT LOSS DEDUCTION												
OWNERSHIP CODE -1040 ONLY (T=TAXPAYER S=SPOUSE J=JOINT)				4373	TWO-LETTER STATE CODE				0529			
QUALIFY FOR REV. PROC. 2009-20 THEFT LOSS DEDUCTION FROM FRAUDULENT ARRANGEMENT										<input checked="" type="checkbox"/> 1541	<input type="checkbox"/> YES	
INSTRUCTIONS: ENTER THE INFORMATION REQUESTED BELOW. NOTE: IF TAXPAYER IS CLAIMING A REV. PROC. 2009-20 THEFT LOSS DEDUCTION, IT WILL BE ASSIGNED GROUP #1. IF TAXPAYER HAS OTHER CASUALTIES NOT RELATED TO REV. PROC. 2009-20, ASSIGN THEM A GROUP NUMBER OTHER THAN GROUP 1.												
THEFT LOSS TERM		1= LONG TERM		2=SHORT TERM		4343						
PART II - COMPUTATION OF DEDUCTION												
1	INITIAL INVESTMENT										9806	
2	SUBSEQUENT INVESTMENTS										9807	
3	INCOME REPORTED IN PRIOR YEARS										9808	
4	WITHDRAWALS										9809	
6	PERCENTAGE OF QUALIFIED INVESTMENT 1=95% OF LINE 5 WITH NO 3rd-PARTY RECOVERY 2=75% OF LINE 5 WITH POTENTIAL 3rd-PARTY RECOVERY										4374	
7	ACTUAL RECOVERY										9810	
8	POTENTIAL INSURANCE / SIPC RECOVERY										9811	
PART III - REQUIRED STATEMENTS AND DECLARATIONS												
1	TAXPAYER CLAIMING REV. PROC. 2009-20 THEFT LOSS DEDUCTION FROM A SPECIFIED FRAUDULENT ARRANGEMENT										<input checked="" type="checkbox"/> 1542	<input type="checkbox"/> YES
1	FRAUDULENT ARRANGEMENT CONDUCTED BY:		NAME							4375		
			STREET ADDRESS							4377		
			ZIP	4379	CITY	4380	[18]	STATE	4381			
			TAXPAYER SSN		4376 - -		TAXPAYER EIN		4399 -			
2	TAXPAYER HAS WRITTEN DOCUMENTATION TO SUPPORT AMOUNTS REPORTED IN PART II										<input checked="" type="checkbox"/> 1543	<input type="checkbox"/> YES
3	TAXPAYER IS A QUALIFIED INVESTOR AS DEFINED IN SECTION 4.03 OF REV. PROC. 2009-20										<input checked="" type="checkbox"/> 1544	<input type="checkbox"/> YES
4	TAXPAYER DOES NOT INTEND TO PURSUE ANY POTENTIAL THIRD-PARTY RECOVERY										<input checked="" type="checkbox"/> 1545	<input type="checkbox"/> YES
5	TAXPAYER AGREES TO ALL ADJUSTMENTS NECESSARY TO COMPLY WITH REV. PROC. 2009-20 OF RETURN(S) HAVE ALREADY BEEN FILED THAT DO NOT SATISFY THE CONDITIONS IN REV. PROC. 2009-20										<input checked="" type="checkbox"/> 1546	<input type="checkbox"/> YES
	ENTER TAX YEARS AND DATES FOR WHICH RETURNS WERE FILED:						TAX YEAR		DATE RETURN FILED			
							4382	4383	-	-		
							4384	4385	-	-		
							4386	4387	-	-		
						4388	4389	-	-			

31	INSTALLMENT SALE INCOME (TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)	LAST NAME	Multiple	2010
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DESCRIPTION ☺ 0095 [45]	
1	1040 ONLY: OWNERSHIP CODE [T] = Taxpayer [S] = Spouse [J] = Joint (Default) 0216
	1040 ONLY: TWO-LETTER STATE CODE 0217
2	a DATE ACQUIRED ☺ 0096 - -
	b DATE SOLD ☺ 0097 - -
3	PROPERTY WAS SOLD TO RELATED PARTY AFTER 05-14-1980 8424 <input type="checkbox"/> YES
4	PROPERTY SOLD TO RELATED PARTY WAS A MARKETABLE SECURITY 8425 <input type="checkbox"/> YES
CARRY TO FORM 4797 (SCHEDULE D IS AUTOMATIC) 1164 <input type="checkbox"/> YES	
SHORT TERM GAIN 1165 <input type="checkbox"/> YES	

PART I - GROSS PROFIT AND CONTRACT PRICE (YEAR OF SALE ONLY)			
	FEDERAL	AMT MIN IF DIFFERENT	STATE IF DIFFERENT
5	SELLING PRICE 2883		
6	MORTGAGES, DEBTS, AND OTHER LIABILITIES PURCHASER ASSUMES 2884		
8	COST OR OTHER BASIS OF PROPERTY SOLD 2885	3860	2621
9	DEPRECIATION ALLOWED OR ALLOWABLE 2886	3861	2624
11	COMMISSIONS AND OTHER EXPENSES OF SALE 2887		
12	INCOME RECAPTURE FROM FORM 4797, LINE 31 2533	3862	
	INCOME RECAPTURE FROM CA SCHEDULE D-1, PART III		2625
15	IF MAIN HOME, AMOUNT OF EXCLUDED GAIN 2659	3863	2626

PART II - INSTALLMENT SALE INCOME			
	FEDERAL	AMT MIN IF DIFFERENT	STATE IF DIFFERENT
19	GROSS PROFIT PERCENTAGE (AFTER YEAR OF SALE) 0043	8545	0174
21	PAYMENTS RECEIVED DURING YEAR (NOT 28%) (NO INTEREST PAYMENTS) 2889		
	PAYMENTS RECEIVED THAT QUALIFY FOR 28% RATE (Not applicable for 1120) 2902	3864	
	CURRENT YEAR INTEREST PAYMENTS RECEIVED 3446		
23	PAYMENTS RECEIVED IN PRIOR YEARS 2890		
	PRIOR YEAR INTEREST PAYMENTS RECEIVED 3447		
25	PORTION THAT IS TAXABLE AS ORDINARY INCOME 2891	3865	2628
26	TOTAL UNRECAPTURED SECTION 1250 GAIN 7664	3866	

PART III - RELATED PARTY INSTALLMENT SALE INCOME			
(DO NOT COMPLETE IF FINAL PAYMENT IS RECEIVED THIS YEAR)			

27	RELATED PARTY:		
	NAME ☺ 8394 [25]		
	SOCIAL SECURITY NUMBER 8395 - - FEDERAL EIN 8400 -		
	STREET ADDRESS 8396 [35]		
	ZIP CODE 8397 [35]		
28	DID RELATED PARTY RESELL OR DISPOSE OF PROPERTY DURING TAX YEAR?	8169	<input type="checkbox"/> YES
29	IF LINE 28 IS YES, COMPLETE LINES 30 - 36 UNLESS ONE OF THE FOLLOWING APPLY:		
	a SECOND DISPOSITION MORE THAN 2 YEARS AFTER FIRST DISPOSITION 8170 <input type="checkbox"/> YES		
	DATE OF DISPOSITION 8398 - -		
	b FIRST DISPOSITION WAS SALE OR EXCHANGE OF STOCK TO ISSUING CORPORATION 8195 <input type="checkbox"/> YES		
	c SECOND DISPOSITION WAS INVOLUNTARY CONVERSION AND THREAT OF CONVERSION OCCURRED AFTER FIRST DISPOSITION 8299 <input type="checkbox"/> YES		
	d SECOND DISPOSITION OCCURRED AFTER DEATH OF ORIGINAL SELLER OR BUYER 8388 <input type="checkbox"/> YES		
	IT CAN BE ESTABLISHED TO SATISFACTION OF IRS THAT TAX AVOIDANCE WAS NOT A PRINCIPAL PURPOSE FOR EITHER OF THE DISPOSITIONS 8389 <input type="checkbox"/> YES		
	EXPLAIN: [70]		
	[70]		
	[70]		

ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			
	FEDERAL	AMT MIN IF DIFFERENT	STATE IF DIFFERENT
30	SELLING PRICE OF PROPERTY SOLD BY RELATED PARTY 3633		
31	CONTRACT PRICE FROM LINE 18 FOR YEAR OF FIRST SALE 3634		7896
33	TOTAL PAYMENTS RECEIVED BY END OF 2008 TAX YEAR (NOT 28% RATE) 3635		
	PAYMENTS RECEIVED THAT QUALIFY FOR 28% RATE (NOT FOR 1120) 3637	3867	
36	PORTION OF LINE 35 THAT IS ORDINARY INCOME UNDER RECAPTURE RULES 3636	3868	7897

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32 <small>PAGE 1</small>	FORM 1116 FOREIGN TAX CREDIT	LAST NAME	Multiple	2010
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OWNERSHIP CODE (T / S / J)			0270
SUPPRESS PRINTING OF FORM 1116 AMT			1285 <input type="checkbox"/> YES
ELECT TO USE SIMPLIFIED FOREIGN TAX CREDIT LIMITATION FOR ALTERNATIVE MINIMUM TAX PURPOSES			1125 <input type="checkbox"/> YES
1 - Passive category income 2 - General category income 3 - Section 901 (j) income	4 - Certain income re-sourced treaty 5 - Lump-sum distributions 6 - HTKO (passive category)	7 - HTKO (general category) (See Helps for completing Form 1116 with high taxed income (HTKO)	ENTER NUMBER (1 - 5) 2503

f RESIDENT OF (NAME OF COUNTRY)	0059	[30]
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PART I - TAXABLE INCOME FROM SOURCES OUTSIDE THE UNITED STATES

g	NAME OF FOREIGN COUNTRY OR UNITED STATES POSSESSION	4494	[11]
	INCOME FROM A REGULATED INVESTMENT COMPANY (RIC)	8642	<input type="checkbox"/> YES

1	a	GROSS INCOME FROM WITHIN THE COUNTRY	3250
		GROSS AMT INCOME FROM SOURCES WITHIN THE COUNTRY	●● 7061

FOREIGN QUALIFIED DIVIDENDS AND CAPITAL GAINS (LOSSES) WORKSHEET			
ENTRIES ARE USED TO CALCULATE ADJUSTMENTS FOR FOREIGN QUALIFIED DIVIDENDS, AS WELL AS WORKSHEET A OR WORKSHEET B AMOUNTS THAT CARRY TO FORM 1116, LINES 1a AND 5. WORKSHEETS A AND B CAN ONLY BE USED IF THERE ARE NO MORE THAN TWO CATEGORIES OF FOREIGN SOURCE CAPITAL GAINS OR LOSSES. IF THERE ARE MORE THAN TWO, MANUAL CALCULATIONS ARE REQUIRED AND THE RESULTS ARE ENTERED IN THE OVERRIDE FIELDS BELOW.			

1	a	FOREIGN SOURCE QUALIFIED DIVIDENDS	7100	FOREIGN SOURCE LONG-TERM CAPITAL GAINS AND LOSSES (IF NEGATIVE, ENTER AS NEGATIVE)	7096
		FOREIGN SOURCE CAPITAL GAIN DISTRIBUTIONS	7102	FOREIGN SOURCE CAPITAL GAINS ADJUSTMENT FOR FORM 1116, LINE 1a	●● 7097
		FOREIGN SOURCE QUALIFIED DIVIDENDS INCLUDED ON FORM 4952, LINE 4g	7099	FOREIGN SOURCE QUALIFIED DIVIDENDS ADJUSTMENT FOR FORM 1116, LINE 1a	●● 7098
		FOREIGN CAPITAL GAINS INCLUDED ON FM 4952, LINE 4g	7094	FOREIGN SOURCE CAPITAL LOSS ADJUSTMENT FOR FORM 1116, LINE 5	●● 7101
		FOREIGN SOURCE SHORT-TERM CAPITAL GAINS AND LOSSES (IF NEGATIVE, ENTER AS NEGATIVE)	7095		

1	b	TYPE OF INCOME	0127	[30]
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1	b	LINE 1a IS COMPENSATION FOR PERSONAL SERVICES AS EMPLOYEE, TOTAL COMPENSATION FROM ALL SOURCES IS \$250,000 OR MORE, AND AN ALTERNATIVE METHOD WAS USED TO DETERMINE ITS SOURCE.	1474	<input type="checkbox"/> YES
---	---	--	------	------------------------------

1	b	ALTERNATIVE METHOD TO SOURCE COMPENSATION EXPLANATION
---	---	--

1	b		[60]
			[60]
			[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

2	a	EXPENSES DEFINITELY RELATED TO LINE 1a INCOME	3251
---	---	---	------

2	a	ALLOCABLE EXPENSES EXPLANATION	
			[60]
			[60]
			[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

2	a	AMT EXPENSES DEFINITELY RELATED LINE 1a INCOME	●● 7062
---	---	--	---------

3	a	PRO RATA SHARE OF OTHER DEDUCTIONS NOT DEFINITELY RELATED:
---	---	--

3	a	ITEMIZED OR STANDARD DEDUCTION	●● 3252
		AMT ITEMIZED OR STANDARD DEDUCTION	●● 7063
		OTHER DEDUCTIONS	3253

3	b	EXPLAIN OTHER DEDUCTIONS
---	---	---------------------------------

3	b		[60]
			[60]
			[60]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN			

3	d	AMT OTHER DEDUCTIONS	●● 7064
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3	d	GROSS FOREIGN SOURCE INCOME	●● 3418
---	---	-----------------------------	---------

3	d	AMT GROSS FOREIGN SOURCE INCOME	●● 7065
---	---	---------------------------------	---------

3	e	GROSS INCOME FROM ALL SOURCES	●● 3255
---	---	-------------------------------	---------

3	e	AMT GROSS INCOME FROM ALL SOURCES	●● 7066
---	---	-----------------------------------	---------

4	a	PRO RATA SHARE OF INTEREST EXPENSE:
---	---	-------------------------------------

4	a	HOME MORTGAGE INTEREST	●● 3298
---	---	------------------------	---------

4	a	AMT HOME MORTGAGE INTEREST	●● 7067
---	---	----------------------------	---------

4	b	OTHER INTEREST EXPENSE	3256
---	---	------------------------	------

4	b	AMT OTHER INTEREST EXPENSE	●● 7068
---	---	----------------------------	---------

5	a	LOSSES FROM FOREIGN SOURCES	3257
---	---	-----------------------------	------

5	a	AMT LOSSES FROM FOREIGN SOURCES	●● 7069
---	---	---------------------------------	---------

6	a	FOREIGN QUALIFIED DIVIDENDS AND CAPITAL GAINS (LOSSES) (SEE WORKSHEET FOR LINE 1a ABOVE)
---	---	--

6	a	TOTAL HTKO DEDUCTIONS	3274
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6	a	TOTAL AMT HTKO DEDUCTIONS	●● 3275
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PART II - FOREIGN TAXES PAID OR ACCRUED					
i	CREDIT IS CLAIMED FOR TAXES: ACCRUED (DEFAULT = PAID)			1171	<input type="checkbox"/> YES
j	DATE PAID OR ACCRUED			0035	- -
IN FOREIGN CURRENCY TAXES WITHHELD AT SOURCE ON:	k	DIVIDENDS			3266
	l	RENTS AND ROYALTIES			3267
	m	INTEREST			3268
	n	OTHER FOREIGN TAXES PAID OR ACCRUED			3269
IN U.S. DOLLARS TAXES WITHHELD AT SOURCE ON:	o	DIVIDENDS			3270
	p	RENTS AND ROYALTIES			3271
	q	INTEREST			3272
	r	OTHER FOREIGN TAXES PAID OR ACCRUED			3273
8	TOTAL FOREIGN ALT MIN TAXES PAID OR ACCRUED FOR COLUMN (s)				7080

