

## DEPENDENT INFORMATION

CLIENT \_\_\_\_\_

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

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial .				
Last Name if Diff .				
Birthdate . . . . .				
Soc Sec Number . .				
Relationship . . . .				
Ownership Code . .	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home .				
Disabled . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees . .				
AOC Expenses . . .				
** Type of Educ Cr .				
AOC Prior Years . .				
*** Status Code . .				
Insured . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidnapped . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

  

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No) . . . . . 9.				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No) . . . . . 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) . . . . . 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) . . . . . a.				
b. What is the child's relationship to the other person(s)? b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) . . . . . 13c.				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No) . . . . . 14.				

Number of children listed above who lived at home (default) . . . . .

Number of children listed above who did not live at home due to divorce or separation . . . . .

Number of other dependents listed above . . . . .

2324
2286
2325

\* An entry in this box disallows Child Tax Credit for this child.

\*\* Type of Education Credit: AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

\*\*\* Status Codes: 0 = Claimed  
 1 = Not claiming child this year  
 2 = Not claimed but child qualifies for EIC  
 3 = Not claimed but qualifying child for Head of Household  
 4 = Not claimed but qualifies for Depn Care Benefits (DCB)  
 5 = Not claimed but qualifies for both EIC and HOH  
 6 = Not claimed but qualifies for both EIC and DCB  
 7 = Not claimed but qualifies for HOH and DCB  
 8 = Not claimed but qualifies for all three  
 9 = Claimed but ineligible for EIC

## NOTES:

## W2

## WAGES, SALARIES, TIPS, ETC.

CLIENT \_\_\_\_\_

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

W-2#

WAGE AND TAX STATEMENT																																								
Taxpayer or spouse? .....	8208	Employer identification no.	8207																																					
Employer name .....	8204	Foreign address		8235	Yes																																			
Employer street address .....	8205																																							
Employer city .....	8197	State	8198	ZIP code	8199																																			
Control number .....	8209																																							
<b>2009 AMOUNTS</b>																																								
1. Wages, tips, other compensation	7301			12a. Code ....	8227	Amt	7291																																	
2. Federal income tax withheld	7302			b. Code ....	8228	Amt	7292																																	
3. Social security wages	7303			c. Code ....	8229	Amt	7293																																	
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6. Medicare tax withheld	7306			Retirement plan?	8226	Yes																																		
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8. Allocated tips	7308			14. Other	8213	Amt	7313																																	
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11. Non-qualified plans	7311			Other	8216	Amt	7316																																	
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Corrected Form W-2? .....	8224	Yes	Clergy Form W-2 .....	1448	Yes																																			
Non-standard indicator? .....	8223	Yes	Suppress Clergy self-employment tax .....	1452	Yes																																			

W-2 #

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Attach additional W-2's

## B

## INTEREST AND ORDINARY DIVIDEND INCOME

CLIENT \_\_\_\_\_

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

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2009 TOTAL AMOUNTS
Total Federal withholding from all Form 1099-INT (Box 4) .....				2402	

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

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
Total Federal withholding from all Form 1099-DIV (Box 4) .....					2276		

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

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

# B

## INTEREST INCOME, CONT'D

CLIENT \_\_\_\_\_

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

[illegible]

# B

## ORDINARY DIVIDEND INCOME (cont.)

CLIENT

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

[illegible]

C \_\_\_\_\_

**BUSINESS INCOME**

CLIENT \_\_\_\_\_

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

GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint) .....		0510	
Clergy Schedule C .....		1450 <input type="checkbox"/> Yes	<input type="checkbox"/>
If Joint Schedule C, taxpayer's ownership percentage .....		0501 %	
Community property for self-employment purposes .....		1492 <input type="checkbox"/> Yes	<input type="checkbox"/>
Two-letter state code .....		0309	
A. Principal business activity .....	4345		
Principal busn including product or svc A. ....	0022		
B. Principal business code .....	B. 0023		
C. Business name .....	C. 0024		
D. Business street address .....	0025		
Business city, state, ZIP code .....	D. 0026		
E. Federal employer identification number .....	E. 0031		
F. ACCOUNTING METHOD	Accrual method .....	1126 <input type="checkbox"/> Yes	<input type="checkbox"/>
IF NOT CASH	Other .....	1127 <input type="checkbox"/> Yes	<input type="checkbox"/>
	Specify other method .....	0147	
G. Were you a "material participant" in the operation of this business? .....	G. 1242 <input type="checkbox"/> No		<input type="checkbox"/>
H. Is this the first Schedule C filed for this business? .....	H. 1290 <input type="checkbox"/> Yes		<input type="checkbox"/>

PART I INCOME		2010 AMOUNTS	2009 AMOUNTS
1. Gross receipts or sales .....		2261	
Amount is earnings received as a statutory employee .....	1. 1291 <input type="checkbox"/> Yes		<input type="checkbox"/>
2. Returns and allowances .....		2262 ( )	( )
Other income .....	2. 2237		

