

2010  
**Organizer**  
for your income tax return  
information



## **Table of Contents for 2010 Domestic Organizer**

Miscellaneous Questions

Taxpayer Information

Dependent Information

Employee Compensation and Withholding

Interest Income - 1099-INT

Interest Income - Other

Dividend Income - 1099-DIV

Schedule C - Profit or Loss from Business or Profession

Retirement Distributions

Rent and Royalty Income and Expense

Office-in-Home

Vacation Home and Other Rental Properties with Personal and Business Use

Schedule K-1: Partnerships, Estates and Trusts, S Corporations

Farm Income and Expense

Miscellaneous Income

Capital Gains and Losses

Installment Sales

Adjustments to Income

Payments of 2010 Federal, State and City Estimated Tax

Medical Expenses and Taxes

Interest Expense

Charitable Contributions and Miscellaneous Itemized Deductions

Noncash Charitable Contributions

Business Expense Schedule and Form 2106

Household Employment Taxes

Child and Dependent Care Expenses

Credits

Continuation Sheet



## Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.  
If we do not have copies of your Federal, State, City and Foreign income tax returns for  
2007, 2008 and 2009, please include them with this Organizer.

Indicate X if:

1. You would like to have any overpayment of federal tax refunded . . . . . \_\_\_\_\_
2. You would like to have any overpayment of federal tax applied to your 2011 estimated tax . . \_\_\_\_\_
3. During 2010, you received any notices or settled any examinations concerning your prior years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** . . . . . \_\_\_\_\_
4. You or your spouse made any gifts (not charitable contributions) in excess of \$13,000 to any one donee during the year. If so, provide details on a continuation sheet . . . . . \_\_\_\_\_
5. You or your spouse made any gifts to a trust for any amount . . . . . \_\_\_\_\_  
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock acquired under a qualified employee stock purchase plan . . . . . \_\_\_\_\_  
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2010. If so, provide details on a continuation sheet . . \_\_\_\_\_
8. You disposed of any corporate bonds for which you paid other than the principal amount (i.e., discount or premium). If so, provide details on a continuation sheet . . . . . \_\_\_\_\_
9. You loaned money for an interest rate less than the market rate of interest . . . . . \_\_\_\_\_  
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to receive next year . . . . . \_\_\_\_\_  
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is, in your name, but the dividends actually belong to someone else. . . . . \_\_\_\_\_  
  
If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper recipient and indicate the amount on the **Dividend Income** organizer form . . . . . \_\_\_\_\_
12. You have received K-1s from partnerships, estates and trusts, or S corporations . . . . . \_\_\_\_\_  
If so, please attach copies of all K-1 forms received and any other relevant tax information from the entities and identify the K-1's on the **Partnerships, Estates and Trusts, S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer . . . . . \_\_\_\_\_  
If so, please provide details of income, expenses, and the acquisition dates and cost of the property and any equipment, furniture, fixtures, and appliances.
14. In 2010, you purchased a new alternative-powered vehicle (e.g., hybrid-fuel, fuel-cell, advanced lean burn diesel vehicle) that was not intended for resale.  
If so, please provide the certificate of uniformity provided by the manufacturer . . . . . \_\_\_\_\_
15. You would like to file your tax return electronically, if possible . . . . . \_\_\_\_\_
16. In 2010, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) . . . . . \_\_\_\_\_  
If so, indicate the amount of total sales tax paid for these items on the medical expenses and taxes organizer page.

17. Economic Recovery payments (Making Work Pay Credit) received during 2010 . \_\_\_\_\_
18. You had a foreign bank account, securities account or signature authority over such an account at any time during 2010. If so, provide details on a continuation sheet . . . . . \_\_\_\_\_
19. You paid household employee wages of \$1,700 or more or withheld federal income tax in 2010. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet . . . . . \_\_\_\_\_
20. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . . \_\_\_\_\_
21. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . . \_\_\_\_\_
22. You moved in connection with your employment in 2010 . . . . . \_\_\_\_\_  
 Where you moved to . . . . . \_\_\_\_\_  
 When you moved . . . . . \_\_\_\_\_  
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
23. You refinanced a mortgage during 2010. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage . . . . . \_\_\_\_\_
24. You incurred any nonbusiness bad debts . . . . . \_\_\_\_\_  
 If so, provide the following details on a continuation sheet:  
 • A description of the debt, including the amount and the date it became due,  
 • The name of the debtor, and any business or family relationship between you and the debtor,  
 • The efforts you made to collect the debt,  
 and  
 • Why you decided the debt was worthless.
25. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) . . . . . \_\_\_\_\_  
 You should keep the following in a safe place:  
 • Date, place, and amount of expense  
 • Actual receipts for expenses in excess of \$75  
 • Name and business affiliation of persons entertained  
 • Business purpose of expense  
 • Documentation of the business discussed before, during and after the entertainment  
 • Receipts for hotel, airline, and other travel expense
26. You incurred any casualty or theft losses in 2010 . . . . . \_\_\_\_\_  
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
27. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet . . . . . \_\_\_\_\_
28. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. . . . . \_\_\_\_\_
29. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details . . . . . \_\_\_\_\_
30. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, please enter the details in the state section of the organizer . . . . . \_\_\_\_\_

# Taxpayer Information

## Personal Information

First name	Initial	Last name	Social Security Number	M/F
_____	_____	_____	_____	_____ <b>TP</b>
_____	_____	_____	_____	_____ <b>SP</b>
Street address _____				
_____				Apt. number _____
City	State	Zip code	County	Foreign Country/Province
_____	_____	_____	_____	_____
	Home	Business	Ext	Fax
Taxpayer Telephone . . .	( ) _____	( ) _____	_____ ( ) _____	_____ ( ) _____
Spouse Telephone . . .	( ) _____	( ) _____	_____ ( ) _____	_____ ( ) _____
E-Mail Address _____				
<input type="checkbox"/> X if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____				
<input type="checkbox"/> X if you authorize taxing authority to discuss return with paid preparer    Federal . . _____    State . . _____				
<input type="checkbox"/> X if you don't want state tax forms mailed to you next year . . . . . _____				

## Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single . . . . . \_\_\_\_\_ 12

Married, filing jointly . . . . . \_\_\_\_\_ 13

Married, filing separately . . . . . \_\_\_\_\_ 14

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) . . . . . \_\_\_\_\_ 15

Widow (widower), as of 2008 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child . . . . . \_\_\_\_\_ 16