PART III - FIGURING THE CREDIT				
CARRYBACK OR CARRYOVER (USE WORKSHEET BELOW)				2654
AMT CARRYOVER OR CARRYBACK				7081
FOREIGN TAX CREDIT CARRYOVER STATEMENT				
NOTE: ENTRIES FOR THE YEARS FROM 2000 TO 2004 OF REGULAR TAX AND ALTERNATIVE MINIMUM TAX ARE FOUND ON THE INPUT SCREENS.				
REGULAR TAX	FOREIGN TAX PAID / ACCRUED	REDUCTION IN FOREIGN TAXES	USED CREDIT	CARRYBACK TO PRIOR YEAR (SEE NOTE ON SCREEN*)
2005	3735	3736	3737	3738
2006	3739	3740	3741	3742
2007	3743	3744	3745	3746
2008	3747	3748	3749	3750
2009	3751	3752	3753	3754
2010				3755
ALT MINIMUM TAX	FOREIGN TAX PAID / ACCRUED	REDUCTION IN FOREIGN TAXES	USED CREDIT	CARRYBACK TO PRIOR YEAR (SEE NOTE ON SCREEN*)
2005	3756	3757	3758	3759
2006	3760	3761	3762	3763
2007	3764	3765	3766	3767
2008	3768	3769	3770	3771
2009	3772	3773	3774	3775
2010				3776
THESE ENTRIES ARE FOR CARRYBACK AMOUNT UTILIZED IN THE CURRENT YEAR (USUALLY FOR AMENDED RETURNS OR IF THE PRIOR YEAR RETURN WAS NOT FILED BEFORE SUBSEQUENT RETURNS). FOR INSTANCE, IF AN AMOUNT IS UTILIZED IN THE 2009 RETURN FROM A 2010 CARRYBACK, ENTER THE APPLICABLE AMOUNT IN THIS SECTION.				
REGULAR TAX			3277	
AMT TAX			3278	
EXPLANATION FOR CARRYBACK BEING UTILITZED IN CURRENT YEAR				
[60]				
[60]				
[60]				

ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
12	REDUCTION IN FOREIGN TAXES (EXPLAIN BELOW)			2655
EXPLANATION FOR REDUCTION IN FOREIGN TAXES				
[60]				
[60]				
[60]				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
ALTERNATIVE MINIMUM TAX REDUCTION IN FOREIGN TAXES				7082
ADJUSTMENTS TO TAXABLE INCOME (LOSS) OUTSIDE U.S.				2653
ALTERNATIVE MINIMUM TAX ADJUSTMENT TO TAXABLE INCOME (LOSS)				7083
EXPLANATION FOR ADJUSTMENTS TO TAXABLE INCOME				
[60]				
[60]				
[60]				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN				
16	AMOUNT FROM FORM 4972, LINES 6 AND 12, THAT ARE FROM FOREIGN SOURCES (OPTION 5 ONLY)			2888
17	AMOUNT FROM FORM 1040, LINE 41 (SEE FEDERAL INSTRUCTIONS FOR WORKSHEET AMOUNT)			3172
ALTERNATIVE MINIMUM TAX WORKSHEET AMOUNT OVERRIDE FOR LINE 17				3173
PART IV - SUMMARY OF CREDITS				
28	REDUCTION OF CREDIT FOR INTERNATIONAL BOYCOTT OPERATIONS			2656
FORM 1041 ONLY PERCENT OF FOREIGN TAXES PASSED THROUGH TO BENEFICIARIES				8111

APPLICABLE FORM OR SCHEDULE							
1 - Sch A (Points) 2 - Form 8829 3 - Schedule C 4 - Schedule E 5 - Schedule F 6 - Reserved 7 - Fm 2106 (Other) 8 - Form 1041 9 - Form 1065	10 - Form 1065 (Sch A) 11 - Form 8825 12 - Form 1120 13 - Form 1120 (Sch A) 14 - Form 1120S 15 - Form 1120S (Sch A) 16 - Form 4835 17 - Do not carry 18 - Other Rental Wksht	19 - Sec 179 Summary 20 - Schedule A Misc 21 - PT Sch K Other Dedns 22 - CS Sch K Other Dedns 23 - Beneficiaries - Non-passive 24 - Beneficiaries - Passive 25 - Form 990 26 - Form 990-PF 27 - Form 990-EZ Line 14	28 - Form 990-EZ Line 16 29 - Form 990-T 30 - Form 990-T Sch A 31 - Form 990-T Sch C 32 - Form 990-T Sch E 33 - Form 990-T Sch I 34 - Form 990-T Sch J 35 - PT K-1 Recv'd Unreimb Exp Wksht	CARRY THIS FORM 4562 TO: Enter Number (1 - 35) 4501	ADDITIONAL SCHEDULE OR FORM NUMBER 4502		
SCHEDULE E AND FORM 8825 DEPRECIATION APPORTIONMENT		PROPERTY A 4552	PROPERTY B 4553	PROPERTY C 4554	PROP D (Fm 8825 ONLY) 4559		
PART I - SECTION 179 EXPENSES							
Do not use this section for automobiles, certain vehicles, computers and property used for entertainment, recreation or amusement. Instead, use Part V, Listed Property section on page 2.							
1	COST OF QUALIFIED ZONE PROPERTY (QUALIFIED BUSINESS ONLY)				4505		
	COST OF QUALIFIED EXTENDED GULF OPPORTUNITY ZONE PROPERTY				7725		
	COST OF QUALIFIED KANSAS RECOVERY ASSISTANCE PROPERTY				7726		
	COST OF QUALIFIED DISASTER ASSISTANCE PROPERTY				7731		
2	TOTAL COST OF SECTION 179 PROPERTY PLACED IN SERVICE				4589		
SECTION 179 PROPERTY							
6	(a) Description of Property [20]	(b) Cost (Business Use Only)	(c) Elected Cost				
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
10	CARRYOVER OF DISALLOWED DEDUCTION FROM PRIOR YEAR				4576		
11	BUSINESS INCOME LIMITATION FOR TAX YEAR (Automatic only if using Asset Manager) (LESSER OF BUSINESS INCOME OR LINE 5)				4512		
13	CARRYOVER OF DISALLOWED DEDUCTION TO 2011 (Automatic only if using Asset Manager)				4577		
PART II - SPECIAL DEPRECIATION ALLOWANCE AND OTHER DEPRECIATION							
14	SPECIAL DEPRECIATION ALLOWANCE FOR QUALIFIED PROPERTY (OTHER THAN LISTED PROPERTY PLACED IN SERVICE DURING THE TAX YEAR)				2137		
15	PROPERTY SUBJECT TO SECTION 168(f)(1) ELECTION EF EXPLANATION				4548		
PROPERTY SUBJECT TO SECTION 168(f)(1) ELECTION EF EXPLANATION [60]							
[60]							
[60]							
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
16	OTHER DEPRECIATION (INCLUDING ACRS)				4549		
PART III - MACRS DEPRECIATION							
SECTION A							
17	GDS AND ADS FOR ASSETS PLACED IN SERVICE IN TAX YEARS BEFORE 2010				4547		
18	ELECTION MADE UNDER SECTION 168(l)(4) TO GROUP ASSETS PLACED IN SERVICE THIS YEAR				1317 <input type="checkbox"/> YES		
SECTION B - ASSETS PLACED IN SERVICE DURING 2010 USING GEN'L DEPRECIATION SYSTEM OR ALT DEPRECIATION SYSTEM							
(a) Classification of Property (See Types Below)	Asset Description [20]	(b) *Date in Service (Only applicable to Res rental, Nonres real property & 40-yr ADS)	(c) Basis for Depr (Busn Use Only. See Instr)	(d) Recovery Period	(e) Convention HY / MM / MQ	(f) Method: 200 DB / 150 DB / DB / SL	(g) Depreciation Deduction
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN							
Property Classification Types:	3 - YEAR PROPERTY 5 - YEAR PROPERTY 7 - YEAR PROPERTY	10 - YEAR PROPERTY 15 - YEAR PROPERTY 20 - YEAR PROPERTY	25 - YEAR PROPERTY RESIDENTIAL RENTAL PROP NONRESIDENTIAL REAL PROP	CLASS LIFE ADS 12 - YEAR ADS 40 - YEAR ADS			
PART IV - SUMMARY							
23	FOR ASSETS PLACED IN SERVICE DURING THE CURRENT YEAR, SECTION 263A COSTS				4550		

33 PAGE 2	FORM 4562 DEPRECIATION AND AMORTIZATION (MAY BE USED WITH SYSTEMS 1040, 1041, 1065, 1120 AND 1120S)	LAST NAME	Multiple	2010
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PART V - LISTED PROPERTY

IF USING THE STANDARD MILEAGE RATE OR DEDUCTING VEHICLE LEASE EXPENSE, COMPLETE COLUMNS (a) THROUGH (c) OF SECTION A, ALL OF SECTION B, AND SECTION C IF APPLICABLE

SECTION A - DEPRECIATION AND OTHER INFORMATION

24	a	BUSINESS USE CLAIMED	1214	<input type="checkbox"/>	NO
	b	IF "YES," EVIDENCE IS WRITTEN	1215	<input type="checkbox"/>	NO
25	SPECIAL DEPRECIATION ALLOWANCE FOR QUALIFIED LISTED PROPERTY PLACED IN SERVICE DURING THE TAX YEAR AND USED MORE THAN 50% IN A QUALIFIED BUSINESS USE				2141

SECTION B - LINE 26 OR 27 AND LINES 30-36 LISTED PROPERTY / VEHICLE INFORMATION

(a) Type of Property (List vehicles first) [12]	(b) Date placed in service	(c) Busn use %	(d) Cost or other basis	(e) Depreciation Basis (busn/investment)	(f) Recovery period	(g) Method	Con-vention	(h) Depreciation deduction	(i) Elected section 179 cost	Business Miles (Ln 30)	Commute Miles (Ln 31)	Prsnl Miles (Ln 32)	Prsnl Use (Ln 34)	5% Owner (Ln 35)	Other Vehicle (Ln 36)
1	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	- -												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN

SECTION C - QUESTIONS FOR EMPLOYERS WHO PROVIDE VEHICLES FOR EMPLOYEES

MEETS ALL QUALIFICATIONS TO PREPARE SECTION C			8184	<input type="checkbox"/>	YES	
37	A WRITTEN POLICY STATEMENT MAINTAINED THAT PROHIBITS ALL PERSONAL USE, INCLUDING COMMUTING			1249	<input type="checkbox"/>	YES
38	A WRITTEN POLICY STATEMENT MAINTAINED THAT PROHIBITS PERSONAL USE OF VEHICLES, EXCEPT COMMUTING			1250	<input type="checkbox"/>	YES
39	TREAT ALL USE OF VEHICLES BY EMPLOYEES AS PERSONAL USE			1251	<input type="checkbox"/>	YES
40	PROVIDE MORE THAN 5 VEHICLES AND RETAIN INFORMATION ON THEM			1252	<input type="checkbox"/>	YES
41	MEET REQUIREMENTS CONCERNING QUALIFIED AUTOMOBILE DEMONSTRATION USE			1253	<input type="checkbox"/>	YES

PART VI - AMORTIZATION

AMORTIZATION OF COSTS DURING CURRENT YEAR

42	(a) Property Description [21]	(b) Date acquired	(c) Amortizable Amount	(d) Code	(e) Amortization period or %	(f) Amortization for this year	
		- -					
		- -					
		- -					

AMORTIZATION OF COSTS THAT BEGAN BEFORE CURRENT TAX YEAR 4551

43	SCHEDULE E AND FORM 8825 APPORTIONMENT	PROPERTY A	PROPERTY B	PROPERTY C	PROPERTY D (Form 8825 ONLY)
	SCHEDULE E / FORM 8825 AMORTIZATION APPORTIONMENT	4555	4556	4557	4599