PART II EXPENSES		2010 AMOUNTS	2009 AMOUNTS
8. Advertising .....	8.	2473	
9. Car and truck expenses (see vehicle depreciation organizer) .....	9.	2477	
10. Commissions and fees .....	10.	2478	
11. Contract labor .....	11.	2475	
12. Depletion .....	12.	2479	
13. Depreciation and section 179 expense deduction (see depreciation organizer) ..	13.	2480	
14. Employee benefit programs .....	14.	2482	
15. Insurance (other than health) .....	15.	2484	
16. Interest: Mortgage interest (paid to banks, etc.) .....		2474	
Other interest .....	16.	2495	
17. Legal and professional services .....	17.	2487	
18. Office expense .....	18.	2488	
19. Pension and profit-sharing plans .....	19.	2489	
20. Rent or lease: Vehicles, machinery, and equipment .....		2476	
Other business property .....	20.	2491	
21. Repairs and maintenance .....	21.	2492	
22. Supplies .....	22.	2493	
23. Taxes and licenses .....	23.	2494	
24. Travel, meals and entertainment: Travel .....		2496	
Meals and entertainment subject to 50% limitation .....		2673	
Meals and entertainment .....	24.	2672	
25. Utilities .....	25.	2497	
26. Wages less employment credits .....	26.	2498	
30. Expenses for busn use of home (see 8829 organizer or attach explanation) .....	30.	2437	
32. Amount at risk .....	32.	2644	

**BUSINESS INCOME, CONT'D**

CLIENT

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PART III		COST OF GOODS SOLD		2010 AMOUNTS		2009 AMOUNTS	
33.	INVENTORY METHOD IF NOT COST	←	<div> <div>Lower of cost or market . . . . .</div> <div>Other . . . . .</div> <div>Specify other method . . . . . 33. 0280</div> </div>	1155	<input type="checkbox"/> Yes		
				1156	<input type="checkbox"/> Yes		
34.	Was there any change in inventory method? . . . . .	34.		1144	<input type="checkbox"/> Yes		
35.	Inventory at beginning of the year . . . . .	35.		2263			
36.	Purchases . . . . .	36.		2265			
37.	Cost of items withdrawn for personal use . . . . .			2266 (	)	(	)
	Cost of labor (not salary paid to yourself) . . . . .	37.		2267			
38.	Materials and supplies . . . . .	38.		2268			
39.	Other costs . . . . .	39.		2269			
41.	Inventory at end of the year . . . . .	41.		2264 (	)	(	)

PART IV		INFORMATION ABOUT YOUR VEHICLE		2010 AMOUNTS		2009 AMOUNTS	
43.	Date vehicle was placed in service for business purposes	43.	0065				
44.	Business miles vehicle was driven in 2010.		2857	MI			
	Total commuting miles vehicle was driven.		2461	MI			
	Total other miles vehicle was driven	44.	2486	MI			
45.	Was this vehicle available for use during off-duty hours?	45.	1245	<input type="checkbox"/> Yes		<input type="checkbox"/>	
46.	Was another vehicle available for personal use?	46.	1163	<input type="checkbox"/> Yes		<input type="checkbox"/>	
47.	Is there evidence to support your deduction?		1292	<input type="checkbox"/> No		<input type="checkbox"/>	
	If "yes," is the evidence written?	47.	1267	<input type="checkbox"/> No		<input type="checkbox"/>	

[illegible]

**NOTES OR QUESTIONS:**

**BUSINESS USE OF HOME EXPENSES**

CLIENT \_\_\_\_\_

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

<b>PART OF HOME USED FOR BUSINESS</b>		<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
Spouse's Form 8829 (for Married Filing Separate split return only) .....		1469	
1. Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples .....	1.	3477	
2. Total area of home .....	2.	3497	
4. Total hours this facility was used for day care .....	4.	3498	
5. Total hours available for use (if used for day care that was started or stopped this year) .....		2583	
Part of home used exclusively for day care .....	5.	3869	

<b>DEDUCTION DESTINATION</b>	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
Home expense deduction is associated with:		
1 = Schedule C      2 = Schedule F      3 = Form 2106 .....	0566	
Which multiple of the form or schedule selected above? .....	3553	
<b>For Sch C / K-1 Only:</b> Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797 .....	2950	
<b>For Schedule F Only:</b> Business expenses that are NOT from business use of the home .....	2857	
<b>For Form 2106 Only:</b> Employee net income (Form W-2 wages less other business expenses) .....	3489	

<b>ALLOWABLE DEDUCTION</b>		<b>DIRECT EXPENSES</b>		<b>INDIRECT EXPENSES</b>	
		<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
9. Casualty losses .....	9.	3179		3182	
10. Deductible mortgage interest .....		3180		3183	
Qualified mortgage insurance premium .....	10.	2941		2942	
11. Real estate taxes .....	11.	3181		3184	
16. Excess mortgage interest .....	16.	3241		3469	
17. Insurance .....	17.	3242		3450	
18. Rent .....	18.	3808		3933	
19. Repairs and maintenance .....	19.	3243		3468	
20. Utilities .....	20.	3244		2707	
21. Other expenses .....	21.	3245		2721	
24. Operating expenses carryover from 2009 Form 8829, line 42 .....	24.			2722	
28. Excess casualty losses .....	28.			3246	
30. Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43, .....	30.			3134	

<b>DEPRECIATION OF HOME</b>		<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
36. Smaller of home's adjusted basis or fair market value (see depreciation organizer) 36.		3247	
37. Value of land included in home's adjusted basis or fair market value .....	37.	3248	
Date business use began .....			