If nonresident alien spouse:

Head of household status and rates, spouse exemption not claimed . . . . . \_\_\_\_\_ 17

Married, filing separately status and rates, spouse exemption claimed . . . . . \_\_\_\_\_ 18

## Head of Household

Indicate the name of the qualifying child who is not a dependent \_\_\_\_\_ 19

Social security number of qualifying child . . . . . \_\_\_\_\_ 20

## General

**Taxpayer**

**Spouse**

Occupation . . . . . _____	_____
Date of birth . . . . . _____	_____
Disabilities . . . . .	Blind ___ Deaf ___ . . . . . Blind ___ Deaf ___
	Other _____ . . . . . Other _____
Contribute to Presidential Campaign Fund . . . . .	Yes ___ No ___ . . . . . Yes ___ No ___
Date of Death . . . . . _____	_____

## Information for Direct Deposit of Refund

Routing number _____ (should be 9 digits)	Account type
Account number _____ (Attach a voided check)	Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X . . . . . _____
If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.	

# Dependent Information

## Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2010, **and**
- 3) they had gross income of less than \$3,650, **or**, the individual was your child, or qualifying relative **and**
  - a) Your child was under age 19 at the end of 2010, **or**
  - b) Your child was under age 24 at the end of 2010 **and** was a student for any 5 mos.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship child, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2010, or B = born D = died	Child care expenses incurred and paid in 2010* (Age 13 in 2009 **)

\* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on the continuation sheet.  
 \*\*Only include expenses incurred prior to dependents 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

## Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return . . . . .  7

Organizer | General Information | Basic Return Data | Taxpayer Information

## Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)  
 ↓ Parent's name \_\_\_\_\_

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2010 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2010 unearned income.

First name	Last name	Interest & Ordinary Dividends	2010 Unearned Income		
			Net Capital Gain <sup>1</sup>	Investment Interest Expense	Qualified Dividends

Organizer | Income | Kid-tax Income | Tax for Children

## Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return.

First name	Last name	Interest	Tax-exempt interest	Capital gains <sup>1</sup>	Dividends <sup>2</sup>

<sup>1</sup> Please indicate amount of both short-term and long-term (including capital gain distribution).  
<sup>2</sup> Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.





## Interest Income - Other

### Seller-Financed Mortgage Interest

	2010 amount	PY amount	
___ Buyer's name _____			1
___ Buyer's address _____ SSN _____			2
___ Buyer's name _____			3
___ Buyer's address _____ SSN _____			4

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

### Other Interest

	2010 amount	PY amount	
___ Interest received on Federal tax refunds . . . . .			5
___ Interest received on State tax refunds (list total for all State refunds)			6
List state names included in total _____			
___ Interest received as a nominee . . . . .			7
___ Interest accrued to buy bonds . . . . .			8
Total interest income (Lines 5-8)			T

Organizer | Income | Interest Income | Interest Adjustments



# Schedule C - Profit or Loss from Business or Profession

<b>Activity Information</b>		
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint . . . . . _____ 1		
Business name . . . . . _____ 2		
Street . . . . . _____ 3		
City, state, zip, country . . . . . _____ 4		
Principal business/profession _____ 5		
_____ Employer identification number	_____ Tax shelter ID number	_____ Tax shelter registration number
<b>Accounting Method</b>		
Indicate method of accounting: <b>A</b> = Accrual, <b>O</b> = Other, <b>Blank</b> = Cash, <b>B</b> = Leave unanswered . . . . . _____ 7		
If other (specify) _____ 8		
<b>Inventory Valuation</b>		
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)		
<b>C</b> = Cost, <b>L</b> = Lower of cost or market, <b>O</b> = Other, <b>D</b> = Not applicable . . . . . _____ 9		
<b>X</b> if there was any change in determining quantities, cost, or valuation of inventories . . . . . _____ 10		
<b>Miscellaneous Information</b>		
Indicate <b>X</b> if this business was started or acquired during 2010 . . . . . _____ 11		
Indicate <b>X</b> if you received earnings as a statutory employee . . . . . _____ 12		
Indicate <b>X</b> if the business was disposed of in 2010 . . . . . _____ 13		
Indicate <b>X</b> if the business was ever audited by IRS, State, or Foreign Tax Authority . . . . . _____ 14		
Year of audit . . . . . _____ 15		
		2010 amount      PY amount
<b>Self-employed health insurance premium payments you made during 2010</b> . . . . .		_____ 16

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

<b>Income</b>		
<b>Gross Receipts or Sales</b>		
	2010 amount	PY amount
_____	_____	_____
_____	_____	_____
Total gross receipts or sales (Lines 17-18)	_____	_____
Sales returns & allowances . . . . .	_____	_____
<b>Cost of Goods Sold and/or Operations</b>		
	2010 amount	PY amount
Inventory at beginning of year . . . . .	_____	_____
Purchases less cost of items withdrawn for personal use . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs related to inventory	_____	_____
_____	_____	_____
_____	_____	_____
Inventory at end of year . . . . .	_____	_____
Total cost of goods sold and/or operations (Lines 20-26)	_____	_____
<b>Reimbursements</b>		
Meals and Entertainment . . . . .	_____	_____
Other reimbursements . . . . .	_____	_____
<b>Other Income</b>		
	2010 amount	PY amount
_____	_____	_____
_____	_____	_____
Total other income (Lines 29-30)	_____	_____
Portfolio Income . . . . .	_____	_____

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

# Schedule C - Profit or Loss from Business or Profession

**Business name:** \_\_\_\_\_

## Expenses

	2010 amount	PY amount	
Advertising . . . . .	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page) . . . . .	_____	_____	33
Commissions and fees . . . . .	_____	_____	34
Contract Labor . . . . .	_____	_____	35
Employee benefit programs . . . . .	_____	_____	36
Insurance (other than health insurance) . . . . .	_____	_____	37
Mortgage interest paid to financial institutions . . . . . If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest . . . . .	_____	_____	39
Legal and professional services . . . . .	_____	_____	40
Office expenses (postage, etc.) . . . . .	_____	_____	41
Pension and profit-sharing plans . . . . .	_____	_____	42
Machinery and equipment rent . . . . .	_____	_____	43
Other business property rent . . . . .	_____	_____	44
Repairs and maintenance . . . . .	_____	_____	45
Supplies . . . . .	_____	_____	46
Taxes and licenses . . . . .	_____	_____	47
Travel . . . . .	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation) . . . . .	_____	_____	49
Utilities . . . . .	_____	_____	50
Wages (gross) . . . . .	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate <b>X</b> if you were subject to the Department of Transportation hours of service limits . . . . .			52

