

PERSONAL DATA

CLIENT \_\_\_\_\_

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

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

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

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

FILING STATUS

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

0133

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

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

Year spouse died (2008 or 2009) 0540

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

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

**DEPENDENT INFORMATION**

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	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) . . . . .	2324
Number of children listed above who did not live at home due to divorce or separation . . . . .	2286
Number of other dependents listed above . . . . .	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 \_\_\_\_\_

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W-2# WAGE AND TAX STATEMENT

Form fields for Taxpayer or spouse?, Employer name, Employer street address, Employer city, Control number, Employer identification no., Foreign address, State, ZIP code.

Table with 2 columns: 2009 AMOUNTS (1-11) and 2010 AMOUNTS (12a-14). Rows include Wages, Federal income tax withheld, Social security wages, Medicare wages and tips, etc.

Table with 7 columns: 15 State, 16 State Employer I.D. Number, 17 State Wages, 18 State Tax Withheld, 19 Local Wages, 20 Local Tax Withheld, 21 Locality Name.

Form fields for Corrected Form W-2?, Non-standard indicator?, Clergy Form W-2, Suppress Clergy self-employment tax.

W-2 # WAGE AND TAX STATEMENT

Form fields for Taxpayer or spouse?, Employer name, Employer street address, Employer city, Control number, Employer identification no., Foreign address, State, ZIP code.

Table with 2 columns: 2009 AMOUNTS (1-11) and 2010 AMOUNTS (12a-14). Rows include Wages, Federal income tax withheld, Social security wages, Medicare wages and tips, etc.

Table with 7 columns: 15 State, 16 State Employer I.D. Number, 17 State Wages, 18 State Tax Withheld, 19 Local Wages, 20 Local Tax Withheld, 21 Locality Name.

Form fields for Corrected Form W-2?, Non-standard indicator?, Clergy Form W-2, Suppress Clergy self-employment tax.

Attach additional W-2's

**B**

**INTEREST AND ORDINARY DIVIDEND INCOME**

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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		<b>NEW</b>	





**BUSINESS INCOME**

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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 IF NOT CASH	← Accrual method .....	1126 <input type="checkbox"/> Yes	<input type="checkbox"/>
	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 .....	2473	
9.	Car and truck expenses (see vehicle depreciation organizer) .....	2477	
10.	Commissions and fees .....	2478	
11.	Contract labor .....	2475	
12.	Depletion .....	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	

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<b>PART III</b>		<b>COST OF GOODS SOLD</b>	<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
33.	INVENTORY METHOD IF NOT COST	Lower of cost or market .....	1155	<input type="checkbox"/> Yes	
		Other .....	1156	<input type="checkbox"/> Yes	
		Specify other method ..... 33.	0280		
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 ( )	( )	

<b>PART IV</b>		<b>INFORMATION ABOUT YOUR VEHICLE</b>	<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
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	
46.	Was another vehicle available for personal use? .....	46.	1163	<input type="checkbox"/> Yes	
47.	Is there evidence to support your deduction? .....		1292	<input type="checkbox"/> No	
		If "yes," is the evidence written? .....	47.	1267	<input type="checkbox"/> No

<b>PART V</b>		<b>EXPENSES</b>	<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
Other expenses:					
	Amortization .....		2418		
	Miscellaneous .....		2499		
	Oil and gas deduction .....		3576		
	Postage .....		2490		
	Telephone (business only) .....		2629		

NOTES OR QUESTIONS:



**BUSINESS USE OF HOME EXPENSES**

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
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PART OF HOME USED FOR BUSINESS		2010 AMOUNTS		2009 AMOUNTS	
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) . . . . . 5.	2583			
	Part of home used exclusively for day care . . . . . 5.	3869			

DEDUCTION DESTINATION		2010 AMOUNTS		2009 AMOUNTS	
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			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
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	

DEPRECIATION OF HOME		2010 AMOUNTS		2009 AMOUNTS	
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 . . . . . _____				



**1099R**

**PENSIONS AND ANNUITIES**

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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	Distrib rolled over 1 = IRA, 2 = Roth			8210				
Total distribution? .....	8224	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:			8216				
6. Net unrealized appreciation .....	7306	12. State distribution .....			7313				
Disability is earned income? .....	8226	13. Local tax withheld .....			7316				
<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			
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Annuity starting date .....	8234	Using Table 1 or Table 2 .....			8233				