D

## CAPITAL GAINS AND LOSSES

CLIENT \_\_\_\_\_

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

[illegible]

Short-term capital loss carryover from 2009 Schedule D Capital Loss Carryover Worksheet, line 8. ....	2370(
Long-term capital loss carryover from 2009 Schedule D Capital Loss Carryover Worksheet, line 13 .....	2372(

## INSTALLMENT SALE INCOME

CLIENT \_\_\_\_\_

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PRIOR YEAR INSTALLMENT SALE			
1. Description of property	0095		
Ownership Code (Taxpayer, Spouse, Joint)	0216	Two-letter state code	1. 0217
2. Date acquired	(MM-DD-YYYY)		0096
Date sold	(MM-DD-YYYY)		2. 0097
3. Property was sold to a related party after May 14, 1980.		3. 8424	<input type="checkbox"/> Yes
4. Property sold to a related party was a marketable security		4. 8425	<input type="checkbox"/> Yes
		<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
19. Gross profit percentage	19. 0043	%	
21. Principal payments received during the year	2889		
Payments that qualify for 28% rate	2902		
Current interest payments received	21. 3446		
23. Total payments received in prior years	2890		
Prior year interest payments received	23. 3447		
25. Portion that is taxable as ordinary income	25. 2891		
26. Total unrecaptured section 1250 gain	26. 7664		

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NOTES OR QUESTIONS:

## 1099R

## PENSIONS AND ANNUITIES

CLIENT \_\_\_\_\_

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1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse .....	8208	Payer's federal identification no.		8207					
Payer's name .....	8204								
Payer's street address .....	8205								
Payer's city .....	8197	State	8198	ZIP code	8199				
Account number .....	8209	Foreign address .....			8235	Yes			
		<b>2009 AMOUNTS</b>							
1. Gross distribution .....	7301			7. Distribution code .....		8211			
2a. Taxable amount .....	7303			IRA/SEP/SIMPLE		8225	Yes		
2b. Tax amount not determined .....	8223	Yes		Distrib rolled over 1 = IRA, 2 = Roth		8210			
Total distribution? .....	8224	Yes		8. Other .....		8212			
Qualified Charitable Dist (QCD) .....	7797			Percent of other .....		8213			
Qual health svgs acct funding ..	7937			9a. Percent of total distribution		8214			
Insurance premium - retired public safety officer .....	7938			9b. Total employee contrib ..		7307			
3. Capital gain (included in box 2a) .....	7304			10. Name of state ..		8217			
4. Federal income tax withheld .....	7302			State tax withheld		7314			
5. Employee contrib or ins prem ..	7305			11. Payer's state I.D. number:					
6. Net unrealized appreciation .....	7306			8216					
Disability is earned income? .....		8226	Yes		12. State distribution .....		7313		
<b>SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)</b>									
Cost in plan at starting date .....	7309			Amount recd tax-free after 1986		7310			
Age at starting date .....	8231			# mos payments made this year		8232			
Annuity starting date .....	8234			Using Table 1 or Table 2 .....		8233			

1099R #

DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, ETC.									
Taxpayer or Spouse .....	8208	Payer's federal identification no.		8207					
Payer's name .....	8204								
Payer's street address .....	8205								
Payer's city .....	8197	State	8198	ZIP code	8199				
Account number .....	8209	Foreign address .....			8235	Yes			
		<b>2009 AMOUNTS</b>							
1. Gross distribution .....	7301			7. Distribution code .....		8211			
2a. Taxable amount .....	7303			IRA/SEP/SIMPLE		8225	Yes		
2b. Tax amount not determined .....	8224	Yes		Distrib rolled over 1 = IRA, 2 = Roth		8210			
Total distribution? .....	8223	Yes		8. Other .....		8212			
Qualified Charitable Dist (QCD) .....	7797			Percent of other .....		8213			
Qual health svgs acct funding ..	7937			9a. Percent of total distribution		8214			
Insurance premium - retired public safety officer .....	7938			9b. Total employee contrib ..		7307			
3. Capital gain (included in box 2a) .....	7304			10. Name of state ..		8217			
4. Federal income tax withheld .....	7302			State tax withheld		7314			
5. Employee contrib or ins prem ..	7305			11. Payer's state I.D. number:					
6. Net unrealized appreciation .....	7306			8216					
Disability is earned income? .....		8226	Yes		12. State distribution .....		7313		
<b>SIMPLIFIED GENERAL RULE (Not IRA, SEP, or SIMPLE)</b>									
Cost in plan at starting date .....	7309			Amount recd tax-free after 1986		7310			
Age at starting date .....	8231			# mos payments made this year		8232			
Annuity starting date .....	8234			Using Table 1 or Table 2 .....		8233			

