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<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**JEFF BROWN, PC**  
 155 SANSOME STREET ST 620  
 SAN FRANCISCO, CA 94101  
 Telephone number: (925) 286-1200  
 Fax number:  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please enter all pertinent 2010 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**2010 1040 US Tax Organizer**

Please enter all pertinent 2010 information. If you have attached a government form for an item, check the box and do not enter a 2010 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2010 Amount	2009 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

**OTHER GOVERNMENT FORMS - INCOME**

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-S - Sales of real estate (also include closing statements)
- Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>	_____
	_____
	_____
<b>Attach Forms 1099</b>	_____

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
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Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
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**MISCELLANEOUS INCOME**

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

**2010 1040 US Tax Organizer**

**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....  
 Spouse: Traditional IRA contributions (1=maximum) .....  
 Roth IRA contributions (1=maximum) .....  
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

2010 Amount	2009 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**

Form 1098-E - Student loan interest .....  
 Form 1098-T - Tuition and related expenses .....

<b>Attach Forms 1098</b>	
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**ADJUSTMENTS TO INCOME**

Taxpayer:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Expenses from rental of personal property .....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN .....


Spouse:  
 Self-employed health insurance premiums .....  
 Educator expenses .....  
 Expenses from rental of personal property .....  
 Other adjustments to income:


\_\_\_\_\_  
 Alimony paid - Recipient name & SSN .....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....  
 Doctors, dentists and nurses .....  
 Hospitals and nursing homes .....  
 Insurance premiums .....  
 Long-term care premiums - taxpayer .....  
 Long-term care premiums - spouse .....  
 Insurance reimbursement .....  
 Out-of-pocket lodging and transportation expenses .....  
 Number of medical miles .....  
 Other: \_\_\_\_\_


**TAXES PAID**

State income taxes - 1/10 payment on 2009 state estimate .....  
 State income taxes - paid with 2009 state extension .....  
 State income taxes - paid with 2009 state return .....  
 State income taxes - paid for prior years and/or to other states .....




<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**JEFF BROWN, PC**  
**155 SANSOME STREET ST 620**  
**SAN FRANCISCO, CA 94101**  
 Telephone number: (925) 286-1200  
 Fax number:  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please add, change, or delete information as appropriate.**

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2008 or 2009) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

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Client Information (continued)

1 p2

Please add, change or delete information for 2010.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Pager number .....		
	Fax number .....		
	E-mail address .....		

1 p2

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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**Please add, change or delete information for 2010.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>PERSONAL INFORMATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return for 2010?
		<b>DEPENDENTS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?
		<b>INCOME</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any foreign income or pay any foreign taxes?
		<b>PURCHASES, SALES AND DEBT</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2010?
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven?
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone owe you money which has become uncollectible?

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**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2011 taxable income and withholdings to be different from 2010?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

Please enter all pertinent 2010 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2010 ESTIMATED TAX / 1040-ES (6)**

Federal	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009 .....				
1st quarter payment (due 4/15/10) .....				
2nd quarter payment (due 6/15/10) .....				
3rd quarter payment (due 9/15/10) .....				
4th quarter payment (due 1/17/11) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

State	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009 .....				
1st quarter payment (due 4/15/10) .....				
2nd quarter payment (due 6/15/10) .....				
3rd quarter payment (due 9/15/10) .....				
4th quarter payment (due 1/17/11) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	10 = Series I treasury bonds

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2010 information.

**APPLICATION OF 2010 OVERPAYMENT (7.1)**

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 different from 2010? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2011 withholding to be different from 2010? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2009 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/10	2009 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2009 Winnings
				Federal (Box 2)	State (Box 14)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2010 Amount</b>	<b>T</b>	<b>S</b>	<b>2009 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



**2010**

**1040**

**US**

**Miscellaneous Income**

**14.1**

Please enter all pertinent 2010 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

**14.1**

2010

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US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2010 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2010 1099-G Amount

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2010 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2009 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5).....		
	Taxable energy grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2010 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2009 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5).....		
	Taxable energy grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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**Please enter all pertinent 2010 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.**

**ESA'S AND QTP'S (Form 1099-Q)**

		2010 Amount	2009 Amount
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/09.....			
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/09.....			
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/09.....			

2010

1040

US

Business Income (Schedule C)

No.

16

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, state, ZIP code, if different from Form 1040	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		
_____		
_____		
_____		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
_____		
_____		
_____		
Inventory at end of the year.....		

16

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2010 Amount	2009 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



2010

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2010 Amount	2009 Amount
No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

No. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

17 p2

2010

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2010, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(\* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2010

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property.....	<input type="text"/>
Location of property.....	<input type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input type="text"/>	
1=did not actively participate.....	<input type="text"/>	
1=real estate professional.....	<input type="text"/>	
1=rental other than real estate .....	<input type="text"/>	
1=investment .....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	

INCOME

	2010 Amount	2009 Amount
Rents received (Form 1099-MISC, box 1) .....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2) .....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	<input type="text"/>	<input type="text"/>
Association dues.....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance.....	<input type="text"/>	<input type="text"/>
Commissions.....	<input type="text"/>	<input type="text"/>
Gardening.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Legal and professional fees.....	<input type="text"/>	<input type="text"/>
Licenses and permits.....	<input type="text"/>	<input type="text"/>
Management fees.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.).....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums.....	<input type="text"/>	<input type="text"/>
Excess mortgage interest.....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Painting and decorating.....	<input type="text"/>	<input type="text"/>
Pest control.....	<input type="text"/>	<input type="text"/>
Plumbing and electrical.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Supplies.....	<input type="text"/>	<input type="text"/>
Taxes - real estate.....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Telephone.....	<input type="text"/>	<input type="text"/>
Utilities.....	<input type="text"/>	<input type="text"/>
Wages and salaries.....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

18

2010

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2010 Amount	2009 Amount
Production type (preparer use only).....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none).....		
State % depletion rate or amount, if different (-1 if none).....		