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SALES OF BUSINESS PROPERTY (LINE 2 OR 10)											
(a) Description of Property <small>[18]</small>	T S J	PT I or II	(b) Date Acquired (MM-DD-YYYY)	(c) Date Sold (MM-DD-YYYY)	(d) Gross Sales Price	(e) Depreciation Allowed (or Allowable)	(f) Cost or Other Basis	AMT Cost or Other Basis (if different)	AMT Depreciation (if different)	State Depreciation (if different)	STATE
1			- -	- -							
2			- -	- -							
3			- -	- -							
4			- -	- -							
5			- -	- -							
6			- -	- -							
7			- -	- -							
8			- -	- -							
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN											
PART I - SALE OR EXCHANGE OF PROPERTY USED IN TRADE OR BUSINESS											
1	GROSS PROCEEDS FROM SALES OR EXCHANGES REPORTED ON FORM(S) 1099-S OR 1099-B INCLUDED ON LINES 2, 10 OR 20									2841	
								GAIN OR (LOSS)	AMT GAIN OR (LOSS) (1040 ONLY)		
S CORPORATION, PARTNERSHIP AND FIDUCIARY GAIN OR (LOSS)								● 2777	●● 3844		
STATE S CORPORATION, PARTNERSHIP AND FIDUCIARY GAIN OR (LOSS) IF DIFFERENT								2743			
3	GAIN, IF ANY, FROM FORM 4684, LINE 43							+ 2778	●● 3845		
4	SECTION 1231 GAIN FROM INSTALLMENT SALES FROM FORM 6252, LINE 26 OR 37							● 2779	● 3846		
5	SECTION 1231 GAIN OR (LOSS) FROM LIKE-KIND EXCHANGES FROM FORM 8824							●● 2301	●● 3847		
6	GAIN, IF ANY, FROM LINE 32, FROM OTHER THAN CASULATY OR THEFT							●			
7	LONG-TERM GAIN TO SCHEDULE D LOSS CARRIES TO LINE 11							●			
UNRECAPTURED NET SECTION 1231 LOSS FROM PRIOR YEARS (NOT APPLICABLE TO S CORPORATIONS AND PARTNERSHIPS EXCEPT ELECTING LARGE PARTNERSHIPS)								●● 2799	●● 3848		
PRIOR YEAR NET SECTION 1231 CARRYOVER LOSS WORKSHEET								REGULAR	AMT		
8	FROM 2004							7676	3667		
	FROM 2005							7677	3668		
	FROM 2006							7678	3669		
	FROM 2007							7679	3670		
	FROM 2008							7680	3671		
PART II - ORDINARY GAINS AND LOSSES											
								GAIN OR (LOSS)	AMT GAIN OR (LOSS) (1040 ONLY)		
11	LOSS, IF ANY, FROM LINE 7 ABOVE										
12	GAIN, IF ANY, FROM LINE 7 ABOVE, OR AMOUNT FROM LINE 8, IF APPLICABLE							●			
13	GAIN, IF ANY, FROM LINE 31							●			
14	NET GAIN OR (LOSS) FROM FORM 4684, LINES 35 AND 42a							+ 2782	●● 3849		
15	ORDINARY GAIN FROM INSTALLMENT SALES FROM FORM 6252, LINE 25 OR 36							● 2783	● 3850		
16	ORDINARY GAIN OR (LOSS) FROM LIKE-KIND EXCHANGES FROM FORM 8824							●● 2302	●● 3851		
17	TOTAL ORDINARY GAIN OR (LOSS)							●			
	FORM 1065 AND 1120S ONLY		PART OF LINE 17 THAT IS RELATED TO INCOME FOR FORM 8825 (1065 / 1120S ONLY)					3291			
			OTHER RENTAL					3433			
EXAMPLES OF ITEMS REPORTABLE ON THIS FORM AND WHERE TO ENTER FIRST											
EXAMPLES (a)			SHORT TERM (b)	LONG TERM (c)	EXAMPLES (a)			LESS THAN 24 MONTHS (b)	24 MONTHS OR MORE (c)		
1. DEPRECIABLE TRADE OR BUSINESS PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	PART III (1245, 1250)	6. CATTLE AND HORSES USED IN TRADE OR BUSINESS	a	SOLD AT A GAIN	PART II	PART III (1245)		
	b	SOLD OR EXCHANGED AT A LOSS	PART II	PART I		b	SOLD AT A LOSS	PART II	PART I		
2. DEPRECIABLE RESIDENTIAL RENTAL PROPERTY	a	SOLD OR EXCHANGED AT A GAIN	PART II	PART III (1250)		c	RAISED CATTLE AND HORSES SOLD AT A GAIN	PART II	PART I		
	b	SOLD OR EXCHANGED AT A LOSS	PART II	PART I					LESS THAN 12 MONTHS	12 MONTHS OR MORE	
3. FARMLAND (SEE INSTR)	a	SOLD AT A GAIN	PART II	PART III (1252)	7. OTHER LIVESTOCK USED IN TRADE OR BUSINESS	a	SOLD AT A GAIN	PART II	PART III (1245)		
	b	SOLD AT A LOSS	PART II	PART I		b	SOLD AT A LOSS	PART II	PART I		
						c	RAISED LIVESTOCK SOLD AT A GAIN	PART II	PART I		
4. ALL OTHER FARMLAND			PART II	PART I							
5. DISPOSITION OF COST-SHARING PAYMENT PROPERTY DESCRIBED IN SECTION 126			PART II	PART III (1255)							

34 PAGE 2	4797 SALES OF BUSINESS PROPERTY (MAY BE USED WITH SYSTEM 1040, 1041, 1065, 1120, AND 1120S)	LAST NAME	Multiple	2010
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PART III - GAIN FROM DISPOSITION OF PROPERTY UNDER SECTIONS 1245, 1250, 1252, 1254, AND 1255									
19	DESCRIPTION OF SECTION 1245, 1250, 1252, 1254, OR 1255 PROPERTY. NOTE: ENTER "S1250" AT BEGINNING OF DESCRIPTION IF SECTION 1250 PROPERTY. ☺ [50]								
	DATE ACQUIRED ☺ 4327 - -								
	DATE SOLD ☺ 4326 - -								
	1040 ONLY	OWNERSHIP [T] = TP [S] = SP [J] = JT (Default)	0201 [1]	PASSIVE ACTIVITIES	CARRY TO SCHEDULE E			0202	<input type="checkbox"/> YES
	TWO-LETTER STATE CODE		0204 [2]	MULTIPLE			0203	[2]	
COMPUTATION OF GAIN				FEDERAL		AMT (IF DIFF)		STATE (IF DIFF)	
20	GROSS SALES PRICE			☺	4329				
21	COST OR OTHER BASIS PLUS EXPENSE OF SALE			☺	4330	3838		3888	
22	DEPRECIATION (OR DEPLETION)			☺	4331	3839		2842	
23	ADJUSTED BASIS (LINE 21 LESS LINE 22)			•					
24	TOTAL GAIN (LINE 20 LESS LINE 23)			•					
SECTION 1245 PROPERTY - BUSINESS ASSETS									
25	a	DEPRECIATION ALLOWED (SEE INSTRUCTIONS)				4332	3840		2843
SECTION 1250 PROPERTY - DEPRECIABLE REAL PROPERTY									
26	a	ADDITIONAL DEPRECIATION AFTER 1975				4333	3841		2845
	b	APPLICABLE PERCENTAGE MULTIPLIED BY THE SMALLER OF LINES 24 AND 26a				4334			
	d	ADDITIONAL DEPRECIATION BETWEEN 1969 AND 1976				4335	3842		2846
SECTION 1252 PROPERTY - SOIL, WATER, LAND CLEAR (PARTNERSHIPS - SKIP THIS SECTION)									
27	a	SOIL, WATER AND LAND CLEARING EXPENSE				4338			
	b	LINE 27a TIMES APPLICABLE PERCENTAGE				4339			
SECTION 1254 PROPERTY - INTANGIBLE DRILLING AND DEVELOPMENT COSTS									
28	a	INTANGIBLE DRILLING AND DEVELOPMENT COSTS, EXPENDITURES FOR DEVELOPMENT OF MINES, OTHER NATURAL DEPOSITS, MINING EXPLORATION COSTS AND DEPLETION				4340			
SECTION 1255 - COST SHARE PAY (SECTION 126)									
29	a	APPLICABLE PERCENTAGE EXCLUDED FROM INCOME UNDER SECTION 126 (SEE INSTRUCTIONS)				4341			
32	PORTION OF LINE 32 FROM CASUALTY AND THEFT (ON FORM 4684)				2775	3852			
PART IV - RECAPTURE OF AMOUNTS UNDER SECTIONS 179 AND 280F(b)(2)									
				FEDERAL		STATE, IF DIFFERENT			
				SECTION 179		SECTION 280F(b)(2)		EXPENSE DEDNS RECOVERY DEDNS	
33	SECTION 179 EXPENSE DEDUCTION OR DEPRECIATION ALLOWABLE IN PRIOR YEARS			2608	2609	2403	2438		
34	RECOMPUTED DEPRECIATION			2831	2895	2404	2439		
CARRY RECAPTURED AMOUNT TO FORM OR SCHEDULE:				1 = Schedule C, Line 6 2 = Schedule F, Line 10 3 = Form 4835, Line 6 4 = DO NOT CARRY				ENTER 1, 2, 3, OR 4	
				No Entry = OTHER INCOME line of return or Schedule K, (if applicable.)				2406	
TWO-LETTER STATE CODE								4342	
MULTIPLE NUMBER OF FORM OR SCHEDULE INDICATED ABOVE (I. E. SCHEDULE C, #2)								2405	
AUTOMATICALLY CREATE FORM 6252 FOR THIS PROPERTY									
MORTGAGE PURCHASER ASSUMES								2767	
PRINCIPAL PAYMENTS RECEIVED THIS YEAR								2768	
INTEREST PAYMENTS RECEIVED								3467	
EXPENSE OF DISPOSITION								3561	
IF THE SALE IS A RELATED PARTY INSTALLMENT SALE, SEE FORM 6252 DATA SHEET.									

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SECTION A - DONATIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES													
PART I - INFORMATION ON DONATED PROPERTY (ENTER VEHICLES ON FORM 1098-C SCREEN)													
DONATED PROPERTY OF \$5,000 OR LESS AND CERTAIN PUBLICLY TRADED SECURITIES													
	A	B	C	D	E								
	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)								
	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *								
1	* TYPE OF CONTRIBUTION: 1 = (50%) NONCASH CONTRIB 2 = (30%) NONCASH CONTRIB 3 = (30%) CAPITAL GAIN PROP 4 = (20%) CAPITAL GAIN PROP												
	DONEE ORGANIZATION	DONEE ORGANIZATION	DONEE ORGANIZATION	DONEE ORGANIZATION	DONEE ORGANIZATION	[25]	[25]	[25]	[25]				
	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	STREET ADDRESS OF ABOVE	[30]	[30]	[30]	[30]				
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	[30]	[30]	[30]	[30]				
	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	DESCRIPTION OF DONATION	[35]	[35]	[35]	[35]				
	DATE CONTRIBUTED	DATE CONTRIBUTED	DATE CONTRIBUTED	DATE CONTRIBUTED	DATE CONTRIBUTED	- -	- -	- -	- -				
	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	DATE ACQUIRED BY DONOR	- -	- -	- -	- -				
	HOW ACQUIRED	HOW ACQUIRED	HOW ACQUIRED	HOW ACQUIRED	HOW ACQUIRED	[8]	[8]	[8]	[8]				
	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	DONOR'S COST OR BASIS	[8]	[8]	[8]	[8]				
	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	FAIR MARKET VALUE	[8]	[8]	[8]	[8]				
	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>	QUALIFIED CONSERVATION/ REDUCED FMV <input type="checkbox"/>								
	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	METHOD USED TO DETERMINE FAIR MARKET VALUE	[20]	[20]	[20]	[20]				
	QUALIFIED CONSERVATION OR REDUCED FMV EF EXPLANATION									[60]			
										[60]			
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN												
PART II - PARTIAL INTEREST AND RESTRICTED USE PROPERTY													
IF LESS THAN ENTIRE INTEREST IN THE PROPERTY IS CONTRIBUTED DURING THE YEAR, COMPLETE THE FOLLOWING:													
2	a	ENTER LETTER FROM PART I WHICH IDENTIFIES THE PROPERTY (A - B - C - D - E)							0256				
	b	(1)	TOTAL AMOUNT CLAIMED AS DEDUCTION FOR PROPERTY IN PART I FOR THIS TAX YEAR							2379			
		(2)	TOTAL AMOUNT CLAIMED AS DEDUCTION FOR ANY PRIOR YEARS							2501			
	c	NAME/ADDRESS OF ORGANIZATION TO WHICH ANY SUCH CONTRIB WAS MADE IN A PRIOR YEAR (COMPLETE ONLY IF DIFFERENT FROM DONOR ORGANIZATION ABOVE)											
		NAME OF CHARITABLE ORGANIZATION	0258	[35]	ZIP CODE	0315	ADDRESS	0312	[25]	CITY	0313	[15]	STATE
3	d	LOCATION OF TANGIBLE PROPERTY							0261	[25]			
	e	NAME OF PERSON (NOT DONEE ORGANIZATION) HAVING ACTUAL POSSESSION OF PROPERTY							0262	[25]			
	IF CONDITIONS WERE ATTACHED TO ANY CONTRIBUTION LISTED IN PART I, ANSWER THE FOLLOWING QUESTIONS:												
	a	RESTRICTION (TEMPORARY OR PERMANENT) ON DONEE'S RIGHT TO USE OR DISPOSE OF DONATED PROPERTY?							1301	<input type="checkbox"/>	YES		
		RESTRICTION EF EXPLANATION									[60]		
3											[60]		
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN												
	b	ANYONE ELSE GIVEN RIGHT TO INCOME OR POSSESSION OF PROPERTY, INCLUDING RIGHT TO VOTE DONATED SECURITIES, OR ACQUIRE PROP BY PURCHASE OR OTHERWISE, OR DESIGNATE PERSON HAVING SUCH INCOME, PSEESEION, OR RIGHT TO ACQUIRE?							1302	<input type="checkbox"/>	YES		
		GIVE RIGHTS EF EXPLANATION									[60]		
											[60]		
c	ANY RESTRICTION LIMITING DONATED PROPERTY FOR A PARTICULAR USE?							1303	<input type="checkbox"/>	YES			
	RESTRICTION ON USE EF EXPLANATION									[60]			
										[60]			
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN													

SECTION B - DONATED PROPERTY OVER \$5,000 (EXCEPT CERTAIN PUBLICLY TRADED SECURITIES)**PART I - INFORMATION ON DONATED PROPERTY (ENTER VEHICLES ON FORM 1098-C SCREEN)**

4	TYPE OF PROPERTY (1 THROUGH 9) 0176	1 = Art (Contribution of \$20,000 or more) 2 = Art (Contribution under \$20,000) 3 = Collectibles	4 = Qualified Conservation Contribution 5 = Other Real Estate 6 = Intellectual Property	7 = Equipment 8 = Securities 9 = Other
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DONATED PROPERTY OVER \$5,000 (EXCEPT CERTAIN PUBLICLY TRADED SECURITIES)