## Other Expenses

	2010 amount	PY amount	
Local transportation including train, cabs, bus, etc. . . . .	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. <b>excluding meals</b> ) . . . . .	_____	_____	54
Telephone . . . . .	_____	_____	55
Professional dues . . . . .	_____	_____	56
Stationery, postage . . . . .	_____	_____	57
Professional magazines, journals . . . . .	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment) . . . . .	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

## Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S. . . . .	_____	64
2) Construction of real property in the U.S. . . . .	_____	65
3) Engineering and architectural services performed in the U.S. with respect to real property . . . .	_____	66

# Schedule C - Profit or Loss from Business or Profession

**Business name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2010. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2010, please provide  
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail \_\_\_\_\_

Notes:

# Retirement Distributions

## Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Please attach all Forms 1099R

Name of payer \_\_\_\_\_

	2010 amount	PY amount	
Box 1 - Gross distribution (Mandatory) . . . . .	_____	_____	1
Box 2a - Taxable amount . . . . .	_____	_____	2
Box 2b - Indicate X if taxable amount not determined . . . . .	_____		3
Box 3 - Capital gain . . . . .	_____		4
Box 4 - Federal income tax withheld . . . . .	_____		5
Box 7 - Distribution code(s) (Mandatory) . . . . .	_____		6
Box 7 - Indicate X if from IRA/SEP/SIMPLE . . . . .	_____		7
Box 9b - Total employee contributions . . . . .	_____		8
Box 10 - State tax withheld . . . . .	_____		9
Box 13 - Local tax withheld . . . . .	_____		10
Indicate X if entire distribution was converted to a Roth IRA . . . . .	_____		11
Indicate X if entire distribution was rolled over . . . . .	_____		12
Indicate X if this is an inherited IRA . . . . .	_____		13
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses . . . . .	_____	_____	14
If partial rollover, enter amount of distribution rolled over . . . . .	_____	_____	15
If partial conversion to Roth IRA, enter amount converted . . . . .	_____		16
Amount subject to 10% penalty tax (Override) . . . . .	_____		17
			18

Organizer | Income | Retirement Distributions | 1099-R

## Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion) . . . . .	_____		19
Cost in the plan (if different than box 9b amount) . . . . .	_____		20
Amounts previously recovered tax free in PY for post 1986 annuities	_____		21
<b>Simplified Method</b>			
Indicate X to use Simplified Method (default to General Rule) . . . . .	_____		22
Annuity starting date (Required) . . . . .	_____		23
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary . . . . .	_____		24
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here . . . . .	_____	_____	25
Number of months for which this year's payments were made . . . . .	_____		26
<b>General Rule</b>			
Expected return (if a regular pension or annuity) . . . . .	_____		27
Number of years in which payments are to be received (if section 101d)	_____		28
Percent or amount not taxable (50% = .50) (Override) . . . . .	_____		29

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

# Rent and Royalty Income and Expense

**Ownership**  
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint \_\_\_\_\_

**Activity Information**  
 Kind of property \_\_\_\_\_  
 Location of property \_\_\_\_\_  
 You disposed of the property in 2010 \_\_\_\_\_  
 Enter percentage of this property that is allocated to another \_\_\_\_\_

**Activity Type**  
 Indicate **X** for type of property: Rental income \_\_\_\_\_ Royalty other than oil and gas \_\_\_\_\_  
 Royalty with oil and gas depletion \_\_\_\_\_ Royalty with no depletion \_\_\_\_\_

**If Rental Real Estate**  
 Indicate **1** if: You materially participated in the operation of the activity during 2010\*  
 Indicate **2** if: You actively participated in the operation of the activity during 2010\*  
 Indicate **3** if: You are a real estate professional  
 \*Note: Material participation consists of involvement in the activity on a regular, continuous, and substantial basis. Active participation is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Activity Information

**Rent or Royalty Income**  
 (Include 100% of income including amounts attributable to others.)

	2010 amount	PY amount
Income	_____	_____
Other income	_____	_____
_____	_____	_____
_____	_____	_____
Total income (Lines 9-11)	_____	_____

**Rent or Royalty Expense**  
 (Include 100% of expenses including amounts attributable to others.)

	2010 amount	PY amount
Advertising	_____	_____
Auto and travel	_____	_____
Cleaning and maintenance	_____	_____
Commissions	_____	_____
Insurance	_____	_____
Legal and other professional fees	_____	_____
Management fees	_____	_____
Mortgage interest paid to financial institutions <small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>	_____	_____
Mortgage interest paid to individuals* <small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>	_____	_____
*If another received Form 1098, enter the recipient's name and address: _____		
Other interest	_____	_____
Repairs (enter major improvements on the Asset Detail Organizer)	_____	_____
Supplies	_____	_____
Taxes	_____	_____
Utilities	_____	_____
Yard maintenance	_____	_____
Other Expense	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total expenses (Lines 12-29)	_____	_____

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Rent/Roy Inc. and Exp.

# Rent and Royalty Income and Expense

**Property name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
						1
						2
						3
						4
						5
						6
						7
						8
Total (Lines 1-8) _____						T

**For assets placed in service prior to 1/1/2010, please provide  
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

	9
	10
	11
	12

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail

Notes:

# Office-in-Home

**Activity name:** \_\_\_\_\_

**Property Type Code**

**A** = Form 2106, **C** = Schedule C, **F** = Farm (Sch. F/Form 4835), **R** = Rent/Royalty . . . . . \_\_\_\_\_

**Ownership**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . . \_\_\_\_\_

**Activity Information**

Kind of property . . . . . \_\_\_\_\_

Location of property . . . . . \_\_\_\_\_

**Business Use**

Indicate: Total area \_\_\_\_\_ Area used exclusively for business . . . . . \_\_\_\_\_

**Day-Care Facilities Not Used Exclusively for Business**

Indicate the total hours: Used for day-care during the year \_\_\_\_\_ Available for use during the year . . . . . \_\_\_\_\_