**ATTACH ANY ADDITIONAL 1099-R'S**

**NONDEDUCTIBLE IRAs**

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<b>NONDEDUCTIBLE CONTRIBUTIONS TO TRADITIONAL IRAs and DISTRIBUTIONS FROM TRADITIONAL, SEP, AND SIMPLE IRAs</b>				
	<b>TAXPAYER</b>		<b>SPOUSE</b>	
	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
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	

<b>2010 CONVERSIONS FROM TRADITIONAL, SEP, OR SIMPLE IRAs TO ROTH IRAs</b>				
	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
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	<b>NEW</b>		

<b>ROLLOVERS FROM QUALIFIED RETIREMENT PLANS TO ROTH IRAs</b>				
	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
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	<b>NEW</b>	9214	<b>NEW</b>
22. Basis in rollover . . . . .	9215	<b>NEW</b>	9216	<b>NEW</b>
Elect to report entire taxable amount in 2010 (rather than half in 2011 and half in 2012) . . . . .	1600 <input type="checkbox"/> Yes	<b>NEW</b>		

<b>DISTRIBUTIONS FROM ROTH IRAs</b>				
	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>
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

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	DESCRIPTION	LOCATION
1. Property description . . .	0092	0051
City . . . . .	0532	State <input type="text" value="0533"/> Zip code <input type="text" value="0534"/>
Type of activity*:	<input type="text" value="0306"/>	

2 - Passive rental real estate  
 4 - Nonpassive rental real estate  
 6 - Self-rental to business in which taxpayer materially participated  
 8 - Vacation home

\* 1 - Passive rental real estate with active participation  
 3 - Real estate professional  
 5 - Land lease (nonpassive investment income)  
 7 - Not rented for profit (related party for less than FMV rental)  
 9 - Royalty (portfolio, nonpassive)

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	<input type="checkbox"/> Yes		
1175	<input type="checkbox"/> Yes		
0070			
8377			
2. 1190	<input type="checkbox"/> 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
_____				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 \_\_\_\_\_

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.

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

**VACATION HOME CARRYOVERS ONLY**

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

E2

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

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

**MISCELLANEOUS INCOME AND ADJUSTMENTS**

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.

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 . . . . .	10.	2297			
11.	Alimony received . . . . .	11.	2115	2573			
19.	Unemployment compensation received . . . . .		2435	2569			
19.	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 . . . . .	20.	2598	2599		
21.	Net operating loss carryover . . . . .	21.	2537				
Other income:		SE?	T/S	ST	ST		
		<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			
29.	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			
32.	Covered by employer's retirement plan . . . . .	32.	1124	<input type="checkbox"/> Yes	1161	<input type="checkbox"/> Yes	
33.	Student loan interest deduction . . . . .	33.	2333	2848			
34.	Tuition and fees deduction . . . . .	34.	2595				
35.	Domestic production activities . . . . .	35.	2849				
36.	Jury duty pay given to employer . . . . .		3212				
Other adjustments:		T/S	ST	ST			
		<input type="checkbox"/>					

NOTES OR QUESTIONS:

**A**

**ITEMIZED DEDUCTIONS**

CLIENT \_\_\_\_\_

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.

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	
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 _____		<input type="checkbox"/>	
	City, state, zip _____			
	SSN _____			
	FEIN _____	Amount _____		
	Second name . . . . .		T, S, J	
	Address _____		<input type="checkbox"/>	
	City, state, zip _____			
	SSN _____			
	FEIN _____	Amount _____		
	Third name . . . . .		T, S, J	
	Address _____		<input type="checkbox"/>	
City, state, zip _____				
SSN _____				
FEIN _____	Amount _____			
Details: _____				
12. Points not reported on Form 1098 . . . . . 12.		2353		
13. Qualified mortgage insurance premiums . . . . . 13.		3258		
14. Deductible investment interest . . . . . 14.		2356		

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



**A**

**ITEMIZED DEDUCTIONS, CONT'D**

CLIENT \_\_\_\_\_

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

<b>CONTRIBUTIONS</b>		<b>2010 AMOUNTS</b>		<b>2009 AMOUNTS</b>
		<b>TAXPAYER</b>	<b>SPOUSE</b>	
16. Gifts made by cash or check:	16.			
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		