	A	B	C	D
	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)	OWNERSHIP (T - S - J)
	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *	TYPE OF CONTRIBUTION *
	* TYPE OF CONTRIBUTION 1 = (50%) NONCASH CONTRIBUTION 2 = (30%) NONCASH CONTRIBUTION 3 = (30%) CAPITAL GAIN PROPERTY 4 = (20%) CAPITAL GAIN PROPERTY			
	DONATED PROPERTY DESCRIPTION [25]	DONATED PROPERTY DESCRIPTION [25]	DONATED PROPERTY DESCRIPTION [25]	DONATED PROPERTY DESCRIPTION [25]
	IF TANGIBLE PROPERTY, PHYSICAL CONDITION [33]	IF TANGIBLE PROPERTY, PHYSICAL CONDITION [33]	IF TANGIBLE PROPERTY, PHYSICAL CONDITION [33]	IF TANGIBLE PROPERTY, PHYSICAL CONDITION [33]
5	APPAISED FAIR MARKET VALUE [10]	APPAISED FAIR MARKET VALUE [10]	APPAISED FAIR MARKET VALUE [10]	APPAISED FAIR MARKET VALUE [10]
	DATE ACQUIRED - - [10]	DATE ACQUIRED - - [10]	DATE ACQUIRED - - [10]	DATE ACQUIRED - - [10]
	HOW ACQUIRED [11]	HOW ACQUIRED [11]	HOW ACQUIRED [11]	HOW ACQUIRED [11]
	DONOR'S COST OR BASIS [8]	DONOR'S COST OR BASIS [8]	DONOR'S COST OR BASIS [8]	DONOR'S COST OR BASIS [8]
	FOR BARGAIN SALES, AMOUNT RECEIVED [13]	FOR BARGAIN SALES, AMOUNT RECEIVED [13]	FOR BARGAIN SALES, AMOUNT RECEIVED [13]	FOR BARGAIN SALES, AMOUNT RECEIVED [13]
	AMOUNT CLAIMED AS DEDUCTION [13]	AMOUNT CLAIMED AS DEDUCTION [13]	AMOUNT CLAIMED AS DEDUCTION [13]	AMOUNT CLAIMED AS DEDUCTION [13]
	AVG TRADING PRICE OF SECURITIES (SEE INSTRUCTIONS) [13]	AVG TRADING PRICE OF SECURITIES (SEE INSTRUCTIONS) [13]	AVG TRADING PRICE OF SECURITIES (SEE INSTRUCTIONS) [13]	AVG TRADING PRICE OF SECURITIES (SEE INSTRUCTIONS) [13]

PART II - TAXPAYER (DONOR) STATEMENT

LIST ANY ITEM(S) INCLUDED IN SECTION B, PART I, SEPARATELY IDENTIFIED AS VALUED AT NO MORE THAN \$500 PER ITEM

LETTER (A - D)	DESCRIPTION
1 0271	0274 [17]

PART III - DECLARATION OF APPRAISER

APPRAISER INFORMATION:

FIRST NAME	0555	LAST NAME	0556
TITLE	0557	DATE SIGNED	0558 - -
BUSINESS ADDRESS	0275		[30]
ZIP CODE	0317	CITY	0276 [18] STATE 0316
SOCIAL SECURITY NUMBER	0269 - -	OR	EMPLOYER IDENTIFICATION NUMBER 0448 -

PART IV - DONEE ACKNOWLEDGMENT (TO BE COMPLETED BY CHARITABLE ORGANIZATION)

DATE QUALIFIED ORGANIZATION RECEIVED DONATED PROPERTY DESCRIBED IN PART I ABOVE	0263 - -		
DOES ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE?	1312 <input type="checkbox"/> YES 1279 <input type="checkbox"/> NO		
CHARITABLE ORGANIZATION (DONEE) NAME	0264 [30]		
ADDRESS	0266 [30]		
ZIP CODE	0319	CITY	0267 [18] STATE 0318
EMPLOYER IDENTIFICATION NUMBER	0265 -	TITLE	0268 [20]

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#	FORM 1098-C			
[T] TAXPAYER OR [S] SPOUSE		8705		
DONEE				
DONEE'S NAME		8706 [30]		
DONEE'S NAME (CONTINUED)		8707 [30]		
DONEE'S STREET ADDRESS		8708 [30]		
DONEE'S PAYER'S ZIP		8711 [10]	STATE 8709 [2]	
DONEE'S PAYER'S CITY		8710 [20]		
DONEE'S PHONE NUMBER		8712 [14]		
DONEE'S FEDERAL ID NUMBER		8713 - [9]		
1	DATE OF CONTRIBUTION		8714	
2	YEAR, MAKE AND MODEL OF VEHICLE:			
	YEAR 8733	MAKE & MODEL	8715	
3	VEHICLE OR OTHER ID NUMBER 8716 [23]			
4	a	VEHICLE WAS SOLD IN ARM'S LENGTH TRANSACTION	8717 <input type="checkbox"/> YES	
	b	DATE OF SALE	8718	
	c	GROSS PROCEEDS FROM SALE	9840	
5	a	VEHICLE WILL NOT BE TRANSFERRED	8719 <input type="checkbox"/> YES	
	b	VEHICLE WILL BE TRANSFERRED FOR LESS THAN FMV	8720 <input type="checkbox"/> YES	
	c	DESCRIPTION OF IMPROVEMENTS OR SIGNIFICANT INTERVENING USE: 8721 [80]		
6	a	WERE GOODS AND SERVICES PROVIDED IN EXCHANGE FOR VEHICLE?	8722 <input type="checkbox"/> YES	
	b	VALUE OF GOODS AND SERVICES PROVIDED	9841	
	c	DESCRIPTION OF GOODS AND SERVICES PROVIDED: 8725 [80]		
		GOODS AND SERVICES CONSISTED SOLELY OF INTANGIBLE RELIGIOUS BENEFITS	8724 <input type="checkbox"/> YES	
7	DONOR MAY NOT CLAIM DEDUCTION OF MORE THAN \$500		8726 <input type="checkbox"/> YES	
	TYPE OF CONTRIBUTION: 1 - 50% NONCASH CONTRIB 3 - 30% CAPITAL GAIN PROP 2 - 30% NONCASH CONTRIB 4 - 20% CAPITAL GAIN PROP			
	WAS THIS ITEM ORDINARY INCOME PROPERTY OR LIMITED TO ITS COST BASIS FOR DEDUCTION PURPOSES?		8727 <input type="checkbox"/> YES	
	DATE ACQUIRED BY DONOR		8729	
	HOW WAS ITEM ACQUIRED?		8730 [9]	
	COST OR OTHER BASIS OF ITEM		9842	
	FAIR MARKET VALUE ON DATE OF CONTRIBUTION		9843	
	METHOD USED TO DETERMINE FMV		8731 [20]	
	DESCRIPTION OF PHYSICAL CONDITION OF ITEM (IF DEDUCTION EXCEEDS \$5,000): 8732 [30]			
INFORMATION TO BE COMPLETED FOR VEHICLES OVER \$5,000:				
DECLARATION OF APPRAISER				
FIRST NAME		0555		
LAST NAME		0556		
TITLE		0557		
DATE SIGNED		8002 - -		
BUSINESS ADDRESS		0275		
ZIP CODE	0317	CITY	0276	
STATE	0316			
SSN	0269 - -	OR EIN	0448 -	
DONEE ACKNOWLEDGEMENT (COMPLETED BY CHARITABLE ORGANIZATION)				
DATE ORGANIZATION RECEIVED PROPERTY DESCRIBED IN PART I ABOVE		0263 - -		
DOES ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE?		1312 <input type="checkbox"/> YES 1279 <input type="checkbox"/> NO		
CHARITABLE ORGANIZATION NAME		0264		
ADDRESS		0266		
ZIP CODE	0319	CITY	0267	
STATE	0318	TITLE	0268	
EMPLOYER IDENTIFICATION NUMBER		0265 -		
CORRECTED FORM 1098-C		8704 <input type="checkbox"/> YES		

#	FORM 1098-C			
[T] TAXPAYER OR [S] SPOUSE		8705		
DONEE				
DONEE'S NAME		8706 [30]		
DONEE'S NAME (CONTINUED)		8707 [30]		
DONEE'S STREET ADDRESS		8708 [30]		
DONEE'S PAYER'S ZIP		8711 [10]	STATE 8709 [2]	
DONEE'S PAYER'S CITY		8710 [20]		
DONEE'S PHONE NUMBER		8712 [14]		
DONEE'S FEDERAL ID NUMBER		8713 - [9]		
1	DATE OF CONTRIBUTION		8714	
2	YEAR, MAKE AND MODEL OF VEHICLE:			
	YEAR 8733	MAKE & MODEL	8715	
3	VEHICLE OR OTHER ID NUMBER 8716 [23]			
4	a	VEHICLE WAS SOLD IN ARM'S LENGTH TRANSACTION	8717 <input type="checkbox"/> YES	
	b	DATE OF SALE	8718	
	c	GROSS PROCEEDS FROM SALE	9840	
5	a	VEHICLE WILL NOT BE TRANSFERRED	8719 <input type="checkbox"/> YES	
	b	VEHICLE WILL BE TRANSFERRED FOR LESS THAN FMV	8720 <input type="checkbox"/> YES	
	c	DESCRIPTION OF IMPROVEMENTS OR SIGNIFICANT INTERVENING USE: 8721 [80]		
6	a	WERE GOODS AND SERVICES PROVIDED IN EXCHANGE FOR VEHICLE?	8722 <input type="checkbox"/> YES	
	b	VALUE OF GOODS AND SERVICES PROVIDED	9841	
	c	DESCRIPTION OF GOODS AND SERVICES PROVIDED: 8725 [80]		
		GOODS AND SERVICES CONSISTED SOLELY OF INTANGIBLE RELIGIOUS BENEFITS	8724 <input type="checkbox"/> YES	
7	DONOR MAY NOT CLAIM DEDUCTION OF MORE THAN \$500		8726 <input type="checkbox"/> YES	
	TYPE OF CONTRIBUTION: 1 - 50% NONCASH CONTRIB 3 - 30% CAPITAL GAIN PROP 2 - 30% NONCASH CONTRIB 4 - 20% CAPITAL GAIN PROP			
	WAS THIS ITEM ORDINARY INCOME PROPERTY OR LIMITED TO ITS COST BASIS FOR DEDUCTION PURPOSES?		8727 <input type="checkbox"/> YES	
	DATE ACQUIRED BY DONOR		8729	
	HOW WAS ITEM ACQUIRED?		8730 [9]	
	COST OR OTHER BASIS OF ITEM		9842	
	FAIR MARKET VALUE ON DATE OF CONTRIBUTION		9843	
	METHOD USED TO DETERMINE FMV		8731 [20]	
	DESCRIPTION OF PHYSICAL CONDITION OF ITEM (IF DEDUCTION EXCEEDS \$5,000): 8732 [30]			
INFORMATION TO BE COMPLETED FOR VEHICLES OVER \$5,000:				
DECLARATION OF APPRAISER				
FIRST NAME		0555		
LAST NAME		0556		
TITLE		0557		
DATE SIGNED		8002 - -		
BUSINESS ADDRESS		0275		
ZIP CODE	0317	CITY	0276	
STATE	0316			
SSN	0269 - -	OR EIN	0448 -	
DONEE ACKNOWLEDGEMENT (COMPLETED BY CHARITABLE ORGANIZATION)				
DATE ORGANIZATION RECEIVED PROPERTY DESCRIBED IN PART I ABOVE		0263 - -		
DOES ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE?		1312 <input type="checkbox"/> YES 1279 <input type="checkbox"/> NO		
CHARITABLE ORGANIZATION NAME		0264		
ADDRESS		0266		
ZIP CODE	0319	CITY	0267	
STATE	0318	TITLE	0268	
EMPLOYER IDENTIFICATION NUMBER		0265 -		
CORRECTED FORM 1098-C		8704 <input type="checkbox"/> YES		

#		FORM 1099-C	
TAXPAYER OR SPOUSE		8208	
DEBTOR			
DEBTOR'S NAME (IF DIFFERENT)	8201	[30]	
DEBTOR'S ADDRESS (IF DIFFERENT)	8202	[30]	
CITY STATE ZIP (IF DIFFERENT)	8203	[30]	
CREDITOR			
CREDITOR'S FEDERAL ID NUMBER	8207	[9]	
CREDITOR'S PAYER'S NAME	8204	[35]	
CREDITOR'S PAYER'S ADDRESS	8205	[35]	
CREDITOR'S PAYER'S ZIP	8199	[10]	STATE 8198 [2]
CREDITOR'S PAYER'S CITY	8197	[22]	
1	DATE CANCELED	8209	
2	AMOUNT OF DEBT CANCELED	7303	
3	INTEREST IF INCLUDED IN BOX 2	7304 [4]	
4	DEBT DESCRIPTION	[30]	
	8210		
5	DEBTOR PERSONALLY LIABLE FOR REPAYMENT OF DEBT	8735	<input type="checkbox"/> YES
6	BANKRUPTCY	8223	<input type="checkbox"/> YES
7	FAIR MARKET VALUE OF PROPERTY	7307	
	CARRY TAXABLE DEBT CANCELLATION INCOME TO:	1 = 1040, LINE 21 4 = SCH F, LINE 10 2 = SCH C, LINE 6 5 = FORM 4835, 3 = SCH E, LINE 3 LINE 6	
	ENTER MULTIPLE # OF FORM (IF CARRYING TO SCH C, E, F OR FM 4835) IF THERE IS ONLY ONE MULTIPLE, ENTER '1'	8736	
	DEBT CANCELED (IF NOT EQUAL TO FM 1099-C, BOX 2)	●●	9136
	AMOUNT OF BOX 3 INTEREST OTHERWISE DEDUCTIBLE	9137	
EXCEPTIONS TO DEBT CANCELLATION INCOME			
	QUALIFYING STUDENT LOAN DEBTS	9138	
	CANCELLATION OF DEBTS AS GIFTS	9139	
	OTHER EXCEPTIONS	9140	
EXCLUSIONS FROM INCOME			
ENTER AMOUNTS REQUIRED FOR ANY EXCLUSION(S) THAT APPLY TO THIS CANCELED DEBT:			
BANKRUPTCY	AMOUNT DISCHARGED IN BANKRUPTCY	●●	9141
QUALIFIED PRINCIPAL RESIDENCE DEBT:	CANCELED DEBT SECURED BY PRINCIPAL RES	8738	<input type="checkbox"/> YES
	TOTAL DEBT ON PRINCIPAL RES IMMEDIATELY BEFORE FORECLOSURE, SHORT SALE, ABANDONMENT, OTHER PROPERTY TRANSFER	9142	
	DEBT AMOUNT NOT QUALIFIED FOR EXCLUSION	9143	
	AMT OF PRINCIPAL RES EXCLUSION APPLIED	●●	9144
INSOLVENCY	EXTENT OF INSOLVENCY (VALUE OF DEBTS IN EXCESS OF VALUE OF ASSETS)	9145	
	AMOUNT OF INSOLVENCY EXCLUSION APPLIED TO DEBT	●●	9146
	QUALIFIED FARM DEBT EXCLUDED	9147	
	QUALIFIED REAL PROPERTY BUSINESS DEBT EXCLUDED	9148	
GAIN OR LOSS FROM FORECLOSURE			
	IF CANCELED DEBT WAS RECOURSE DEBT, FAIR MKT VALUE OF PROPERTY FORECLOSED	●●	9150
	IF CANCELED DEBT WAS NONRECOURSE DEBT, BALANCE OF DEBT IMMEDIATELY BEFORE PROPERTY WAS TRANSFERRED	9151	
	ADJUSTED BASIS OF PROPERTY GIVEN UP	9152	