Organizer | Income | Business Income | Business Name | Office-in-Home

**Note:** For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

**Office-in-Home Income and Expenses**

	2010 amount	PY amount
Income related to this office-in home (Type: Wages, Sch. C, etc.)		
<small>Please attach an explanation if expenses include amounts incurred when the property was rented.</small>		
	<small>2010</small>	<small>2010</small>
	<small>*Direct amount</small>	<small>*Indirect amount</small>
		<small>PY amounts</small>
Mortgage interest paid to financial institutions . . . . .		
<i>(Attach detail - Do not duplicate elsewhere)</i>		
Real estate taxes . . . . .		
Casualty loss after insurance reimbursement . . . . .		
Advertising . . . . .		
Auto and travel . . . . .		
Cleaning and maintenance . . . . .		
Commissions . . . . .		
Insurance . . . . .		
Legal and other professional fees . . . . .		
Management fees . . . . .		
Repairs and maintenance . . . . .		
Rent . . . . .		
Supplies . . . . .		
Utilities . . . . .		
Excess mortgage interest (no entry required)		
Other expense		
_____		
_____		
_____		
_____		
_____		
Total expenses (Lines 7-27)		

**\*Direct expenses** benefit only the business part of your home. **Indirect expenses** benefit both the business and personal parts of your home.

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp

**Note:** For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

# Vacation Home and Other Rental Properties with Personal and Business Use

<b>Ownership</b>	
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint . . . . .	1
<b>Activity Information</b>	
Kind of property (Mandatory) (House, Timeshare, etc.) _____	2
Location of Property (Including Country) . . . . .	3
<b>Activity Type</b>	
Indicate <b>V</b> if vacation home or <b>P</b> if other personal/business property . . . . .	4
<b>Personal/Business Property</b>	
Indicate: Total area _____ Area used exclusively for business . . . . .	5
<b>Vacation Home</b>	
Indicate the total number of days in 2010: Rented at fair market value _____ Occupied by you or a relative _____	6
If property is a timeshare, indicate total number of days available . . . . .	7
<b>Passive Activity - Vacation Home or Other Personal/Business Property Information</b>	
Indicate <b>X</b> if you <b>actively</b> participated in the operation of the activity during 2010* . . . . .	8
Indicate <b>X</b> if you disposed of the property in 2010 . . . . .	9
*Note: <b>Active participation</b> is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.	

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Activity Information

<b>Rental Income</b>	2010 amount	PY amount
Income . . . . .		

<b>Rental Expenses</b>	2010	2010	PY amounts
Please attach an explanation if expenses include amounts incurred when the property was rented.	*Direct amount	*Indirect amount	
Mortgage interest paid to financial institutions . . . . .			
<i>(Attach detail - Do not duplicate elsewhere)</i>			
Real estate taxes . . . . .			
Casualty loss after insurance reimbursement . . . . .			
Advertising . . . . .			
Auto and travel . . . . .			
Cleaning and maintenance . . . . .			
Commissions . . . . .			
Insurance . . . . .			
Legal and other professional fees . . . . .			
Management fees . . . . .			
Repairs . . . . .			
Supplies . . . . .			
Utilities . . . . .			
Other expense . . . . .			
_____			
_____			
_____			
_____			
_____			
Total expenses (Lines 11-29)			

\*Direct expenses benefit only the business part of your home. Indirect expenses benefit both the business and personal parts of your home.

Organizer | Income | Vacation Home/Other Rental | Property Name | Vacation/Other Rental Information | Vacation Home-Inc and Exp

# Office-in-Home, Vacation Home and Other Rental Properties with Personal and Business Use

**Property name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2010, please provide a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

**Organizer | Income | Vacation Home/Other Rental | Property Name | Depreciation and Amortization | Asset Detail** \_\_\_\_\_

**Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.**

Notes:

# Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2009 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2010 and provide details of the sales transaction on a continuation page.

**Attach all Schedules K-1** and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

	Indicate:		ID number	
	<b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint <b>A</b> = Partnership (Non-PTP), <b>B</b> = Estate/Trust, <b>C</b> = S Corp., <b>F</b> = Publicly Traded Partnership (PTP) <b>A</b> = You materially participated in the operation of the activity during 2010* <b>B</b> = Other Passive <b>C</b> = Portfolio (Interest, Dividends) <b>D</b> = Rental Real Estate			
↓	↓	↓	Indicate <b>X</b> if disposed of in 2010	
		Name of Partnership, Estate/Trust, S Corporation, PTP	ID number	in 2010
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				11
				12
				13
				14
				15
				16
				17
				18
				19
				20
				21
				22
				23
				24
				25
		Self-employed health insurance premium payments you made during 2010 . . . . .		26
Organizer   Income   Schedule K-1 or Schedule K-1 (PTP)				

**\*Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.

# Farm Income and Expense

## Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . . \_\_\_\_\_ 1

## Activity Information

Farm name (**Mandatory**) . . . . . \_\_\_\_\_ 2  
 Principal product . . . . . \_\_\_\_\_ 3  
 Employer identification number . . . . . \_\_\_\_\_ 4  
 Tax shelter registration number . . . . . \_\_\_\_\_ 5  
 Tax shelter ID number . . . . . \_\_\_\_\_ 6

## Accounting Method

Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered . . . . . \_\_\_\_\_ 7

## Activity Type

Indicate **A** = Material participation\*, **B** = Other passive, **D** = Rental real estate  
**G** = Nonpassive tax shelter, **H** = Passive non-tax shelter . . . . . \_\_\_\_\_ 8  
**Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis.

## Miscellaneous Information

Indicate **X** if a farm rental . . . . . \_\_\_\_\_ 9  
 Indicate **X** if you disposed of the business in 2010 . . . . . \_\_\_\_\_ 10

	2010 amount	PY amount
<b>Self-employed health insurance premium payments you made during 2010</b> . . . . . _____		

 11

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

## Farm Income - Cash Method

	2010 amount	PY amount
Sale of livestock and other items bought for resale . . . . . _____		
Cost or other basis of livestock and other items bought for resale . . . . . _____		
Custom hire (machine work) income . . . . . _____		
Sale of livestock, produce, grains, and other products you raised . . . . . _____		
Cooperative distributions: Total . . . . . _____		
Taxable amount . . . . . _____		
Agricultural program payments: Total . . . . . _____		
Taxable amount . . . . . _____		
Commodity Credit Corporation (CCC) loans reported under election . . . . . _____		
CCC loans forfeited or repaid with certificates: Total . . . . . _____		
Taxable amount . . . . . _____		
Crop insurance proceeds and disaster payments:		
Amount received in 2010 . . . . . _____		
Taxable amount . . . . . _____		
Deferred from 2009 . . . . . _____		
Other income		
_____		
_____		
_____		
Total income (Lines 12 - 28) _____		