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

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

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

**NONCASH CHARITABLE CONTRIBUTIONS**

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
_____							
_____							
_____							
_____							
_____							
_____							

**PART II OTHER INFORMATION** (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

**EMPLOYEE BUSINESS EXPENSES**

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			
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) <ul style="list-style-type: none"> <li>Lodging .....</li> <li>Car rental .....</li> <li>Other .....</li> </ul>	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 <ul style="list-style-type: none"> <li>Other than meals and entertainment .....</li> <li>Meals and entertainment .....</li> </ul>	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 ..
Business owner is a Qualified Performing Artist	1168		Amount allocated to Qualified Performing Artist
Business owner is a fee-basis state/local government employee .....	1118		Amount allocated to fee-basis state/local government employee .....
Business owner is a disabled employee .....	1169		Amount allocated to disabled employee .....
			2441 2442 2443 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
<b>Record dependent care expenses for each dependent on the Dependent Information sheet.</b>			
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	
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	
Expenses paid for: 0141	Name	0359	SSN
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:**

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

**APPLICATION OF 2010 OVERPAYMENT**

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

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

**2011 ESTIMATED TAX INFORMATION**

Do you expect your 2011 taxable income to be generally the same as 2010?  Yes  No

If "No," enter any differences in income, deductions, dependents, etc.

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

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

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

**NOTES OR QUESTIONS:**

ES

2010 STATE UNDERPAYMENT AND ESTIMATED TAX INFORMATION

CLIENT \_\_\_\_\_

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.

State \_\_\_\_\_

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

UNDERPAYMENT INFORMATION

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

APPLICATION OF 2010 OVERPAYMENT

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

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

2011 ESTIMATED TAX INFORMATION

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

If "No," enter any differences:

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

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

NOTES OR QUESTIONS:

## Paid Preparer's Earned Income Credit Checklist

▶ **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**

<p><b>1</b> Year after 2008 for which you are completing this form ▶ _____</p>	
<p><b>2</b> Is the taxpayer's filing status married filing separately? .....</p> <p style="padding-left: 20px;">▶ If you checked ``Yes" on line 2, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>3</b> 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 .....</p> <p style="padding-left: 20px;">▶ If you checked ``No" on line 3, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>4</b> Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? .....</p> <p style="padding-left: 20px;">▶ If you checked ``Yes" on line 4, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>5a</b> Was the taxpayer a nonresident alien for any part of the year on line 1? .....</p> <p style="padding-left: 20px;">▶ If you checked ``Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>b</b> Is the taxpayer's filing status married filing jointly? .....</p> <p style="padding-left: 20px;">▶ If you checked ``Yes" on line 5a and ``No" on line 5b, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>6</b> Is the taxpayer's <b>investment income</b> more than the limit that applies to the year on line 1? See Pub. 596 for the limit .....</p> <p style="padding-left: 20px;">▶ If you checked ``Yes" on line 6, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, continue.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>
<p><b>7</b> Could the taxpayer, or the taxpayer's spouse if filing jointly, be a <b>qualifying child</b> of another person for the year on line 1? .....</p> <p style="padding-left: 20px;">▶ If you checked ``Yes" on line 7, <b>stop</b>; the taxpayer <b>cannot</b> take the EIC. Otherwise, go to Part II or Part III, whichever applies.</p>	<p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>

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



**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>	<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 "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.			
<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.			

**Note.** 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**

16 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.)

Yes  No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

17 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?

Yes  No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

18 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?

Yes  No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit

Yes  No

▶ If you checked "No" on line 19, stop; the taxpayer cannot 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 Form 8862 must be filed. Go to line 20.

**Part IV Due Diligence Requirements**

20 Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?

Yes  No

21 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)?

Yes  No

22 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.)

Yes  No

23 Did you keep the following records?

- Form 8867 (or your own form or files),
- The EIC worksheet(s) or your own worksheet(s), and
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained

Yes  No

▶ 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.

▶ 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.

**ASSETS**

**DEPRECIATION**

CLIENT \_\_\_\_\_

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

Description	T/S/J	Date Placed in Service	Cost	Busn %	Method	Life	Prior Depreciation	Date Sold

\* 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: _____	