#		FORM 1099-C	
TAXPAYER OR SPOUSE		8208	
DEBTOR			
DEBTOR'S NAME (IF DIFFERENT)	8201	[30]	
DEBTOR'S ADDRESS (IF DIFFERENT)	8202	[30]	
CITY STATE ZIP (IF DIFFERENT)	8203	[30]	
CREDITOR			
CREDITOR'S FEDERAL ID NUMBER	8207	[9]	
CREDITOR'S PAYER'S NAME	8204	[35]	
CREDITOR'S PAYER'S ADDRESS	8205	[35]	
CREDITOR'S PAYER'S ZIP	8199	[10]	STATE 8198 [2]
CREDITOR'S PAYER'S CITY	8197	[22]	
1	DATE CANCELED	8209	
2	AMOUNT OF DEBT CANCELED	7303	
3	INTEREST IF INCLUDED IN BOX 2	7304 [4]	
4	DEBT DESCRIPTION	[30]	
	8210		
5	DEBTOR PERSONALLY LIABLE FOR REPAYMENT OF DEBT	8735	<input type="checkbox"/> YES
6	BANKRUPTCY	8223	<input type="checkbox"/> YES
7	FAIR MARKET VALUE OF PROPERTY	7307	
	CARRY TAXABLE DEBT CANCELLATION INCOME TO:	1 = 1040, LINE 21 4 = SCH F, LINE 10 2 = SCH C, LINE 6 5 = FORM 4835, 3 = SCH E, LINE 3 LINE 6	
	ENTER MULTIPLE # OF FORM (IF CARRYING TO SCH C, E, F OR FM 4835) IF THERE IS ONLY ONE MULTIPLE, ENTER '1'	8736	
	DEBT CANCELED (IF NOT EQUAL TO FM 1099-C, BOX 2)	●●	9136
	AMOUNT OF BOX 3 INTEREST OTHERWISE DEDUCTIBLE	9137	
EXCEPTIONS TO DEBT CANCELLATION INCOME			
	QUALIFYING STUDENT LOAN DEBTS	9138	
	CANCELLATION OF DEBTS AS GIFTS	9139	
	OTHER EXCEPTIONS	9140	
EXCLUSIONS FROM INCOME			
ENTER AMOUNTS REQUIRED FOR ANY EXCLUSION(S) THAT APPLY TO THIS CANCELED DEBT:			
BANKRUPTCY	AMOUNT DISCHARGED IN BANKRUPTCY	●●	9141
QUALIFIED PRINCIPAL RESIDENCE DEBT:	CANCELED DEBT SECURED BY PRINCIPAL RES	8738	<input type="checkbox"/> YES
	TOTAL DEBT ON PRINCIPAL RES IMMEDIATELY BEFORE FORECLOSURE, SHORT SALE, ABANDONMENT, OTHER PROPERTY TRANSFER	9142	
	DEBT AMOUNT NOT QUALIFIED FOR EXCLUSION	9143	
	AMT OF PRINCIPAL RES EXCLUSION APPLIED	●●	9144
INSOLVENCY	EXTENT OF INSOLVENCY (VALUE OF DEBTS IN EXCESS OF VALUE OF ASSETS)	9145	
	AMOUNT OF INSOLVENCY EXCLUSION APPLIED TO DEBT	●●	9146
	QUALIFIED FARM DEBT EXCLUDED	9147	
	QUALIFIED REAL PROPERTY BUSINESS DEBT EXCLUDED	9148	
GAIN OR LOSS FROM FORECLOSURE			
	IF CANCELED DEBT WAS RECOURSE DEBT, FAIR MKT VALUE OF PROPERTY FORECLOSED	●●	9150
	IF CANCELED DEBT WAS NONRECOURSE DEBT, BALANCE OF DEBT IMMEDIATELY BEFORE PROPERTY WAS TRANSFERRED	9151	
	ADJUSTED BASIS OF PROPERTY GIVEN UP	9152	

DESCRIPTION / DISTRIBUTIVE SHARE ITEMS									
PARTNERSHIP OWNERSHIP CODE: T = TP S = SP J = JT (Default) ☺ 4054					OHIO CITY		OHIO WORKING CITY 8605 [20]		
A	PARTNERSHIP IDENTIFICATION NUMBER ☺ 4052 [9]				DATE FROM: 8619 - -		DATE TO: 8618 - -		
PARTNERSHIP NAME 4051 [30]					REAL ESTATE PROFESSIONAL		1367 <input type="checkbox"/> YES		
B	PARTNERSHIP ADDRESS 8601 [40]				MATERIALLY PARTICIPATED IN TRADE OR BUSN ACTIVITY		4045 <input type="checkbox"/> YES		
PARTNERSHIP ZIP CODE 8602 [40]					ACTIVE RENTAL REAL ESTATE		4044 <input type="checkbox"/> YES		
D	PUBLICLY TRADED PARTNERSHIP 4053 <input type="checkbox"/> YES				FOREIGN PARTNERSHIP		1237 <input type="checkbox"/> YES		
G	GENERAL PARTNER OR LLC MEMBER-MANAGER 1405 <input type="checkbox"/> YES				FINAL DISPOSITION OR EXEMPT FROM LIMITATION		4095 <input type="checkbox"/> YES		
	LIMITED PARTNER OR OTHER LLC MEMBER 1406 <input type="checkbox"/> YES				SOME IS NOT AT RISK		4047 <input type="checkbox"/> YES		
	ADJUST LIMITED PTR OR OTHER LLC MEMBER'S SELF EMPL INCOME BY ANY SEC 179, UNREIMBURSED PTSHP, AND DEPLETION EXPENSES 1415 <input type="checkbox"/> NO								

INCOME OR LOSS						
				FEDERAL	CA / PA STATE (IF DIFFERENT)	
1	ORDINARY BUSINESS INCOME (LOSS) FROM TRADE OR BUSINESS ACTIVITIES			4055	4751	
2	NET INCOME (LOSS) FROM RENTAL REAL ESTATE ACTIVITIES			4081	4752	
3	NET INCOME (LOSS) FROM OTHER RENTAL ACTIVITIES			4082	4753	
4	GUARANTEED PAYMENTS TO PARTNER			4056	4758	
5	INTEREST INCOME			4080	4754	
	INTEREST ON U.S. GOVERNMENT OBLIGATIONS			4038	4739	
6	a	ORDINARY DIVIDENDS		4057	4755	
	b	QUALIFIED DIVIDENDS		7619	7620	
7	ROYALTY INCOME			4085	4763	
8	NET SHORT-TERM CAPITAL GAIN (LOSS) (ENTIRE YEAR)			4058	4756	
9	a	NET LONG-TERM CAPITAL GAIN (LOSS) (ENTIRE YEAR)		4059	4757	
	b	COLLECTIBLES (28%) RATE GAIN OR (LOSS)		4728		
	c	UNRECAPTURED SECTION 1250 GAIN		4078		
10	NET SECTION 1231 GAIN OR (LOSS) (ENTIRE YEAR)		FROM TRADE OR BUSINESS ACTIVITIES	4060	4759	
			FROM RENTAL REAL ESTATE ACTIVITIES	4133	4744	
			FROM OTHER RENTAL ACTIVITIES	4134	4745	
11	OTHER INCOME OR (LOSS)		CODE	DESCRIPTION	AMOUNT	
		1				
		2				
		3				
		NET SHORT-TERM NONPORTFOLIO CAPITAL GAIN (LOSS) (ENTIRE YEAR)			4142	
		NET LONG-TERM NONPORTFOLIO CAPITAL GAIN (LOSS) (ENTIRE YEAR)			4144	

SECTION 179 DEDUCTION (FORM 1040 ONLY)			
12	SECTION 179 EXPENSE DEDUCTION		4068 4769
	SECTION 179 CARRYOVER FROM PRIOR YEAR FORM 4562		4147 4775

OTHER DEDUCTIONS			
13	CODE	DESCRIPTION	AMOUNT
	1		
	2		
	3		
	OTHER UNREIMBURSED EXPENSES		4743 4201

SELF-EMPLOYMENT EARNINGS (LOSS)			
14	A	NET EARNINGS (LOSS) FROM SELF-EMPLOYMENT - NONFARM	4071
		NET EARNINGS (LOSS) FROM SELF-EMPLOYMENT - FARM	4041
	B	GROSS FARMING OR FISHING INCOME	4072
	C	GROSS NONFARM INCOME	4073

CREDITS			
15	CODE	DESCRIPTION	AMOUNT
	1		
	2		
	3		

FOREIGN TRANSACTIONS			
NOTE: INFORMATION FOR THE FOREIGN TAX CREDIT SHOULD BE ENTERED ON FORM 1116, UNLESS THE AMOUNT IS LESS THAN \$300 (\$600 IF FILING MFJ).			
16	L	TOTAL FOREIGN TAXES PAID (FOR 1040 AND 1041 ONLY)	7190

LINES 17 THROUGH 20, OUTSIDE BASIS CALCULATION, AT RISK BASIS CALCULATION, PRIOR YEAR UNALLOWED LOSSES, PASSIVE ACTIVITY CALCULATION AND UNREIMBURSED PARTNER EXPENSES WORKSHEET, ARE FOUND ON SIDE 2.

ALTERNATIVE MINIMUM TAX (AMT) ITEMS				
			FEDERAL	CA / PA STATE (IF DIFFERENT)
	CODE	DESCRIPTION	AMOUNT	
17	1			
	2			
	3			
	TAX-EXEMPT INTEREST FROM PRIVATE ACTIVITY BONDS		4148	
	EXCESS INTANGIBLE DRILLING COSTS FROM SUPPLEMENTAL LINE ●		4748	
NOTE: OTHER AMT ITEMS MUST BE ENTERED ON THE APPROPRIATE LINES OF FORM 6251.				

TAX-EXEMPT INCOME AND NONDEDUCTIBLE EXPENSES					
18	A	TAX-EXEMPT INTEREST INCOME	TWO-LETTER STATE CODE 8429	4079	4791
		TAX-EXEMPT DIVIDEND INCOME	TWO-LETTER STATE CODE 8430	4149	4700
		CODE	DESCRIPTION	AMOUNT	
	1				
	2				
3					

DISTRIBUTIONS					
19	A	CASH AND MARKETABLE SECURITIES		7186	
	B	DISTRIBUTIONS OF PROPERTY OTHER THAN MONEY		7187	

OTHER INFORMATION				
20	CODE	DESCRIPTION	AMOUNT	
	1			
	2			
	3			

OUTSIDE BASIS CALCULATION				
BASIS AT BEGINNING OF THE YEAR ☺			7155	4276
SHARE OF LIABILITIES		BEGINNING OF YEAR	ADJUSTMENTS	END OF YEAR
NONRECOURSE		7623	7626	7629
QUALIFIED NONRECOURSE FINANCING		7624	7627	7630
OTHER		7625	7628	7631
PARTNERS CONTRIBUTIONS	MONEY	7632		
	PROPERTY (ADJUSTED BASIS)	7633		
	SERVICES (FAIR MARKET VALUE - IF TAXED)	7634		
INCREASES IN SHARE OF PARTNERSHIP LIABILITIES		7635		
DECREASES IN SHARE OF PARTNERSHIP LIABILITIES		7636		
OTHER BASIS INCREASES		7157	4277	
OTHER BASIS DECREASES		7158	4278	

OTHER CURRENT OUTSIDE BASIS INCOME (LOSS) ITEMS		
NOTE: THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE OUTSIDE BASIS CALCULATION. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY RELATED GAINS / LOSSES ALLOWED WILL NOT CARRY TO THE TAX RETURN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCH K-1. THE ALLOWED GAIN OR LOSS MAY ALSO BE SUBJECT TO THE AT-RISK BASIS LIMITATIONS AND SHOULD BE ENTERED IN THE CORRESPONDING AT-RISK FIELDS.		
	BASIS	CA (IF DIFFERENT)
OTHER PORTFOLIO INCOME (LOSS)	3977	3973
OTHER INCOME (LOSS)	3976	3972
SECTION 59(e)(2) EXPENDITURES	3975	3971
OTHER DEDUCTIONS	3974	3970

**ITEMS AFFECTING OUTSIDE BASIS CARRYOVER LOSSES AND AT-RISK CALCULATIONS ARE
LOCATED ON SIDES 3 AND 4.**

PRIOR YEAR OUTSIDE BASIS CARRYOVER LOSSES			
		BASIS	CA (IF DIFFERENT)
ORDINARY LOSS		7159	4247
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		7160	4248
NET LOSS FROM OTHER RENTAL ACTIVITIES		7161	4249
NET SHORT-TERM CAPITAL LOSS		7162	4250
NET LONG-TERM CAPITAL LOSS		7163	4251
NET SECTION 1231 LOSS	TRADE OR BUSINESS	7165	4252
	RENTAL REAL ESTATE ACTIVITIES	4236	4253
	OTHER RENTAL ACTIVITIES	4237	4254
OTHER PORTFOLIO LOSS		7164	4255
OTHER LOSS		7166	4256
SECTION 179 EXPENSE		7168	4257
CHARITABLE CONTRIBUTIONS	50% CASH	7167	4258
	30% CASH	4238	4259
	50% NONCASH	4239	4260
	30% NONCASH	4240	4261
	30% NONCASH CAPITAL GAIN PROPERTY	4241	4262
	20% NONCASH CAPITAL GAIN PROPERTY	4242	4263
	100% CASH	3996	3995
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT TO 2% FLOOR		7169	4264
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER		4243	4265
INVESTMENT INTEREST EXPENSE		7171	4266
ROYALTY DEDUCTIONS		4244	4267
FOREIGN TAXES		7172	4268
SECTION 59(e)(2) EXPENDITURES		7612	4269
OTHER DEDUCTIONS		7170	4270
UNREIMBURSED PARTNERSHIP EXPENSES		4245	4271
NONDEDUCTIBLE EXPENSES		7613	4272
OTHER BASIS DECREASES		4246	4273

AT-RISK BASIS CALCULATION			
SUPPRESS PRINTING OF AT-RISK RECONCILIATION AND ALLOCATION WORKSHEETS			1413 <input type="checkbox"/> YES
ADJUSTED AT-RISK BASIS AT BEGINNING OF YEAR (ENTER -1 FOR -0-) ☺			4749
INCREASES FOR YEAR (OTHER THAN INCOME ITEMS FROM ABOVE)			4750
DECREASES FOR YEAR (OTHER THAN DEDUCTIONS FROM ABOVE)			2996
AMOUNT AT RISK ●●			2997

OTHER CURRENT AT-RISK BASIS INCOME (LOSS) ITEMS		
NOTE: THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE AT-RISK BASIS CALCULATION. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY GAINS / LOSSES ALLOWED RELATED TO THESE ENTIRES WILL NOT CARRY TO THE TAX RTN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCH K-1.		
	BASIS	CA (IF DIFFERENT)
OTHER PORTFOLIO INCOME (LOSS)	3969	3965
OTHER INCOME (LOSS)	3968	3964
SECTION 59(e)(2) EXPENDITURES	3967	3963
OTHER DEDUCTIONS	3966	3962