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

# Farm Income and Expense

Farm name: \_\_\_\_\_

## Farm Expenses - Cash and Accrual

	2010 amount	PY amount	
Car and truck expenses . . . . .	_____	_____	29
Chemicals . . . . .	_____	_____	30
Conservation expenses (include prior year carryover) . . . . .	_____	_____	31
Custom hire (machine work) . . . . .	_____	_____	32
Employee benefit programs (other than pensions and profit-sharing plans) . . . . .	_____	_____	33
Feed purchased . . . . .	_____	_____	34
Fertilizers and lime . . . . .	_____	_____	35
Freight and trucking . . . . .	_____	_____	36
Gasoline, fuel and oil . . . . .	_____	_____	37
Insurance (other than health insurance) . . . . .	_____	_____	38
Interest - mortgage (paid to banks, etc.) . . . . . <small>(If an amount is entered, please attach detail.)</small>	_____	_____	39
Interest - other . . . . .	_____	_____	40
Labor hired . . . . .	_____	_____	41
Pension and profit-sharing plans . . . . .	_____	_____	42
Rent or lease - vehicle, machinery and equipment . . . . .	_____	_____	43
Rent or lease - other (land, animals, etc.) . . . . .	_____	_____	44
Repairs and maintenance . . . . .	_____	_____	45
Seeds and plants purchased . . . . .	_____	_____	46
Storage and warehousing . . . . .	_____	_____	47
Supplies purchased . . . . .	_____	_____	48
Taxes . . . . .	_____	_____	49
Preproductive period expense . . . . .	_____	_____	50
Utilities . . . . .	_____	_____	51
Veterinary, breeding, and medicine fees . . . . .	_____	_____	52
Other expenses	_____	_____	53
_____	_____	_____	54
_____	_____	_____	55
_____	_____	_____	56
_____	_____	_____	57
_____	_____	_____	58
_____	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total expenses (Lines 29 - 63)			T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

## Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

- 1) Disposition of property manufactured, produced, grown or extracted in the U.S. . . . . 64
- 2) Construction of real property in the U.S. . . . . 65
- 3) Engineering and architectural services performed in the U.S. with respect to real property. . . . 66

# Farm Income and Expense

**Farm name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2010, please provide  
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | Farm Name | Depreciation and Amortization | Asset Detail

Notes:

# Farm Income Averaging

<b>2009 Information</b>		
Filing Status:		
Single . . . . .	_____ Qualified widow(er) _____	Married filing separately _____
Married filing joint _____	Head of household _____	
Enter Amount From:		
Form 1040, Line 9b . . . . .	_____	1
Form 1040, Line 43 . . . . .	_____	2
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . .	_____	3
Schedule D, Line 15 . . . . .	_____	4
Schedule D, Line 16 . . . . .	_____	5
Schedule D, Line 18 . . . . .	_____	6
Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . .	_____	7
Form 4952, Line 4e . . . . .	_____	8
Form 4952, Line 4g . . . . .	_____	9
<b>2008 Information</b>		
Filing Status:		
Single . . . . .	_____ Qualified widow(er) _____	Married filing separately _____
Married filing joint _____	Head of household _____	
Enter Amount From:		
Form 1040, Line 9b . . . . .	_____	12
Form 1040, Line 43 . . . . .	_____	13
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . .	_____	14
Schedule D, Line 15 . . . . .	_____	15
Schedule D, Line 16 . . . . .	_____	16
Schedule D, Line 18 . . . . .	_____	17
Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . .	_____	18
Form 4952, Line 4e . . . . .	_____	19
Form 4952, Line 4g . . . . .	_____	20
<b>2007 Information</b>		
Filing Status:		
Single . . . . .	_____ Qualified widow(er) _____	Married filing separately _____
Married filing joint _____	Head of household _____	
Enter Amount From:		
Form 1040, Line 9b . . . . .	_____	23
Form 1040, Line 43 . . . . .	_____	24
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . .	_____	25
Schedule D, Line 15 . . . . .	_____	26
Schedule D, Line 16 . . . . .	_____	27
Schedule D, Line 18 . . . . .	_____	28
Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . .	_____	29
Form 4952, Line 4e . . . . .	_____	30
Form 4952, Line 4g . . . . .	_____	31
		32
		33
Organizer   Income   Farm Income   Sch. J - Farm Income Averaging   Schedule J Information		

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

# Miscellaneous Income

## Social Security/RRTA Payments

	2010 amount	PY amount	
Refer to Box 5 on SSA 1099			
Social Security and RRTA payments received - Taxpayer . . . . . <small>(Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation &amp; withholding)</small>			1
Social Security and RRTA payments received - Spouse . . . . . <small>(Enter gross amount before medicare deductions.)</small>			2

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

## Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2010 amount	PY amount	
* List states or localities on Continuation sheet.			
State income tax refunds received in 2010 (total for all states)* . . . . .			3
Local income tax refunds received in 2010 (total for all localities)* . . . . . <small>Include interest received on the <b>Interest Income - 1099-INT</b> organizer; include withholding taxes from Form W-2 on the <b>Employee Compensation and Withholding</b> organizer; and include payments for 2009 estimated taxes on the <b>Payments of 2010 Federal, State &amp; City Estimated Tax</b> organizer form.</small>			4
Alimony income or legal separation payments received . . . . .			5
Unemployment insurance compensation . . . . .			6
Insurance reimbursements for prior-year medical expenses . . . . .			7
Total miscellaneous income (Lines 3 - 7)			T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

## Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

**Preparer Use Only: A or Blank** = Subject to S/E Tax, **B** = Not subject to S/E Tax

	2010 amount	Amount taxable in state	PY amount	
Description				
				8
				9
				10
Total other miscellaneous income (Lines 8 - 10)				T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

## Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2010 amount	PY amount	
Name of payer			
Box 1 - Gross distribution . . . . .			11
Box 2 - Earnings . . . . .			12
Box 3 - Basis . . . . .			13
Box 5 - Enter X if a private 529 program . . . . .			14
Box 5 - Enter X if a state 529 program . . . . .			15
Box 5 - Enter X if a Coverdell ESA . . . . .			16
Amount contributed to this Coverdell ESA in 2010 . . . . .			17
Basis in this Coverdell ESA for 2009 and prior years . . . . .			18
	Taxpayer	Spouse	
Adjusted qualified higher education expense paid for with qualified education program payments			19
Adjusted qualified higher education expense paid for with Coverdell ESA distributions . . . . .			20

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments

# Capital Gains and Losses

Complete the following for each sale of stock, bonds; including municipals, mutual funds, or similar securities. Indicate the amount of any transfer taxes paid after the description. The amounts shown on this form must reconcile to Form 1099-B.