ATTACH ANY ADDITIONAL 1099-R'S

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

NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs				
	TAXPAYER		SPOUSE	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
1. Nondeductible traditional IRA contributions for 2010 . . .	2814		2820	
2. Total traditional IRA basis for 2009 and prior years . . .	2815		2821	
4. IRA contributions made from 01/01/2011 to 04/15/2011	2813		2819	
6. Total value of ALL traditional, SEP, and SIMPLE IRAs as of 12/31/2010 . . . . .	2812		2818	
Outstanding rollovers . . . . .	2787		2790	
7. Total distributions received from traditional, SEP, and SIMPLE IRAs during 2010 . . . . .	2816		2822	
8. Total amount converted from traditional, SEP, and SIMPLE IRAs to Roth IRAs during 2010 . . . . .	7220		7228	
Recharacterizations (amounts, if any, reconverted to traditional, SEP, or SIMPLE IRAs) . . . . .	7221		7229	

2010 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs				
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
17. Basis of net conversions to Roth IRAs . . . . .	7222		7230	
19. Elect to report entire amount in 2010 (rather than half in 2011 and half in 2012) . . . . .	1599 <input type="checkbox"/> Yes	NEW		

ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAs				
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
21. Rollovers from qualified retirement plans to Roth IRAs in 2010 (do not include amounts later recharacterized to traditional IRAs in 2010 or 2011) . . . . .	9217	NEW	9214	NEW
22. Basis in rollover . . . . .	9215	NEW	9216	NEW
Elect to report entire taxable amount in 2010 (rather than half in 2011 and half in 2012). . . . .	1600 <input type="checkbox"/> Yes	NEW		

DISTRIBUTIONS FROM ROTH IRAs				
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
26. Total Roth IRA distributions received in 2010 including first-time homebuyer distributions . . . . .	7223		7231	
27. Qualified first-time homebuyer expenses . . . . .	7649		7650	
29. Basis in Roth IRA contributions . . . . .	7270		7263	
34. Basis in Roth IRA conversions . . . . .	7262		7267	

NOTES OR QUESTIONS:

E1 \_\_\_\_\_

**INCOME OR LOSS FROM RENTAL REAL ESTATE**

CLIENT \_\_\_\_\_

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

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

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

Two-letter state code . . . . .

Final disposition . . . . .

Rental is part of personal residence . . . . .

Percent of ownership . . . . .

Percent of personal use . . . . .

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

Square feet used for rental purposes . . . . .

Total square feet of rental property . . . . .

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

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

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

**ADDITIONAL EXPENSES**

E1 \_\_\_\_\_

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

CLIENT \_\_\_\_\_

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

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

**VACATION HOME CARRYOVERS ONLY**

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

**E2**

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

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

**ATTACH A COPY OF FORM 1065, SCHEDULE K-1 TO THIS PAGE.**

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

GENERAL INFORMATION			
Entity ownership code:	T = Taxpayer	S = Spouse	J = Joint (default)
A. Partnership identification number	4054		
B. Partnership name	4052		
Partnership street address	4051		
Partnership ZIP code, city and state	8601		
	8602		
D. Publicly-traded partnership?	4053		Yes
G. Are you a general partner or LLC member-manager?	1405		Yes
Are you a limited partner or other LLC member?	1406		Yes
Adjust limited partner or other LLC member's self-employment income by any section 179, unreimbursed partnership or depletion expenses	1415		No
Are you a real estate professional?	1367		Yes
Did you materially participate in this trade or business activity?	4045		Yes
Is this activity from active rental real estate?	4044		Yes
Foreign entity?	1237		Yes
This a final disposition or entity is exempt from limitation	4095		Yes
Some is not at risk	4047		Yes

## DISTRIBUTIVE SHARE ITEMS

[illegible]

\* Revised code for 2010

**ATTACH A COPY OF FORM 1120S, SCHEDULE K-1 TO THIS PAGE.**

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

GENERAL INFORMATION			
Entity ownership code:	T = Taxpayer	S = Spouse	J = Joint (default)
A. S Corporation identification number	4052		4054
B. S Corporation name	4051		
S Corporation street address	8601		
S Corporation ZIP code, city and state	8602		
Are you a real estate professional?	1367		Yes
Did you materially participate in this trade or business activity?	4045		Yes
Is this activity from active rental real estate?	4044		Yes
Foreign entity?	1237		Yes
This a final disposition or entity is exempt from limitation	4095		Yes
Some is not at risk	4047		Yes

## DISTRIBUTIVE SHARE ITEMS

[illegible]

\* Revised code for 2010



**FOR ACCURACY, PLEASE INCLUDE A COPY OF THE SCHEDULE K-1.**

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

## GENERAL INFORMATION

Entity ownership code:      T = Taxpayer      S = Spouse      J = Joint (default) .....		4054	
A.	Entity identification number .....	A.	4052
B.	Estate's or trust's name .....	B.	4051
C.	Fiduciary name .....	C.	8603
	Fiduciary street address .....		8601
	Fiduciary ZIP code, city and state ...		8602
Are you a real estate professional? .....		1367	<input type="checkbox"/> Yes
Did you materially participate in this trade or business activity? .....		4045	<input type="checkbox"/> Yes
Is this activity from active rental real estate? .....		4044	<input type="checkbox"/> Yes
Foreign entity? .....		1237	<input type="checkbox"/> Yes
E.	This a final disposition or entity is exempt from limitation .....	E.	4095 <input type="checkbox"/> Yes