**PRIOR YEAR AT-RISK CARRYOVER LOSSES AND
PRIOR YEAR PASSIVE CARRYOVER LOSSES
ARE LOCATED ON SIDE 4.**

PRIOR YEAR AT-RISK BASIS CARRYOVER LOSSES				
		BASIS	CA (IF DIFFERENT)	
ORDINARY LOSS		2998	4205	
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		7617	4206	
NET LOSS FROM OTHER RENTAL ACTIVITIES		7618	4207	
NET SHORT-TERM CAPITAL LOSS		4155	4208	
NET LONG-TERM CAPITAL LOSS		4156	4209	
NET SECTION 1231 LOSS	TRADE OR BUSINESS	4158	4210	
	RENTAL REAL ESTATE ACTIVITIES	4229	4231	
	OTHER RENTAL ACTIVITIES	4230	4232	
OTHER PORTFOLIO LOSS		4157	4211	
OTHER LOSS		4159	4212	
SECTION 179 EXPENSE		4161	4213	
CHARITABLE CONTRIBUTIONS	50% CASH	4160	4214	
	30% CASH	3659	4215	
	50% NONCASH	3660	4216	
	30% NONCASH	3661	4217	
	30% NONCASH CAPITAL GAIN PROPERTY	3662	4218	
	20% NONCASH CAPITAL GAIN PROPERTY	3663	4219	
	100% CASH	3994	3988	
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT TO 2% FLOOR		4162	4220	
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER		3664	4221	
INVESTMENT INTEREST EXPENSE		4164	4222	
ROYALTY DEDUCTIONS		3665	4223	
FOREIGN TAXES		4165	4224	
SECTION 59(e)(2) EXPENDITURES		4166	4225	
OTHER DEDUCTIONS		4163	4226	
NONDEDUCTIBLE EXPENSES		4275	4280	
UNREIMBURSED PARTNERSHIP EXPENSES		3666	4227	

PRIOR YEAR PASSIVE ACTIVITY CARRYOVER LOSSES				
		PASSIVE	AMT PASSIVE	CA PASSIVE
ENTER ALL LOSSES AS POSITIVE NUMBERS	ORDINARY LOSS	4050	4740	4794
	NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES	4094	4741	4795
	NET LOSS FROM OTHER RENTAL ACTIVITIES	7150	7178	4799
	NET SHORT-TERM CAPITAL LOSS	4167	4178	4189
	NET LONG-TERM CAPITAL LOSS	4168	4179	4190
	NET SECTION 1231 LOSS	RENTAL REAL ESTATE ACTIVITIES	4233	4234
		ALL OTHER PASSIVE ACTIVITIES	4077	4784
	SECTION 179 EXPENSE		4172	4183
	SECTION 59(e)(2) EXPENDITURES		4177	4188

UNREIMBURSED PARTNER EXPENSES				
UNREIMBURSED PARTNERSHIP EXPENSES ARE: (1 - NONPASSIVE; 2 - ACTIVE RENTAL REAL ESTATE 3 - PASSIVE)				●● 4228
		FEDERAL	CALIFORNIA	
1	TRAVEL EXP AWAY FROM HOME (Not Meals and Entertainment)	a LODGING	7389	
		b CAR RENTAL	7390	
		c TRAVEL	7391	
		d OTHER	7392	
2	MEALS AND ENTERTAINMENT	a TOTAL MEALS AND ENTERTAINMENT	7393	
		b SUBJECT TO D.O.T. LIMITATIONS	1407 <input type="checkbox"/> YES	
3	VEHICLE EXPENSES	a EXPENSES ★ ●●	7388	
		b PROPERTY TAX ★ ●●	7395	
		c INTEREST ★ ●●	7396	
		d LEASE PAYMENTS (LESS INCLUSION AMOUNTS) ★ ●●	7397	
4	DEPRECIATION	★ ●●	7637	4202
5	AMORTIZATION	★ ●●	7638	4203
6	HOME OFFICE EXPENSE	●	7639	4204
	OVERRIDE GROSS INCOME FROM BUSINESS	●●	3650	
7	OTHER EXPENSES		7640	

40 pg 1	S CORPORATION K-1 RECEIVED DATA SHEET 1	LAST NAME	Multiple	2010
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GENERAL INFORMATION									
SHAREHOLDER OWNERSHIP CODE: T = TP S = SP J = JT (Default) ☺ 4054					REAL ESTATE PROFESSIONAL		1367	<input type="checkbox"/>	YES
A	ENTITY IDENTIFICATION NUMBER ☺ 4052				[9]	MATERIALLY PARTICIPATED IN TRADE OR BUSN ACTIVITY	4045	<input type="checkbox"/>	YES
B	ENTITY NAME 4051				[30]	ACTIVE RENTAL REAL ESTATE	4044	<input type="checkbox"/>	YES
	ENTITY ADDRESS 8601				[40]	FOREIGN ENTITY	1237	<input type="checkbox"/>	YES
	ENTITY ZIP CODE 8602				[20]	FINAL DISPOSITION OR EXEMPT FROM LIMITATION	4095	<input type="checkbox"/>	YES
	OHIO CITY	OHIO WORKING CITY	8605	[40]	SOME IS NOT AT RISK	4047	<input type="checkbox"/>	YES	
	DATE FROM:		8619	DATE TO:	8618				

DISTRIBUTIVE SHARE ITEMS									
						FEDERAL	CA / PA STATE (IF DIFFERENT)		
1	ORDINARY BUSINESS INCOME OR (LOSS)					4055	4751		
2	NET RENTAL REAL ESTATE INCOME OR (LOSS)					4081	4752		
3	OTHER NET RENTAL INCOME OR (LOSS)					4082	4753		
4a	INTEREST INCOME					4080	4754		
	INTEREST ON U.S. GOVERNMENT OBLIGATIONS					4038	4739		
5	a ORDINARY DIVIDENDS					4057	4755		
	b QUALIFIED DIVIDENDS					7619	7620		
6	ROYALTIES					4085	4763		
7	NET SHORT-TERM CAPITAL GAIN OR (LOSS)					4058	4756		
8	a NET LONG-TERM CAPITAL GAIN OR (LOSS)					4059	4757		
	b COLLECTIBLES (28%) RATE GAIN (LOSS)					4728			
	c UNRECAPTURED SECTION 1250 GAIN					4078			
9	NET SECTION 1231 GAIN (LOSS) (ENTIRE YEAR)		FROM TRADE OR BUSINESS ACTIVITIES			4060	4759		
			FROM RENTAL REAL ESTATE ACTIVITIES			4133	4744		
			FROM OTHER RENTAL ACTIVITIES			4134	4745		
10	OTHER INCOME OR (LOSS)	NET SHORT-TERM NONPORTFOLIO CAPITAL GAIN OR (LOSS)				4142			
		NET LONG-TERM NONPORTFOLIO CAPITAL GAIN OR (LOSS)				4144			
		CODE	DESCRIPTION			AMOUNT			
		1							
		2							
		3							

SECTION 179 DEDUCTION (1040 ONLY)									
11	SECTION 179 EXPENSE DEDUCTION					4068	4769		
	AMOUNT OF SEC 179 DEDUCTION THAT IS QUALIFIED GULF OPPORTUNITY ZONE PROPERTY					3961			
	SECTION 179 CARRYOVER FROM PRIOR YEAR FORM 4562					4147	4775		

OTHER DEDUCTIONS									
12	CODE	DESCRIPTION				AMOUNT			
	1								
	2								
	3								

NOTE: UNREIMBURSED EXPENSES FROM AN S CORPORATION SHOULD BE REPORTED ON FORM 2106.

CREDITS									
13	CODE	DESCRIPTION				AMOUNT			
	1								
	2								
	3								

FOREIGN TRANSACTIONS									
NOTE: INFORMATION ON THE FOREIGN TAX CREDIT SHOULD BE ENTERED ON FORM 1116.									
14	TOTAL FOREIGN TAXES PAID					7190			

ALTERNATIVE MINIMUM TAX (AMT) ITEMS									
15	CODE	DESCRIPTION				AMOUNT			
	1								
	2								
	3								
	TAX-EXEMPT INTEREST FROM PRIVATE ACTIVITY BONDS					4148			
	EXCESS INTANGIBLE DRILLING COSTS ●					4748			
NOTE: OTHER ALTERNATIVE MINIMUM TAX ITEMS MUST BE ENTERED ON THE APPROPRIATE LINES OF FORM 6251.									

ITEMS AFFECTING SHAREHOLDER BASIS, OTHER INFORMATION, OUTSIDE BASIS AND AT RISK BASIS CALCULATIONS, PRIOR YEAR UNALLOWED LOSSES AND PASSIVE ACTIVITY CALCULATIONS ARE LOCATED ON SIDES 2 AND 3.

40 pg 2		S CORPORATION K-1 RECEIVED DATA SHEET 2		LAST NAME		Number		2010	
ITEMS AFFECTING SHAREHOLDER BASIS									
						FEDERAL		CA / PA STATE (IF DIFFERENT)	
16	A	TAX-EXEMPT INTEREST INCOME		TWO-LETTER STATE CODE	8429	4079		4791	
		TAX-EXEMPT DIVIDEND INCOME		TWO-LETTER STATE CODE	8430	4149		4700	
		CODE	DESCRIPTION			AMOUNT			
		1							
		2							
		3							
OTHER INFORMATION									
17		CODE	DESCRIPTION			AMOUNT			
		1							
		2							
		3							
		SELF-EMPLOYED HEALTH INSURANCE PREMIUMS PAID			7614				
	WAGES FROM THIS S-CORPORATION			7615					
	GROSS FARMING OR FISHING INCOME			4072					
OUTSIDE BASIS CALCULATION									
SPECIAL ORDERING ELECTION MADE (MUST HAVE OUTSIDE BASIS AMOUNTS ENTERED)						8431	<input type="checkbox"/>	YES	
PRINT ELECTION STATEMENT (ONLY REQUIRED ONCE)						4274	<input type="checkbox"/>	YES	CA (IF DIFFERENT)
STOCK BASIS AT BEGINNING OF YEAR (ENTER -1 FOR -0-)						7155	☺		4276
CAPITAL ADDITIONS						7609			
OTHER BASIS INCREASES						7157			4277
OTHER BASIS DECREASES						7158			4278
LOAN BASIS AT BEGINNING OF YEAR (ENTER -1 FOR -0-)						7156			4279
ORIGINAL LOAN BALANCE LESS CUMULATIVE PRINCIPAL PAYMENTS						7610			
NEW LOANS						7611			
OTHER CURRENT YEAR OUTSIDE BASIS INCOME (LOSS) ITEMS									
NOTE: THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE OUTSIDE BASIS CALCULATIONS. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY RELATED GAINS / LOSSES ALLOWED WILL NOT CARRY TO THE TAX RETURN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCH K-1. THE ALLOWED GAIN OR LOSS MAY ALSO BE SUBJECT TO THE AT-RISK BASIS LIMITATIONS AND SHOULD BE ENTERED IN THE CORRESPONDING AT-RISK FIELDS ON PG 3.									
OTHER PORTFOLIO INCOME (LOSS)						3977			3973
OTHER INCOME (LOSS)						3976			3972
SECTION 59(e)(2) EXPENDITURES						3975			3971
OTHER DEDUCTIONS						3974			3970
PRIOR YEAR OUTSIDE BASIS CARRYOVER LOSSES									
						BASIS		CA (IF DIFFERENT)	
ORDINARY LOSS						7159			4247
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES						7160			4248
NET LOSS FROM OTHER RENTAL ACTIVITIES						7161			4249
NET SHORT-TERM CAPITAL LOSS						7162			4250
NET LONG-TERM CAPITAL LOSS						7163			4251
NET SECTION 1231 LOSS		TRADE OR BUSINESS				7165			4252
		RENTAL REAL ESTATE ACTIVITIES				4236			4253
		OTHER RENTAL ACTIVITIES				4237			4254
OTHER PORTFOLIO LOSS						7164			4255
OTHER LOSS						7166			4256
SECTION 179 EXPENSE DEDUCTION						7168			4257
CHARITABLE CONTRIBUTIONS		50% CASH				7167			4258
		30% CASH				4238			4259
		50% NONCASH				4239			4260
		30% NONCASH				4240			4261
		30% NONCASH CAPITAL GAIN PROPERTY				4241			4262
		20% NONCASH CAPITAL GAIN PROPERTY				4242			4263
		100% CASH				3996			3995
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT OT 2% FLOOR						7169			4264
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER						4243			4265
INVESTMENT INTEREST EXPENSE						7171			4266
ROYALTY DEDUCTIONS						4244			4267
FOREIGN TAXES						7172			4268
SECTION 59(e)(2) EXPENDITURES						7612			4269
OTHER DEDUCTIONS						7170			4270
NONDEDUCTIBLE EXPENSES						7613			4272
OTHER BASIS DECREASES						4246			4273
AT-RISK ENTRIES ARE LOCATED ON S-CORPORATION K-1 RECEIVED DATA SHEET 3.									