- If any sales were transacted outside the U.S., provide the following details on a continuation sheet:
  - (a) the name of the country where the sale took place and
  - (b) information regarding any tax imposed on the sale by that country.
- If you had an installment sale in 2010, provide that information on a continuation sheet. For installment sales prior to 2010, use the **Installment Sales** form.
- If you had a like-kind transaction (section 1031) during 2010, please provide details below and additional details on a continuation sheet.
- **Dispositions of depreciable business assets should be shown on Business, Farm or Rental income forms or on a continuation sheet.**
- **Include cost basis statements for capital gain transactions, if not included in broker's statements referenced in the note below.**

Please enclose all broker's statements (i.e. Form(s) 1099-B or equivalent statement such as broker's confirmation statement) for purchases and sales of stock.

## Sales of Stocks, Bonds, etc.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Number of shares and company name	Date acquired MM/DD/YYYY	Date sold or date worthless* MM/DD/YYYY	Sales proceeds net of selling expense	Cost or other basis	Prep. Use Only	
					LT	ST
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15
						16
						17
						18
						19
						20
						21
						22
						23
						24
Total (Lines 1 - 24)						T
			Net Gain/Loss			GT

Indicate **X** if you owned any securities which became worthless during 2010 . . . . . 25

\*(Also provide on a continuation sheet how it was determined to be worthless.)

Indicate **X** if you re-purchased securities within 30 days of the sale of any securities from the same company or fund. . . . . 26

If so, provide details on Continuation sheet. . . . .

Indicate **X** if you engaged in any collar transactions during 2010. If so, provide details on Continuation sheet. . . . . 27

# Installment Sales

## General Information

**Note: Installment Sale** is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . . \_\_\_\_\_ 1  
Description and location of property sold: \_\_\_\_\_

\_\_\_\_\_ 2  
Date acquired (mm/dd/yyyy) . . . . . \_\_\_\_\_ 3  
Date sold (mm/dd/yyyy) . . . . . \_\_\_\_\_ 4

## Computation of Gain

	Amount
Gross sales price . . . . .	_____ 5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed. . . . .	_____ 6
Original cost . . . . .	_____ 7
Improvements added . . . . .	_____ 8
Commissions and expenses of sale . . . . .	_____ 9
Depreciation taken to date. . . . .	_____ 10

## Collections

Indicate the total amount of principal collected in 2010 (Principal only,  
do not list interest income here. Include on **Interest Income** form.) . . . . . \_\_\_\_\_ 11  
If property was sold in a prior year, indicate total collections in prior years. (Do not  
include current-year collections.) . . . . . \_\_\_\_\_ 12

## Additional Information

Indicate **X** if:  
Investment property . . . . . \_\_\_\_\_ 13  
Installment sale is a sale of residence . . . . . \_\_\_\_\_ 14

## Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:  
Name \_\_\_\_\_ 15  
Address \_\_\_\_\_ 16  
Indicate **X** if related party disposed of the property in the current year. . . . . \_\_\_\_\_ 17  
Indicate **X** if the property was a marketable security. . . . . \_\_\_\_\_ 18



# Payments of 2010 Federal, State & City Estimated Tax

## Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2009. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

**Note:** Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2009 overpayment applied to 2010 estimate .....	_____	_____	_____	1
1st installment (due 4/15/2010) .....	_____	_____	_____	2
2nd installment (due 6/15/2010) .....	_____	_____	_____	3
3rd installment (due 9/15/2010) .....	_____	_____	_____	4
4th installment (due 1/15/2011) .....	_____	_____	_____	5
Total federal estimated tax paid .....	_____	_____	_____	T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

## State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name _____				6
2009 estimated tax paid in 2010 .....	_____	_____	_____	7
2009 extension amount paid in 2010 .....	_____	_____	_____	8
2009 balance due paid in 2010 .....	_____	_____	_____	9
2009 overpayment applied to 2010 estimate .....	_____	_____	_____	10
1st installment (due 4/15/2010) .....	_____	_____	_____	11
2nd installment (due 6/15/2010) .....	_____	_____	_____	12
3rd installment (due 9/15/2010) .....	_____	_____	_____	13
4th installment (due 1/15/2011) .....	_____	_____	_____	14
Total state/city estimated tax paid .....	_____	_____	_____	15

State/City name _____				16
2009 estimated tax paid in 2010 .....	_____	_____	_____	17
2009 extension amount paid in 2010 .....	_____	_____	_____	18
2009 balance due paid in 2010 .....	_____	_____	_____	19
2009 overpayment applied to 2010 estimate .....	_____	_____	_____	20
1st installment (due 4/15/2010) .....	_____	_____	_____	21
2nd installment (due 6/15/2010) .....	_____	_____	_____	22
3rd installment (due 9/15/2010) .....	_____	_____	_____	23
4th installment (due 1/15/2011) .....	_____	_____	_____	24
Total state/city estimated tax paid .....	_____	_____	_____	25

State/City name _____				26
2009 estimated tax paid in 2010 .....	_____	_____	_____	27
2009 extension amount paid in 2010 .....	_____	_____	_____	28
2009 balance due paid in 2010 .....	_____	_____	_____	29
2009 overpayment applied to 2010 estimate .....	_____	_____	_____	30
1st installment (due 4/15/2010) .....	_____	_____	_____	31
2nd installment (due 6/15/2010) .....	_____	_____	_____	32
3rd installment (due 9/15/2010) .....	_____	_____	_____	33
4th installment (due 1/15/2011) .....	_____	_____	_____	34
Total state/city estimated tax paid .....	_____	_____	_____	35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