## DISTRIBUTIVE SHARE ITEMS

[illegible]

\* Revised code for 2010

**FARM RENTAL INCOME AND EXPENSES**

CLIENT \_\_\_\_\_

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

GENERAL INFORMATION				
	2010 AMOUNTS		2009 AMOUNTS	
This is the spouse's farm rental income .....	1183	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Two-letter state code .....	0311			
This activity is exempt from passive limitations .....	1369	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Are you a real estate professional? .....	1200	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
Employer identification number (EIN) .....	4452			
Did you ``materially participate" in this farm operation this year? .....	1316	<input type="checkbox"/> No		<input type="checkbox"/> No

FARM RENTAL INCOME		2010 AMOUNTS	2009 AMOUNTS
1. Income from production of livestock, produce, grains, and other crops .....	1.	3325	
2a. Cooperative distributions from Form(s) 1099-PATR .....	a.	3326	
b. Taxable amount .....	2b.	3327	
3a. Agricultural program payments .....	a.	3328	
b. Taxable amount .....	3b.	3329	
4a. Commodity Credit Corporation loans reported under election .....	a.	3330	
Explain CCC loans reported under election: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
b. CCC loans forfeited .....	b.	3331	
c. Taxable amount .....	4c.	3332	
5a. Crop insurance proceeds and federal crop disaster pmts received this year ...	a.	3333	
b. Taxable amount .....		3334	
Election is made to defer crop insurance proceeds to next year .....	b.	1319 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Explain election to defer crop insurance proceeds: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
d. Crop insurance proceeds deferred from last year .....	5d.	3335	
6. Other income. Include federal and state gas tax credit or refund .....	6.	3336	

**NOTES AND QUESTIONS:**

4835 \_\_\_\_\_

**FARM RENTAL INCOME AND EXPENSES, CONT'D**

CLIENT \_\_\_\_\_

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

FARM RENTAL PROPERTY EXPENSES		2010 AMOUNTS	2009 AMOUNTS
8. Car and truck expenses (see vehicle depreciation organizer) .....	8.	3494	
9. Chemicals .....	9.	3338	
10. Conservation expenses .....	10.	3339	
11. Custom hire (machine work) .....	11.	3340	
12. Depreciation and section 179 expense deduction (see depr organizer) .....	12.	3341	
13. Employee benefit programs (other than pension and profit-sharing) .....	13.	3342	
14. Feed .....	14.	3343	
15. Fertilizers and lime .....	15.	3470	
16. Freight and trucking .....	16.	3471	
17. Gasoline, fuel, and oil .....	17.	3472	
18. Insurance (other than health) .....	18.	3473	
19a. Interest: Mortgage (paid to banks, etc.) .....	a.	3474	
b. Other interest .....	19b.	3475	
20. Labor hired less employment credits .....	20.	3476	
21. Pension and profit-sharing plans .....	21.	3478	
22a. Rent or lease: Vehicles, machinery, and equipment .....	a.	3479	
b. Other (land, animals, etc.) .....	22b.	3480	
23. Repairs and maintenance .....	23.	3481	
24. Seeds and plants .....	24.	3482	
25. Storage and warehousing .....	25.	3483	
26. Supplies .....	26.	3484	
27. Taxes .....	27.	3485	
28. Utilities .....	28.	3486	
29. Veterinary, breeding, and medicine .....	29.	3487	
30. Other expenses: Miscellaneous .....	30.	3495	
Amortization (see depreciation organizer) .....		2539	
Prior year carryover loss .....		3496	

**NOTES OR QUESTIONS:**

F \_\_\_\_\_

**PROFIT OR LOSS FROM FARMING, CONT'D**

CLIENT \_\_\_\_\_

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

FARM EXPENSES		2010 AMOUNTS	2009 AMOUNTS
12. Car and truck expenses (see vehicle depreciation organizer) .....	12.	2696	
13. Chemicals .....	13.	2698	
14. Conservation expenses .....	14.	2699	
15. Custom hire (machine work) .....	15.	2708	
16. Depreciation and section 179 expense deduction (see depreciation organizer) .	16.	2700	
17. Employee benefit programs (other than pension and profit-sharing) .....	17.	2701	
18. Feed purchased .....	18.	2702	
19. Fertilizers and lime .....	19.	2703	
20. Freight and trucking .....	20.	2704	
21. Gasoline, fuel and oil .....	21.	2705	
22. Insurance (other than health) .....	22.	2706	
23. Interest: Mortgage (paid to banks, etc.) .....		2710	
Other interest .....	23.	2711	
24. Labor hired less employment credits .....	24.	2723	
25. Pension and profit-sharing plans .....	25.	2712	
26. Rent or lease: Vehicles, machinery, and equipment .....		2713	
Other (land, animals, etc.) .....	26.	2660	
27. Repairs and maintenance .....	27.	2714	
28. Seeds and plants .....	28.	2715	
29. Storage and warehousing .....	29.	2716	
30. Supplies .....	30.	2717	
31. Taxes .....	31.	2718	
32. Utilities .....	32.	2719	
33. Veterinary, breeding, and medicine .....	33.	2720	
34. Other expenses: Amortization (see depreciation organizer) .....		2642	
Miscellaneous .....		2709	
Office in home expense .....	34.	3541	NEW
37. Amount at risk .....	37.	2725	