AT-RISK BASIS CALCULATION				
NOTE: ONLY THE SIMPLIFIED COMPUTATION OF AMOUNT AT RISK IS CALCULATED. TO USE THE DETAILED COMPUTATION, FILL OUT FORM 6198 AND OVERRIDE THE AMOUNT AT RISK BELOW.				
SUPPRESS PRINTING OF AT-RISK RECONCILIATION AND ALLOCATION WORKSHEETS			1413	<input type="checkbox"/> YES
ADJUSTED AT-RISK BASIS AT BEGINNING OF YEAR (Enter -1 for -0-)			☺ 4749	
INCREASES FOR YEAR (OTHER THAN INCOME ITEMS FROM ABOVE)			4750	
DECREASES FOR YEAR (OTHER THAN DEDUCTIONS FROM ABOVE)			2996	
AMOUNT AT RISK			●● 2997	
OTHER CURRENT YEAR AT-RISK INCOME (LOSS) ITEMS				
NOTE: THE FOLLOWING ITEMS DO NOT CARRY AUTOMATICALLY TO THE AT-RISK BASIS CALCULATIONS. THESE FIELDS HAVE BEEN PROVIDED TO ALLOW FOR MORE ACCURATE CALCULATION OF LOSSES ALLOWED ON OTHER LINES. ANY GAINS / LOSSES ALLOWED RELATED TO THESE WILL NOT CARRY TO THE TAX RETURN AND MUST BE MANUALLY ENTERED PER THE INSTRUCTIONS PROVIDED WITH THE SCHEDULE K-1.				
		AT-RISK	CA (IF DIFFERENT)	
OTHER PORTFOLIO INCOME (LOSSES)		3969	3965	
OTHER INCOME (LOSSES)		3968	3964	
SECTION 50(e)(2) EXPENDITURES		3967	3963	
OTHER DEDUCTIONS		3966	3962	
PRIOR YEAR AT-RISK BASIS CARRYOVER LOSSES				
ORDINARY LOSS		2998	4205	
NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES		7617	4206	
NET LOSS FROM OTHER RENTAL ACTIVITIES		7618	4207	
NET SHORT-TERM CAPITAL LOSS		4155	4208	
NET LONG-TERM CAPITAL LOSS		4156	4209	
NET SECTION 1231 LOSS	TRADE OR BUSINESS	4158	4210	
	RENTAL REAL ESTATE ACTIVITIES	4229	4231	
	OTHER RENTAL ACTIVITIES	4230	4232	
OTHER PORTFOLIO LOSS		4157	4211	
OTHER LOSS		4159	4212	
SECTION 179 EXPENSE DEDUCTION		4161	4213	
CHARITABLE CONTRIBUTIONS	50% CASH	4160	4214	
	30% CASH	3659	4215	
	50% NONCASH	3660	4216	
	30% NONCASH	3661	4217	
	30% NONCASH CAPITAL GAIN PROPERTY	3662	4218	
	20% NONCASH CAPITAL GAIN PROPERTY	3663	4219	
100% CASH		3994	3988	
DEDUCTIONS RELATED TO PORTFOLIO INCOME - SUBJECT OT 2% FLOOR		4162	4220	
DEDUCTIONS RELATED TO PORTFOLIO INCOME - OTHER		3664	4221	
INVESTMENT INTEREST EXPENSE		4164	4222	
ROYALTY DEDUCTIONS		3665	4223	
FOREIGN TAXES		4165	4224	
SECTION 59(e)(2) EXPENDITURES		4166	4225	
OTHER DEDUCTIONS		4163	4226	
NONDEDUCTIBLE EXPENSES		4275	4280	
PASSIVE ACTIVITY CALCULATION		PASSIVE	AMT PASSIVE	CA PASSIVE
PRIOR YEAR CARRYOVER LOSSES (ENTER ALL LOSSES AS POSITIVE AMOUNTS)	ORDINARY LOSS	4050	4740	4794
	NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES	4094	4741	4795
	NET LOSS FROM OTHER RENTAL ACTIVITIES	7150	7178	4799
	NET SHORT-TERM CAPITAL LOSS	4167	4178	4189
	NET LONG-TERM CAPITAL LOSS	4168	4179	4190
	NET SECTION 1231 LOSS: RENTAL REAL ESTATE ACTIVITIES	4233	4234	4235
	NET SECTION 1231 LOSS: ALL OTHER PASSIVE ACTIVITIES	4077	4083	4784
	SECTION 179 EXPENSE	4172	4183	4194
SECTION 59(e)(2) EXPENDITURES		4177	4188	4199

41	FIDUCIARY K-1 RECEIVED DATA SHEET	LAST NAME	Multiple	2010
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GENERAL INFORMATION									
BENEFICIARY OWNERSHIP CODE: T = TP S = SP J = JT (Default) ☺ 4054					OHIO CITY		OHIO WORKING CITY 8605 [20]		
A	ENTITY IDENTIFICATION NUMBER ☺ 4052 [10]				DATE FROM: 8619 - -		DATE TO: 8618 - -		
B	ESTATE OR TRUST NAME 4051 [30]				REAL ESTATE PROFESSIONAL		1367 <input type="checkbox"/> YES		
C	FIDUCIARY NAME 8603 [30]				MATERIALLY PARTICIPATED IN TRADE OR BUSN ACTIVITY		4045 <input type="checkbox"/> YES		
	FIDUCIARY ADDRESS 8601 [40]				ACTIVE RENTAL REAL ESTATE		4044 <input type="checkbox"/> YES		
	FIDUCIARY ZIP CODE 8602 [40]				FOREIGN ENTITY		1237 <input type="checkbox"/> YES		
ESTATE OR TRUST: 1 = Estate 2 = Trust 0393					FINAL DISPOSITION OR EXEMPT FROM LIMITATION		4095 <input type="checkbox"/> YES		

DISTRIBUTIVE SHARE ITEMS						
					FEDERAL	CA / PA STATE (IF DIFFERENT)
1	INTEREST INCOME				4080	4754
	INTEREST ON U.S. GOVERNMENT OBLIGATIONS				4038	4739
2	a	ORDINARY DIVIDENDS			4057	4755
	b	QUALIFIED DIVIDENDS			7619	7620
3	NET SHORT-TERM CAPITAL GAIN OR (LOSS)				4058	4756
	a	NET LONG-TERM CAPITAL GAIN OR (LOSS)			4059	4757
4	b	28% RATE GAIN			4728	
	c	UNRECAPTURED SECTION 1250 GAIN			4078	
5	OTHER PORTFOLIO AND NONBUSINESS INCOME				4061	4760
6	ORDINARY BUSINESS INCOME				4055	4751
7	NET RENTAL REAL ESTATE INCOME				4081	4752
8	OTHER RENTAL INCOME				4082	4753
9	DIRECTLY APPORTIONED DEDUCTIONS	CODE	DESCRIPTION	LINE # *	AMOUNT	
		1				
		2				
		3				
* NOTE: ENTER 5, 6, 7, OR 8 IN EACH LINE OF THE GRID IN THE LINE # COLUMN TO ASSIGN THE DIRECTLY APPORTIONED DEDUCTIONS TO THE CORRECT ACTIVITY.						
10	ESTATE TAX DEDUCTION				4066	4771

FINAL YEAR DEDUCTIONS				
11	CODE	DESCRIPTION	AMOUNT	
	1			
	2			
	3			

ALTERNATIVE MINIMUM TAX ADJUSTMENT				
12	CODE	DESCRIPTION	AMOUNT	
	1			
	2			
	3			

CREDITS AND CREDIT RECAPTURE				
13	CODE	DESCRIPTION	AMOUNT	
	1			
	2			
	3			

OTHER INFORMATION					
14	A	TAX-EXEMPT INTEREST INCOME	TWO-LETTER STATE CODE 8429	4079	4791
		TAX-EXEMPT INTEREST DIVIDENDS	TWO-LETTER STATE CODE 8430	4149	4700
		CODE	DESCRIPTION	AMOUNT	
	1				
	2				
3					

PASSIVE ACTIVITY CALCULATION				
		PASSIVE	AMT PASSIVE	CA PASSIVE
PRIOR YEAR CARRYOVER LOSSES	ORDINARY LOSS	4050	4740	4794
	NET LOSS FROM RENTAL REAL ESTATE ACTIVITIES	4094	4741	4795
	NET LOSS FROM OTHER RENTAL ACTIVITIES	7150	7178	4799
	NET SHORT-TERM CAPITAL LOSS	4167	4178	4189
	NET LONG-TERM CAPITAL LOSS	4168	4179	4190

42 PAGE 1	FORM 2555 FOREIGN EARNED INCOME	LAST NAME	Multiple	2010
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SPOUSE'S FORM 2555			1311	<input type="checkbox"/>	YES		
TOTAL AMOUNT OF ANY ITEMIZED DEDUCTIONS NOT CLAIMED BECAUSE THEY ARE RELATED TO EXCLUDED INCOME			3214				
1	FOREIGN STREET ADDRESS		0111 [35]				
	CITY		0206 [20]				
	FOREIGN STATE OR PROVINCE		0207 [22]				
	FOREIGN POSTAL CODE		0208 [22]				
	COUNTRY CODE		8442 [2]				
3	NAME OF EMPLOYER		0112 [35]				
4	EMPLOYER'S U.S. ADDRESS:						
	U.S. STREET ADDRESS		0113 [35]				
	U.S. ZIP CODE	0211	CITY	0209 [20]	STATE 0210 [2]		
	EMPLOYER'S FOREIGN ADDRESS:						
	FOREIGN STREET ADDRESS		0114 [35]				
	FOREIGN CITY		0212 [22]				
	FOREIGN STATE OR PROVINCE		0213 [22]				
5	FOREIGN POSTAL CODE		0214 [22]				
	FOREIGN COUNTRY		0215 [22]				
	EMPLOYER IS: (CHECK ANY THAT APPLY)						
	a	A FOREIGN ENTITY		1100	<input type="checkbox"/>	YES	
	b	A U.S. COMPANY		1132	<input type="checkbox"/>	YES	
6	c	SELF		1133	<input type="checkbox"/>	YES	
	d	FOREIGN AFFILIATE OF U.S. COMPANY		1131	<input type="checkbox"/>	YES	
	e	OTHER		0115 [20]			
7	a	LAST YEAR (AFTER 1981) FORM 2555 WAS FILED TO CLAIM EITHER EXCLUSION		0116 [27]			
	d	TYPE OF EXCLUSION AND TAX YEAR FOR WHICH REVOCATION WAS EFFECTIVE		0117 [18]			
8	CITIZEN OF WHAT COUNTRY (DEFAULT = U.S.)		0173 [30]				
9	a	IF SEPARATE HOME WAS MAINTAINED FOR FAMILY DUE TO ADVERSE LIVING CONDITIONS, LIST CITY AND COUNTRY		8443 [35]			
	b	NUMBER OF DAYS HOME WAS MAINTAINED		8444 [3]			
9	TAX HOME DURING YEAR		8445 [35]				
	DATE TAX HOME WAS ESTABLISHED		8446 - - [35]				
PART II - TAXPAYERS QUALIFYING UNDER BONA FIDE RESIDENCE TEST							
10	DATE BONA FIDE RESIDENCE BEGAN		0120 - -	ENDED (ENTER 'C' FOR CONTINUE) 0177 - -			
11	KIND OF LIVING QUARTERS IN FOREIGN COUNTRY:		1 = PURCHASED HOME 3 = RENTED ROOM 2 = RENTED HOUSE OR APARTMENT 4 = QUARTERS FURNISHED BY EMPLOYER				
12	b	IF ANY FAMILY MEMBER LIVED ABROAD WITH TAXPAYER DURING YEAR, LIST FAMILY RELATIONSHIP FOR WHAT PERIOD OF TIME?		8447 [11] 8448 [25]			
13	a	STATEMENT SUBMITTED TO FOREIGN COUNTRY THAT TAXPAYER IS NOT RESIDENT OF THAT COUNTRY		1232	<input type="checkbox"/>	YES	
	b	TAXPAYER REQUIRED TO PAY INCOME TAX TO FOREIGN COUNTRY WHERE BONA FIDE RESIDENCE IS CLAIMED		1227	<input type="checkbox"/>	YES	
14	DATE ARRIVED IN U.S. (1)		DATE LEFT U.S. (2)	NUMBER OF DAYS IN U.S. ON BUSINESS (3)	INCOME EARNED IN U.S. ON BUSINESS (4)		
	- -		- -				
	- -		- -				
	- -		- -				
15	a	LIST ANY CONTRACTUAL TERMS OR OTHER CONDITIONS RELATING TO THE LENGTH OF EMPLOYMENT ABROAD					
	0183					[72]	
	b	TYPE OF VISA UNDER WHICH TAXPAYER ENTERED FOREIGN COUNTRY		0184		[38]	
	c	DID VISA LIMIT LENGTH OF STAY OR EMPLOYMENT IN FOREIGN COUNTRY?		1192		<input type="checkbox"/>	YES
	d	IF HOME WAS MAINTAINED IN U.S. WHILE LIVING ABROAD, LIST U.S. ADDRESS		8449		[60]	
	e	HOME WAS RENTED WHILE LIVING ABROAD		8356		<input type="checkbox"/>	YES
15	NAME(S) OF OCCUPANT(S)		8450		[35]		
	RELATIONSHIP		8451		[11]		

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PART III - TAXPAYERS QUALIFYING UNDER PHYSICAL PRESENCE TEST						
16	PHYSICAL PRESENCE TEST IS BASED ON 12-MONTH PERIOD			FROM	0186 - -	THROUGH 0187 - -
17	PRINCIPAL COUNTRY OF EMPLOYMENT DURING TAX YEAR			0188 [38]		
INFORMATION CONCERNING TRAVEL ABROAD						
18	NAME OF COUNTRY (INCLUDING U.S.) (a) [20]	DATE ARRIVED (b)	DATE LEFT (c)	NO. OF FULL DAYS PRESENT IN CNTRY	NO. OF DAYS IN U.S.	INCOME EARNED IN U.S. ON BUSINESS
		- -	- -			
		- -	- -			
		- -	- -			
	ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN					
	EF ONLY: NO TRAVEL STMT - EXPLAIN WHY TP DID NOT TRAVEL OUT OF COUNTRY DURING 12-MONTH PERIOD NAMED ABOVE					
						[70]
						[70]
						[70]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN						
PART IV - ALL TAXPAYERS						
19	TOTAL WAGES, SALARIES, BONUSES, COMMISSIONS, ETC.					3022
20	ALLOWABLE SHARE OF INCOME FOR PERSONAL SERVICES PERFORMED:					
	a	IN A BUSINESS				3023
	b	IN A PARTNERSHIP				3024
	PTSHIP NAME, ADDRESS, NATURE OF INCOME				0189 [54]	
21	NONCASH INCOME:					
	a	HOME (LODGING)				3025
	b	MEALS				3026
	c	CAR				3027
	d	OTHER PROPERTY OR FACILITIES				3028
	SPECIFY: 0190				[54]	
22	ALLOWANCES, REIMBURSEMENTS, OR EXPENSES PAID ON BEHALF OF TAXPAYER:					
	a	COST OF LIVING AND OVERSEAS DIFFERENTIAL				3029
	b	FAMILY				3030
	c	EDUCATION				3031
	d	HOME LEAVE				3032
	e	QUARTERS				3033
	f	FOR ANY OTHER PURPOSE				3034
	SPECIFY: 0131				[37]	
23	OTHER FOREIGN EARNED INCOME					3035
	SPECIFY: 0132				[54]	
25	TOTAL EXCLUDABLE MEALS AND LODGING					3036
PART VI - CLAIMING HOUSING EXCLUSION / DEDUCTION AND PART VII - CLAIMING FOREIGN EARNED INCOME EXCLUSION						
28	QUALIFIED HOUSING EXPENSES FOR TAX YEAR					3037
29	HOUSING EXPENSE AND LIMITATION					
	COUNTRY [25]	LOCATION [25]	# DAYS IN QUALIFYING PERIOD WITHIN CURRENT TAX YEAR	DAILY LIMITATION	YEARLY LIMITATION	
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN						
34	EMPLOYER PROVIDED AMOUNTS					3039
PART VII - CLAIMING FOREIGN EARNED INCOME EXCLUSION						
31,38	NUMBER OF DAYS IN QUALIFYING PERIOD THAT FALL WITHIN 2010 TAX YEAR					•• 3038
PART VIII - CLAIMING HOUSING EXCLUSION, FOREIGN EARNED INCOME EXCLUSION, OR BOTH						
44	DEDUCTIONS ALLOWED THAT ARE ALLOCABLE TO EXCLUDED INCOME					3040
	EXPLANATION OF DEDUCTIONS ALLOWED THAT ARE ALLOCABLE TO EXCLUDED INCOME					
						[70]
						[70]
						[70]
ADDITIONAL LINES ARE AVAILABLE ON INPUT SCREEN						
PART IX - CLAIMING HOUSING DEDUCTION						
49	HOUSING DEDUCTION CARRYOVER FROM 2009					3042