# Medical Expenses and Taxes

## Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

**NOTE:** Medical expenses are only deductible if over 7.5% of AGI.

**Medical and dental expenses** (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

	2010 amount	PY amount	
_____	_____	_____	1
_____	_____	_____	2
_____	_____	_____	3
_____	_____	_____	4
_____	_____	_____	5
_____	_____	_____	6
_____	_____	_____	7
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
_____	_____	_____	11
_____	_____	_____	12
_____	_____	_____	13
_____	_____	_____	14
_____	_____	_____	15
Insurance reimbursements for 2010 medical expenses - (not necessary if amounts listed above are net of any reimbursements) ( _____ )	( _____ )	_____	16
Taxpayer long term care insurance . . . . .	_____	_____	17
Spouse long term care insurance . . . . .	_____	_____	18

### Vehicle Expenses

Standard medical miles . . . . .	_____	_____	19
Actual gas/oil, expenses incurred . . . . .	_____	_____	20
Parking fees/tolls . . . . .	_____	_____	21

Total (Lines 1 - 18, 20 & 21) \_\_\_\_\_ **T**

Organizer | Itemized Deductions | Medical and Dental Expenses

## Deductible Taxes

**Real estate taxes** - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

	2010 amount	PY amount	
_____	_____	_____	22
_____	_____	_____	23
_____	_____	_____	24
_____	_____	_____	25
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	26
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	27
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____	_____	28
State unemployment and disability taxes . . . . .	_____	_____	29
State/local sales or excise taxes for purchase of new motor vehicle(s) in 2010	_____	_____	30
Include copy(ies) of purchase invoice for each vehicle referenced above . . . . .	_____	_____	31
Other state income taxes paid in 2010 (including amounts paid for prior year)	_____	_____	32
Other city income taxes paid in 2010 (including amounts paid for prior year)	_____	_____	33
Other deductible taxes	_____	_____	34
_____	_____	_____	35
_____	_____	_____	36

Total (Lines 22 - 36) \_\_\_\_\_ **T**

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

# Interest Expense

## Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2010. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

### Form 1098 - Mortgage Interest and Taxes

	2010 amount	PY amount
Mortgage interest received from payer(s)/borrower(s) (Box 1) . . . . .	_____	_____
Points paid on purchase of principal residence (Box 2) . . . . .	_____	_____
Refund of overpaid interest (Box 3) . . . . .	_____	_____
Qualified Mortgage Insurance Premiums (Box 4) . . . . .	_____	_____
Real estate taxes paid or other amount shown . . . . .	_____	_____

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

### Form 1098 - Mortgage Interest and Taxes

(Enter any additional Form 1098 information on the continuation sheet)

Mortgage interest received from payer(s)/borrower(s) (Box 1) . . . . .	_____	_____
Points paid on purchase of principal residence (Box 2) . . . . .	_____	_____
Refund of overpaid interest (Box 3) . . . . .	_____	_____
Qualified Mortgage Insurance Premiums (Box 4) . . . . .	_____	_____
Real estate taxes paid or other amount shown . . . . .	_____	_____

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

### Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2010 amount	PY amount
_____	_____	_____
_____	_____	_____
Total (Lines 13 - 14)	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

### Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2010 amount	PY amount
<input type="checkbox"/> X if loan is a refinancing	_____	_____	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

### Mortgage Interest Paid To an Individual

Name _____	SSN _____	
Address _____		
		_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

### Investment Interest Expense

Include margin loan interest paid to purchase securities

	2010 amount	PY amount
_____	_____	_____
_____	_____	_____
Total (Lines 17 - 19)	_____	_____

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

### Mortgage Proceeds Not Used to Buy, Build, or Improve Your Home

Lender \_\_\_\_\_ Amount \_\_\_\_\_ Lender \_\_\_\_\_ Amount \_\_\_\_\_

### Home Acquisition Indebtedness on Primary and Secondary Homes in Excess of \$1 Million and/or Home Equity Indebtedness in Excess of \$100,000 (\$500,000 and \$50,000 if filing separately)

Lender \_\_\_\_\_ Beginning/Opening Balance \_\_\_\_\_ Ending/Closing Balance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Monthly \_\_\_\_\_

Interest Paid \_\_\_\_\_



# Noncash Charitable Contributions

## Noncash Contributions

Enter noncash contributions here **if your total of ALL noncash contributions is \$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

prep. use only  
20% 50%  
30% 100%

Description of property contributed and organization name:

2010 amount


Total (Lines 1 - 4)

Enter noncash contributions below **if your total of ALL noncash contributions is greater than \$500**

**Note:** An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2010, please provide Form 1098-C, the written acknowledgement you received from the charity.

**Note:** Clothing and household goods will be deductible only if in good to excellent condition when donated.

### Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	Name and Address of Donee*	Description of Donated Property
1		
2		
3		
4		
5		

	Contribution Date	Date Acquired	How Acquired	Cost or Basis	Fair Market Value	Method Used to Determine FMV
1						
2						
3						
4						
5						

\*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.



# Business Expense Schedule and Form 2106 - Vehicle Expenses

**Activity name:** \_\_\_\_\_

## Vehicle Exp Question

**Note:** Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? \_\_\_\_\_ 25

Is the evidence written? \_\_\_\_\_ 26

### Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? \_\_\_\_\_ 27

Was an employer-provided vehicle available for personal use during off-duty hours? \_\_\_\_\_ 28

Vehicle number (1, 2, 3, 4, 5, or 6) \_\_\_\_\_ 29

Vehicle description \_\_\_\_\_ 30

### Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? \_\_\_\_\_ 31

Was the vehicle used primarily by more than a 5% owner or related person? \_\_\_\_\_ 32

Was another vehicle available for personal use? \_\_\_\_\_ 33

## Vehicle Mileage

	2010 amount	PY amount	
We will determine whether actual expenses or those based on miles driven are better.			
Total miles driven: . . . . .	_____	_____	34
Total business miles driven: . . . . .	_____	_____	35
or percentage of total miles applicable to business (50% = 50.) . . . . .	_____	_____	36
Average daily round trip commuting distance . . . . .	_____	_____	37
Total commuting miles driven during the year . . . . .	_____	_____	38
Date acquired (MO/DA/YYYY) . . . . .	_____	_____	39

## Vehicle Expenses

	2010 amount	PY amount	
(Include both business & personal amounts) <b>Note:</b> We will automatically prorate car expenses between business and personal use based on the miles driven.			
Gasoline, oil, repairs, insurance, etc. . . . .	_____	_____	40
State and local taxes (not sales tax) <b>-Do not duplicate</b> . . . . .	_____	_____	41
Interest (Paid to acquire the car) . . . . .	_____	_____	42
Vehicle rentals . . . . .	_____	_____	43
Inclusion amount . . . . .	_____	_____	44
Value of employer-provided vehicle . . . . .	_____	_____	45

**Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info**

**Note:** For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

## Miscellaneous vehicle expenses

	2010 amount	
_____	_____	46
_____	_____	47
_____	_____	48
_____	_____	49
_____	_____	50
_____	_____	51
_____	_____	52
_____	_____	53
_____	_____	54
_____	_____	55
Total (Lines 46-55)	_____	T

**Organizer | Itemized Deductions | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry**

**Note:** For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.



# Household Employment Taxes

## General Information

Indicate: **T** = Taxpayer, **S** = Spouse

Employer ID number

## Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of \$1,700 or more in 2010

You withheld Federal income tax during 2010 at the request of any household employee

You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2009 or 2010 to household employees

You have filed Form W-2 for each of the employees you paid wages in 2010. **Attach copy.**

Name of household employee	Wages subject to				
	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld	Advance EIC payments

## Federal Unemployment (FUTA) Tax

Indicate **X** if:

You paid unemployment contributions to only one state

You paid all state unemployment contributions for 2010 by April 15, 2011

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions

State reporting number as shown on state unemployment tax return

Contributions you paid to state unemployment fund for 2010

State experience rate period From: To:

State experience rate

# Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the *Dependent Information Page*

## Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint \_\_\_\_\_ 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS \_\_\_\_\_ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit . . . . . \_\_\_\_\_ 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings \_\_\_\_\_ 4

Indicate the employer provided dependent care benefits forfeited in 2010-Taxpayer \_\_\_\_\_ 5

Indicate the employer provided dependent care benefits forfeited in 2010-Spouse \_\_\_\_\_ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

## Persons or Organizations Who Provided The Care

Name . . . . . \_\_\_\_\_ 7

Street Address . . . . . \_\_\_\_\_ 8

City, State and Zip Code . . . . . \_\_\_\_\_ 9

I.D. Number (SSN or EIN) (Mandatory) . . . . . \_\_\_\_\_ 10

Amount Paid . . . . . \_\_\_\_\_ 11

Phone Number (CA only) . . . . . \_\_\_\_\_ 12

Name . . . . . \_\_\_\_\_ 13

Street Address . . . . . \_\_\_\_\_ 14

City, State and Zip Code . . . . . \_\_\_\_\_ 15

I.D. Number (SSN or EIN) (Mandatory) . . . . . \_\_\_\_\_ 16

Amount Paid . . . . . \_\_\_\_\_ 17

Phone Number (CA only) . . . . . \_\_\_\_\_ 18

Name . . . . . \_\_\_\_\_ 19

Street Address . . . . . \_\_\_\_\_ 20

City, State and Zip Code . . . . . \_\_\_\_\_ 21

I.D. Number (SSN or EIN) (Mandatory) . . . . . \_\_\_\_\_ 22

Amount Paid . . . . . \_\_\_\_\_ 23

Phone Number (CA only) . . . . . \_\_\_\_\_ 24

Organizer | Credits | Child and Dependent Care Credit | Care Providers

## Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . \_\_\_\_\_ 25

If so, indicate the number of months you or your spouse was disabled . . . . . \_\_\_\_\_ 26

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer  
or **S** for Spouse . . . . . \_\_\_\_\_ 27

If so, indicate the number of months for which you or your spouse was a full-time student . . . . . \_\_\_\_\_ 28

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is  
no earned income in a month for which the taxpayer was a full-time student.

January	February	March	April	May	June	_____
July	August	September	October	November	December	_____

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

# Credits - Elderly & Disabled/Education

## Credit For The Elderly And Disabled

### General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled . . . . . \_\_\_\_\_ 1

A physician's statement was filed in a prior year . . . . . \_\_\_\_\_ 2

### Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) . . . . . \_\_\_\_\_ 3

Name of Physician \_\_\_\_\_ 4

Address of Physician \_\_\_\_\_ 5

### Spouse

Date of disability retirement if subsequent to 1/1/1977 (MO/DA/YYYY) . . . . . \_\_\_\_\_ 6

Name of Physician \_\_\_\_\_ 7

Address of Physician \_\_\_\_\_ 8

Organizer | Credits | Elderly or the Disabled Credit

## Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

### American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2010, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2010 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2010.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

### Lifetime Credit Qualifications *(these qualifications are less strict than those for the American Opportunity Credit)*

#### Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

	Enter A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit	Qualified Education Expenses*
Taxpayer . . . . .	_____	_____
Spouse . . . . .	_____	_____
<b>Dependents</b>		
First Name	Last Name	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

# Credits - Residential Energy/Alternative Motor Vehicle

## Residential Energy Credits

### Nonbusiness Energy Property Credit

Amounts listed must be:

- 1) paid or incurred during 2010
- 2) for qualified energy improvements installed on property, new or used
- 3) for a dwelling unit located in the U.S. AND
- 4) for property that is your principal residence

Amount

Insulation material . . . . .		1
Exterior energy efficient windows (including skylights) . . . . .		2
Exterior energy efficient doors . . . . .		3
Metal or asphalt roof that meets or exceeds Energy Star program. . . . .		4

Enter total cost of energy efficiency improvements including:

- energy efficient building property . . . . . 5
- qualified natural gas, propane or oil furnace or hot water boiler OR . . . . . 6
- advanced main air circulating fan . . . . . 7

### Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified photovoltaic systems (using solar energy to generate electricity) . . 8
- solar water heating systems . . . . . 9
- qualified small wind property costs . . . . . 10
- qualified geothermal heat pump property costs . . . . . 11
- qualified fuel cells\* (list expenditures for your main home only). . . . . 12
- kilowatt capacity of qualified fuel cell property above . . . . . 13

**Alternative Motor Vehicle Credit** - Includes the following 4 vehicle types that are new vehicles, and used predominantly in the U.S.

<u>Vehicle Type</u>	Vehicle 1		Vehicle 2		
	<u>Year, Make &amp; Model</u>	<u>Date Placed in Service</u>	<u>Year, Make &amp; Model</u>	<u>Date Placed in Service</u>	
Qualified fuel cell					14
Advanced lean- burn technology*					15
Qualified hybrid*					16
Qualified alternative fuel (including mixed fuel vehicles)					17
Qualified plug-in electric drive					18

**\*Note:** Please include copy of manufacturer certification of eligible expenditures.