FARM INCOME - ACCRUAL METHOD		2010 AMOUNTS	2009 AMOUNTS
Unit-livestock or farm price method used .....		1383 <input type="checkbox"/> Yes	<input type="checkbox"/>
38. Sales of livestock, produce, grains, and other products .....	38.	2687	
39a. Cooperative distributions (Form(s) 1099-PATR) .....	a.	2769	
b. Taxable amount .....	39a.	2770	
40a. Agricultural program payments .....	a.	2688	
b. Taxable amount .....	40b.	2776	
41a. Commodity Credit Corporation loans reported under election .....	a.	2690	
b. CCC loans forfeited .....	b.	2921	
42. Taxable amount .....	41c.	2798	
Crop insurance proceeds .....	42.	2920	
43. Custom hire (machine work) income .....	43.	2691	
44. Other income. Include federal and state gas tax credit or refund .....	44.	2692	
46. Inventory of livestock, produce, grains, and other products at beg of year .....	46.	2693	
47. Cost of livestock, produce, grains, and other products purchased during year ..	47.	2694	
49. Less: Inventory of livestock, produce, and other products at end of year ..	49.	2695 ( )	( )

F \_\_\_\_\_

**PROFIT OR LOSS FROM FARMING**

CLIENT \_\_\_\_\_

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GENERAL INFORMATION		2010 AMOUNTS		2009 AMOUNTS	
This is the spouse's farm income .....		1179	<input type="checkbox"/> Yes		
Two-letter State code .....		0310			
If this is a joint Schedule F, the taxpayer's ownership percentage is: .....		0502		<b>NEW</b>	
This Schedule F is considered community property for self-employment purposes		1493	<input type="checkbox"/> Yes	<b>NEW</b>	
A.	Principal activity .....	4346			
	Principal product .....	A. 0074			
B.	Principal agricultural activity code .....	B. 0073			
D.	Employer ID number (EIN), if any .....	0072			
Did you "materially participate" in the operation of this business? .....		D. 1244	<input type="checkbox"/> No		

FARM INCOME - CASH METHOD		2010 AMOUNTS		2009 AMOUNTS	
1.	Sales of livestock and other items bought for resale .....	1.	2676		
2.	Less: Cost or other basis of livestock, etc .....	2.	2677 ( )		
4.	Sales of livestock, produce, grains, and other products you raised .....	4.	2678		
5a.	Total cooperative distributions (Form(s) 1099-PATR) .....	a.	2679		
b.	Taxable amount .....	5b.	2680		
6a.	Agricultural program payments .....	a.	2681		
b.	Taxable amount .....	6b.	2661		
7a.	Commodity Credit Corporation loans reported under election .....	a.	2683		
Explain CCC loans reported under election: ←					
b.	CCC loans forfeited or repaid with certificates .....	b.	2793		
c.	Taxable amount .....	7c.	2774		
8a.	Crop insurance proceeds and Federal crop disaster pmts received this year .....	a.	2794		
b.	Taxable amount .....	b.	2684		
c.	Election is made to defer crop insurance proceeds to next year .....	c.	1151 <input type="checkbox"/> Yes		
Explain election to defer crop insurance proceeds: ←					
d.	Crop insurance proceeds deferred from last year .....	8d.	2919		
9.	Custom hire (machine work) income .....	9.	2685		
10.	Other income. Include federal and state gas tax credit or refund .....	10.	2686		

**NOTES OR QUESTIONS:**

# MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT \_\_\_\_\_

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

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

NOTES OR QUESTIONS:

## A

## ITEMIZED DEDUCTIONS

CLIENT \_\_\_\_\_

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

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

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

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

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

A

## ITEMIZED DEDUCTIONS, CONT'D

CLIENT \_\_\_\_\_

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

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

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

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION		2010 AMOUNTS		2009 AMOUNTS
21. Union and professional dues . . . . .		2426		
Job education . . . . .		2752		
Form 2106 or Form 2106-EZ . . . . .	21.			
Other unreimbursed expenses:				
22. Tax return preparation fees . . . . .	22.	2671		
23. Investment fees . . . . .		2749		
Safe deposit box . . . . .	23.	2258		
Other limited miscellaneous deductions:				

OTHER MISCELLANEOUS DEDUCTIONS		2010 AMOUNTS		2009 AMOUNTS
28. Gambling losses . . . . .	28.	2826		
Other miscellaneous deductions:				



**NONCASH CHARITABLE CONTRIBUTIONS**

CLIENT \_\_\_\_\_

IF YOU MADE ANY NONCASH CHARITABLE CONTRIBUTIONS IN 2010,  
PLEASE LIST THE APPLICABLE INFORMATION FOR EACH CONTRIBUTION BELOW.