OIL		OIL AND GAS DEPLETION WORKSHEET	
CARRY DEPLETION TO FORM:			
1 - Ordinary Income (Sch C) 3- Fiduciary K-1 Received 2 - Royalty Income (Sch E) 4- Partnership K-1 Received 5- S Corporation K-1 Received		8185	
CARRY TO MULTIPLE FORM NUMBER:		8186	
PROPERTY OR WELL DESCRIPTION	8189	[50]	
DATE OF FIRST PRODUCTION ☺		8190 - -	
PROPERTY OR WELL LOCATION	8191	[65]	
PROPERTY OR WELL TYPE:			
1 = Primary Oil (Default) 7 = Marginal Gas Production 2 = Primary Gas 8 = Transfer Oil 3 = Secondary Oil 9 = Foreign Oil 4 = Secondary Gas 10 = Geopressurized Brine 5 = Fixed Contract Gas 11 = Nonproducing 6 = Marginal Oil Production		8192	
INDEPENDENT PRODUCER		8317 <input type="checkbox"/> NO	
PRODUCE OVER 1000 BARRELS PER DAY		8318 <input type="checkbox"/> YES	
RETAILER OR REFINER		8319 <input type="checkbox"/> YES	
PERCENT OF OWNERSHIP (DEFAULT IS 100 PERCENT)		8193	
PART I - INCOME OR (LOSS)			
1	GROSS INCOME	3580	
2	PRODUCTION OR SEVERANCE TAXES	3581	
3	LEASE OPERATING EXPENSES	3582	
4	ALLOCATED OVERHEAD	3583	
5	DEPRECIATION ★ ● ●	3584	
6 INTANGIBLE DRILLING COSTS			
EXPENSED		3585	
AMORTIZED		3586	
7 DRY HOLE EXPENSES		3587	
ROYALTIES PAID		3588	
DELAY RENTALS		3589	
OTHER EXPENSES		3590	
PART II - COST DEPLETION			
9	COST OR OTHER BASIS	3591	
10	PRIOR YEARS' ACCUMULATED DEPLETION	3592	
12	ESTIMATED RESERVES AT END OF TAX YEAR	3593	
13	CURRENT YEAR PRODUCTION	3594	
PART III - PERCENTAGE DEPLETION			
17	OVERRIDE STATUTORY DEPLETION PERCENTAGE ● ●	8194	
PART IV - DEPLETION ALLOWED			
23	DEPLETION CARRYOVER (PRIOR YR UNALLOWED DEPLETION)	3595	
24	OVERRIDE INCOME LIMITATION (FIRST MULTIPLE ONLY) ● ●	3596	
25	OVERRIDE DEPLETION ALLOWED ● ●	3597	
PART V - AMT ADJUSTMENTS			
27	OVERRIDE DEPLETION ADJUSTMENT ● ●	3598	
28	OVERRIDE EXCESS INTANGIBLE DRILLING COSTS ● ●	3599	

8846		EMPLOYER SS & MEDICARE TAXES PD CREDIT	
1	EMPLOYEE TIPS ON WHICH EMPLOYER PAID SOCIAL SECURITY AND MEDICARE TAXES DURING TAX YEAR	7457	
2	TIPS NOT SUBJECT TO CREDIT PROVISIONS	7458	
4	TIPS SUBJECT ONLY TO MEDICARE TAX	3560	
CREDIT FOR EMPLOYER SOC SEC AND MEDICARE TAXES PAID ON CERTAIN EMPLOYEE TIPS FROM PARTNERSHIPS AND S CORPORATIONS +		7459	
5	1040 / 1041 ONLY - FORM 8846 PASSIVE CREDIT FOR FORM 8582CR		
	ACTIVITY NAME [33] T/S WK #	CURRENT CR	PRIOR YR CR
7	CREDIT INCLUDED ON LINE 6 FROM PASSIVE ACT (SEE INSTR)	9714	
9	CREDIT ALLOWED FOR 2009 FROM PASSIVE ACTIVITIES ● ●	9715	
10	CREDIT CARRYFORWARD OF SS / MEDICARE TAXES PAID ON CERTAIN EMPL TIPS ORIGINATED IN TAX YR AFTER 2007	7976	
11	CRYBACK FROM 2010 OF SS / MEDICARE TAX PAID ON TIPS	9716	

4506		REQUEST FOR COPY OF TAX FORM	
STREET ADDRESS (INCLUDING APT, ROOM, SUITE) SHOWN ON LAST RETURN FILED			
4	4201	[68]	
ZIP CODE SHOWN ON LAST RETURN FILED			
	4202	[68]	
IF COPY IS TO BE MAILED TO SOMEONE ELSE, NAME OF THIRD PARTY			
	4203	[34]	
THIRD PARTY STREET ADDRESS			
5	4204	[34]	
THIRD PARTY ZIP CODE			
	4205	[34]	
THIRD PARTY TELEPHONE NUMBER		4206	[14]
TAX FORM NUMBER		4207	[30]
REQUESTING CERTIFIED COPY OF TAX FORM FOR COURT OR ADMINISTRATIVE PROCEEDINGS		4222	<input type="checkbox"/> YES
TAX PERIOD(S) (YEAR OR PERIOD ENDED DATE)			
7	4208	4211	4227
	4209	4225	4228
	4210	4226	
8	FEE: THERE IS A \$57 FEE FOR EACH PERIOD REQUESTED.		
9	IF RETURN IS NOT FOUND, PAYMENT IS TO BE REFUNDED TO THIRD PARTY LISTED ON LINE 5		4217 <input type="checkbox"/> YES
TELEPHONE NUMBER OF TAXPAYER		4212	

3800		GENERAL BUSINESS CREDIT	
CURRENT YEAR CREDIT			
d	LOW-INCOME HOUSING CR FORM 8586 ●	2640	
	EIN OF FLOW-THROUGH ENTITY	0148	-
i	NEW MARKETS CREDIT FORM 8874 ●	3603	
	EIN OF FLOW-THROUGH ENTITY	0345	-
k	EMPLOYER-PROVIDED CHILD CARE FACILITIES & SVCS CR FORM 8882 ●	3632	
	EIN OF FLOW-THROUGH ENTITY	0377	-
r	ALT MOTOR VEHICLE CREDIT FORM 8910 ●	3804	
	EIN OF FLOW-THROUGH ENTITY	4378	-
bb	GENERAL CREDITS FROM ELECTING LARGE PTSHP FORM 1065-B	2343	
3	PASSIVE ACTIVITY CREDIT INCL ON LINES 1a THRU 1bb ● ●	2620	
5	PASSIVE ACTIVITY CREDITS ALLOWED FOR 2009 ● ●	2689	
6	CARRYFORWARD OF GENERAL BUSINESS CREDIT FROM PRIOR YEAR ● ●	2531	
	CARRYFORWARD OF FORM 8611 FROM 2007	3673	
7	CARRYBACK OF GENERAL BUSINESS CREDIT FROM 2010	2995	
PART II - CREDIT LIMITATION BASED ON TAX AMOUNT			
CREDITS THAT REDUCE REGULAR TAX BEFORE GENERAL BUSINESS CREDIT:			
15	CONTROLLED GROUPS ONLY	PERCENT OF GROUP CREDIT THIS MEMBER RECEIVED	4484
16	1120 ONLY	SMALL CORP EXEMPT FROM AMT UNDER SECTION 55(e)	1314 <input type="checkbox"/> YES
18	b 1120/1120S ONLY	BONUS DEPRECIATION AMOUNT ATTRIBUTABLE TO RESEARCH CREDIT	9797
19	a	RESEARCH CREDIT LIMITATION ● ●	9798
24		EMPOWERMENT ZONE EMPLOYMENT CREDIT ●	3449
	a	INVESTMENT CREDIT (PART III) ●	9752
	b	WORK OPPORTUNITY CREDIT ●	2257
	c	ALCOHOL FUEL CREDIT ●	2665
	d	LOW-INCOME HOUSING CREDIT (PART II) ●	9781
29	e	RENEWABLE ELECTRICITY PRODUCTION CR (PART II) ●	3699
	f	EMPLOYER FICA/MEDICARE PAID ON CERTAIN TIPS ●	3399
	g	QUALIFIED RAILROAD TRACK MAINTENANCE CREDIT ●	3733
	h	SM EMPLYR HEALTH INS PREM CR FORM 8941 ●	9870
		EIN OF FLOW-THROUGH ENTITY	0581 -

44	UNIVERSAL DATA SHEET 44 <small>(TO BE USED WITH SYSTEMS 1040, 1041, 1065, 1120, 1120S)</small>	NAME	2010
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8582-CR		PASSIVE ACTIVITY CREDIT LIMITATIONS						
	ACTIVITY NAME	[33]	T / S / J	WKSHT #	FROM FORM	CURRENT CREDIT	PRIOR YR CREDIT	
1								
2								
3								
4								
38	DISPOSED OF ENTIRE INTEREST (PASSIVE OR FORMER PASSIVE ACTIVITY) IN FULLY TAXABLE TRANSACTION, AND ELECT TO INCREASE BASIS OF THE CREDIT PROPERTY USED IN ACTIVITY BY UNALLOWED CREDIT THAT REDUCED PROPERTY'S BASIS						1356	<input type="checkbox"/> YES
39	DISPOSED ACTIVITY NAME						4730	[50]
40	DESCRIPTION OF CREDIT PROPERTY FOR WHICH ELECTION IS BEING MADE:						4731	[70]
41	AMOUNT OF UNALLOWED CREDIT THAT REDUCED PROPERTY'S BASIS						2911	

8909		ENERGY EFFICIENT APPLIANCE CREDIT						
FOR USE WITH ALL SYSTEMS								
PART I - DISHWASHERS								
1	NUMBER OF ELIGIBLE DISHWASHERS PRODUCED IN CALENDAR YEAR 2010					7765	9765	
2	AVERAGE NUMBER OF ELIGIBLE DISHWASHERS PRODUCED IN THE 2 PRIOR CALENDAR YEARS					7768	9796	
PART II - CLOTHES WASHERS						(a) TYPE A	(b) TYPE B	
6	NUMBER OF ELIGIBLE CLOTHES WASHERS PRODUCED IN CURRENT CALENDAR YEAR					7767	9787	
7	AVERAGE NUMBER OF ELIGIBLE CLOTHES WASHERS PRODUCED IN 2 CALENDAR YEARS					7770	9790	
REFRIGERATORS						(a) TYPE A	(b) TYPE B	
12	NUMBER OF ELIGIBLE REFRIGERATORS PRODUCED IN CURRENT CALENDAR YEAR					7771	7772	
13	AVERAGE NUMBER OF ELIGIBLE REFRIGERATORS PRODUCED IN THE 2 PRIOR CALENDAR YEARS					7774	7775	
19	AVERAGE ANNUAL GROSS RECEIPTS						7778	
20	b	AMOUNT FROM LINE 19 OF 2009 FOR M8909			9792	d	AMOUNT FROM LINE 22b OF 2009 FORM 8909	9794
	c	AMOUNT FROM LINE 22a OF 2009 FORM 8909			9793	g	AMOUNT FROM LINE 20 OF 2009 FORM 8909	9789
						i	AMOUNT FROM LINE 19 OF 2009 FOR M8909	9795
24	ENERGY EFFICIENT APPLIANCE CREDITS FROM PARTNERSHIPS, S CORPORATIONS, ESTATES, TRUSTS, AND COOPERATIVES						7777	
	FORM 1040 / 1041 ONLY - FORM 8908 CREDITS FOR FORM 8582CR							
	ACTIVITY NAME						[33] T / S / J WORKSHEET # CURRENT CREDIT PRIOR YR CREDIT	
26	1041 ONLY	AMOUNT ALLOCATED TO BENEFICIARIES OF THE ESTATE OR TRUST OR PATRONS OF COOPERATIVE (SEE INSTRUCTIONS)					••	2569

8910		ALTERNATIVE MOTOR VEHICLE CREDIT				
PART I - TENTATIVE CREDIT						
VEHICLE YEAR	VEHICLE MAKE AND MODEL (SEE GRID FOR ELIGIBLE VEHICLES)	[10]	DATE PLACED IN SERVICE	PURCHASE DATE	BUSINESS USE PERCENTAGE	
			- -	- -		
			- -	- -		
			- -	- -		
			- -	- -		
			- -	- -		
PART II - CREDIT FOR BUSINESS / INVESTMENT USE PART OF VEHICLE						
14	ALTERNATIVE MOTOR VEHICLE CREDITS FROM PARTNERSHIPS AND S CORPORATIONS					3920
	FORM 1040 / 1041 ONLY - FORM 8910 PASSIVE CREDITS FOR FORM 8582CR					
	ACTIVITY NAME					[33] T / S / J WORKSHEET # CURRENT CREDIT PRIOR YR CREDIT

8931		AGRICULTURAL CHEMICALS SECURITY CREDIT							
ENTER IN THE GRID BELOW THE QUALIFIED AGRICULTURAL CHEMICALS SECURITY EXPENSES FOR EACH FACILITY									
LINE 1A - SECURITY TRAINING	LINE 1B - AGRI CHEMICALS	LINE 1C - THEFT PREVENTION	LINE 1D - PERIMETER	LINE 1C - SECURITY	LINE 1F - COMPUTER	LINE 1G - SECURITY ASSESSMENT	LINE 1H - SITE SECURITY PLAN	MAXIMUM CREDIT	
7	CREDIT FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS							7780	
	FORM 1040 / 1041 ONLY - FORM 8931 CREDITS FOR FORM 8582CR								
	ACTIVITY NAME							[33] T / S WORKSHEET # CURRENT CREDIT PRIOR YR CREDIT	
9	1041 ONLY	AMOUNT ALLOCATED TO BENEFICIARIES OF THE ESTATE OR TRUST						••	7781