SECTION A - DEDUCTIONS OF \$5,000 OR LESS PER ITEM AND CERTAIN PUBLICLY TRADED SECURITIES							
INFORMATION ON DONATED PROPERTY							
Donee Organization ----- Donee Address	Description of Donation	Date Contributed	Date Acquired by Donor	How Acquired	Donor's Cost or Basis	Fair Market Value	Method Used to Determine FMV
_____							
_____							
_____							
_____							
_____							
_____							

<b>PART II OTHER INFORMATION</b>	(Complete line 2 if less than an entire interest in property listed in Part I was given up) (Complete line 3 if conditions were placed on a contribution listed in Part I)
----------------------------------	---

- 2a. Enter letter from Part I that identifies the property 0256
- b. Total amount claimed as deduction for property listed in Part I: (1) For this tax year 2379  
(2) For any prior tax years 2501
- c. Name and address of each organization to which any such contribution was made in a prior year (only if different from above)  
Name of charitable organization 0258  
Address (number, street, and room or suite no.) 0312  
City or town 0313 State 0314 ZIP code 0315
- d. For tangible property, enter place where property is located or kept 0261
- e. Name of any person, other than the donee organization having actual possession of the property  
0262

**If an agreement between the donor and donee places conditions on any contrib listed in Part I, answer the following questions. Attach stmt.**

- 3a. Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? ... 3a. 1301 ☐ Yes
- b. Did you give to anyone the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? ... 1302 ☐ Yes
- c. Is there a restriction limiting the donated property for a particular use? ... 3c. 1303 ☐ Yes

SECTION B - APPRAISAL SUMMARY (DEDUCTIONS OVER \$5,000 PER ITEM OR GROUP)							
INFORMATION ON DONATED PROPERTY							
Enter kind of donated property from the listing below:							
1 = Art (contribution over \$20,000)		4 = Qualified conservation contribution		7 = Equipment			
2 = Art (contribution under \$20,000)		5 = Other real estate		8 = Securities			
3 = Collectibles		6 = Intellectual property (patents, etc.)		9 = Other		0176	
Donated Property Description	Physical Condition	Appraised Fair Market Value	Date Acquired	How Acquired	Donor's Cost or Basis	Bargain Sales: Amount Received	Average Trading Price of Securities
_____							
_____							
_____							
_____							

Attach any declarations of appraisal and donee acknowledgments

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

GENERAL INFORMATION			
Occupation in which expenses were incurred .....	0032		
Business expense owner (Taxpayer or Spouse) .....	0356		
Two-letter state code .....	0391		
	<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
Employee business expense is for a Clergy return .....	1449	Yes	

EMPLOYEE BUSINESS EXPENSE		2010 AMOUNTS	2009 AMOUNTS
2.	Parking fees, tolls, local transportation, etc .....	2. 2449	
3.	TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Lodging .....  Car rental .....  Other ..... </div> </div>	3. 2440 2215 2216	
4.	Other business expenses not included above .....	4. 2454	
5.	Total meals and entertainment expenses .....	2450	
	Dept. of Transportation employee .....	5. 1137      Yes	
6.	REIMBURSEMENT NOT ON FORM(S) W-2 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <div style="display: inline-block; vertical-align: middle; margin-right: 5px;">{</div> <div style="display: inline-block; vertical-align: middle;"> Other than meals and entertainment .....  Meals and entertainment ..... </div> </div>	7A. 2453 B. 2238	

LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10.	Business owner is Armed Forces Reservist ..	1178	Amount allocated to Armed Forces Reservist .. 2441
	Business owner is a Qualified Performing Artist	1168	Amount allocated to Qualified Performing Artist 2442
	Business owner is a fee-basis state/local government employee .....	1118	Amount allocated to fee-basis state/local government employee ..... 2443
	Business owner is a disabled employee .....	1169	Amount allocated to disabled employee ..... 2444

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

**NOTES OR QUESTIONS:**

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

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

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

**NOTES OR QUESTIONS:**

## CHILD AND DEPENDENT CARE EXPENSES

CLIENT \_\_\_\_\_

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

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2010 Amts	2009 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2010 AMOUNTS	2009 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.	7544	
5. Number of months taxpayer was a student or disabled, if applicable	5.	3226	
Number of months spouse was a student or disabled, if applicable		2513	
<b>Worksheet for 2009 Expenses Paid for Dependent Care Expenses in 2010</b>			
1. Amount of 2009 qualified expenses paid in 2009	1.	7820	
2. Amount of 2009 qualified expenses paid in 2010	2.	7821	
4. Care for 2009 was for 2 or more qualifying children	4.	1490 <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/>
5. Dependent care benefits received for 2009 and excluded from income	5.	7822	
7. Smaller of taxpayer's earned income and spouse's earned income for 2009	7.	7823	
9. Amount on which the credit for 2009 was figured	9.	7824	
11. 2009 adjusted gross income	11.	7825	
Name		SSN	
Expenses paid for: 0141		0359	
Explanation of expenses: _____			

PART III - DEPENDENT CARE BENEFITS		2010 AMOUNTS	2009 AMOUNTS
14. Total employer-provided dependent care benefits	14.	2354	
15. Carryover from 2009 that was used in 2010 during the grace period	15.	3604	
16. Forfeited amount of employer-provided dependent care benefits	16.	2643	
18. Qualified expenses incurred in 2010	18.	2527	
20. Taxpayer elects to include nontaxable combat pay	20.	1411 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spouse elects to include nontaxable combat pay		1412 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.	2875	

NOTES OR QUESTIONS:

ES

## 2009 FEDERAL UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT \_\_\_\_\_

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

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

## UNDERPAYMENT INFORMATION

Prior year (2009) tax amount .....  
 Are you a Farmer / Fisherman? .....  
 Prior year adjusted gross income .....  
 Was the income received uneven? (seasonal employment) .....

2401
1148 <input type="checkbox"/> Yes
3314
<input type="checkbox"/> Yes

## APPLICATION OF 2010 OVERPAYMENT

If you have an overpayment of 2010 taxes, do you want the excess refunded? ☐ or applied to 2011 estimate? .... ☐  
 Other (please explain): \_\_\_\_\_

## 2011 ESTIMATED TAX INFORMATION

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

Filing Status ..... 0435  
 Personal exemptions ..... 3709  
 Dependent exemptions ... 3710  
 Qualified Child tax credit ... 3711

TP over 65 ..... 1460 ☐ Yes ☐ No  
 SP over 65 ..... 1461 ☐ Yes ☐ No  
 TP blind ..... 1462 ☐ Yes ☐ No  
 SP blind ..... 1463 ☐ Yes ☐ No

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

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

## NOTES OR QUESTIONS:

ES

## 2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT \_\_\_\_\_

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

State \_\_\_\_\_

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

## UNDERPAYMENT INFORMATION

Prior year (2009) tax amount .....  
 Are you a Farmer / Fisherman? .....  
 Prior year adjusted gross income .....  
 Was the income received uneven? (seasonal employment) .....

2401	
1148	<input type="checkbox"/> Yes
3314	
	<input type="checkbox"/> Yes

## APPLICATION OF 2010 OVERPAYMENT

If you have an overpayment of 2010 taxes, do you want the excess refunded? ..... ☐ or applied to 2011 estimate? .... ☐  
 Other (please explain): \_\_\_\_\_

## 2011 ESTIMATED TAX INFORMATION

Do you expect your 2011 taxable income to be generally the same as 2008? ..... ☐ Yes ☐ No  
 If "No," enter any differences:

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

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

NOTES OR QUESTIONS:

## Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

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

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

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

**A** Taxpayer's name ► \_\_\_\_\_

**B** If joint return, spouse's name ► \_\_\_\_\_

### Part I All Taxpayers

**1** Year after 2008 for which you are completing this form ► \_\_\_\_\_

**2** Is the taxpayer's filing status married filing separately? ..... ☐ **Yes** ☐ **No**

► If you checked ``Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**3** Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering ..... ☐ **Yes** ☐ **No**

► If you checked ``No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**4** Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? ..... ☐ **Yes** ☐ **No**

► If you checked ``Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**5a** Was the taxpayer a nonresident alien for any part of the year on line 1? ..... ☐ **Yes** ☐ **No**

► If you checked ``Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

**b** Is the taxpayer's filing status married filing jointly? ..... ☐ **Yes** ☐ **No**

► If you checked ``Yes" on line 5a and ``No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**6** Is the taxpayer's **investment income** more than the limit that applies to the year on line 1? See Pub. 596 for the limit ..... ☐ **Yes** ☐ **No**

► If you checked ``Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**7** Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for the year on line 1? ..... ☐ **Yes** ☐ **No**

► If you checked ``Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

**For Paperwork Reduction Act Notice, see instructions.**

Form **8867** (Rev. 12-2009)

**Part II Taxpayers With a Child**

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

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



**Part III Taxpayers Without a Qualifying Child**

<p><b>16</b> Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.) . . . . .</p> <p>▶ If you checked "No" on line 16, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>17</b> Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1? . . . . .</p> <p>▶ If you checked "No" on line 17, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>18</b> Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1? . . . . .</p> <p>▶ If you checked "Yes" on line 18, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>19</b> Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit . . . . .</p> <p>▶ If you checked "No" on line 19, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if <b>Form 8862</b> must be filed. Go to line 20.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part IV Due Diligence Requirements**

<p><b>20</b> Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you? . . . . .</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>21</b> Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)? . . . . .</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>22</b> Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.) . . . . .</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<p><b>23</b> Did you keep the following records?</p> <ul style="list-style-type: none"> <li>● Form 8867 (or your own form or files),</li> <li>● The EIC worksheet(s) or your own worksheet(s), and</li> <li>● A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained . . . . .</li> </ul> <p>▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.</p> <p>▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

## ASSETS

## DEPRECIATION

CLIENT \_\_\_\_\_

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

[illegible]

**\* ATTACH ADDITIONAL INFORMATION FOR NEWLY ACQUIRED ASSETS OR DISPOSITION OF ASSETS**

**NOTES OR QUESTIONS:**

# ASSETS

# VEHICLE INFORMATION

CLIENT \_\_\_\_\_

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

ACTIVITY \_\_\_\_\_

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

ACTIVITY \_\_\_\_\_

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

ACTIVITY \_\_\_\_\_

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

ACTIVITY \_\_\_\_\_

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