VACATION HOME

Number of days rented at fair market value.....		
Number of days personal use.....		
Number of days owned (if optional method elected).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product .....	<input style="width:90%; height:20px;" type="text"/>
Employer ID number .....	<input style="width:90%; height:20px;" type="text"/>

Agricultural activity code .....	<input style="width:95%; height:20px;" type="text"/>	
Accounting method: 1=cash, 2=accrual .....	<input style="width:95%; height:20px;" type="text"/>	
1=spouse, 2=joint .....	<input style="width:95%; height:20px;" type="text"/>	
1=farm rental (Form 4835) .....	<input style="width:95%; height:20px;" type="text"/>	
1=crop insurance proceeds election .....	<input style="width:95%; height:20px;" type="text"/>	
1=did not "materially participate" (Schedule F only) .....	<input style="width:95%; height:20px;" type="text"/>	
1=did not actively participate (Form 4835 only) .....	<input style="width:95%; height:20px;" type="text"/>	
1=real estate professional (Form 4835 only) .....	<input style="width:95%; height:20px;" type="text"/>	
1=single member limited liability company .....	<input style="width:95%; height:20px;" type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only) .....	<input style="width:95%; height:20px;" type="text"/>	

**FARM INCOME**

	2010 Amount	2009 Amount
<b>Cash method:</b>		
Sales of livestock, etc. bought for resale .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Cost or basis of livestock, etc. bought for resale .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Sales of livestock, etc. you raised .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<b>Accrual method:</b>		
Sales of livestock, produce, grains, etc. ....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Inventory of livestock, etc. at beginning of year .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Cost of livestock, etc. purchased .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Inventory of livestock, etc. at end of year .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<b>Other farm income:</b>		
Total cooperative distributions .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable cooperative distributions .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total agricultural program payments (other than CRP) .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total conservation reserve program payments .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable conservation reserve program payments .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Commodity credit loans reported under election .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total commodity credit loans forfeited or repaid .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total crop insurance proceeds received in 2010 .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable crop insurance proceeds received in 2010 .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable crop insurance proceeds deferred from 2009 .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Custom hire (machine work) income .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<b>Other income:</b>		
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
_____	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>



<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

**20.1,20.2**

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
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Please add, change or delete 2010 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

**20.3,20.4**





Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2010 Amount	2009 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months your job required a vehicle (if not 12 months).....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

**2010**

**1040**

**US**

**Adjustments to Income**

**24**

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2010 payments from 1/1/11 to 4/15/11.....				

**ROTH IRA CONTRIBUTIONS**

	2010 Amount	2009 Amount
	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....		
Contributions made to date .....		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2010 Amount	2009 Amount
	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Defined benefit contributions you expect to make.....		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Plan contribution rate if not .25 (.xxxx) .....		
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....		
Individual 401k: SE designated Roth contributions (1=max.).....		
<b>SIMPLE contributions:</b>		
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....		
Employer matching rate if not .03 (.xxxx) .....		
1=nonelective contributions (2%) .....		
Contributions made to date .....		

**ADJUSTMENTS TO INCOME**

	2010 Amount	2009 Amount
	Taxpayer	Spouse
<b>Self-employed health insurance:</b>		
Total premiums (excluding long-term care).....		
Long-term care premiums.....		
Student loan interest paid (1098-E, box 1) .....		
Educator expenses (kindergarten thru grade 12) .....		
Jury duty pay given to employer.....		
Expenses from rental of personal property.....		
Other adjustments to income:		
_____		
_____		
_____		

Alimony paid:	Taxpayer	Spouse
	Recipient's first name....	
Recipient's last name....		
Recipient's SSN.....		
Amount paid .....	2009 amt:	2009 amt:

**24**

**2010**

**1040**

**US**

**Itemized Deductions**

**25**

Please enter all pertinent 2010 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2010 estimates are automatic.)

State income taxes - 1/10 payment on 2009 state estimate .....			
State income taxes - paid with 2009 state extension .....			
State income taxes - paid with 2009 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/10 payment on 2009 city/local estimate .....			
City/local income taxes - paid with 2009 city/local extension .....			
City/local income taxes - paid with 2009 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2010 purchases .....			
Use taxes paid with 2009 state return .....			
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description .....			
Vehicle #1 purchase price .....			
Vehicle #1 sales tax paid .....			
Vehicle #1 other qualified taxes/fees paid .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment .....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes .....			
Other taxes:			
_____			
_____			

**25**

2010

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2010 Amount

TS

2009 Amount

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for home mortgage interest reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . .

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes row for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes row for passive interest.

Certain home mortgage interest included above (6251) . . . . .

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes row for certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for cash or check contributions to churches, schools, hospitals, etc.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for cash or check contributions to veterans' organizations, etc.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for volunteer expenses and charitable miles.

25 p2

2010

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Four horizontal lines for entering 2010 amounts.

2010 Amount

TS

2009 Amount

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

25 p3



2010

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US

Itemized Deductions (continued)

25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2010 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2010 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2010 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

	2010 Amount	TS	2009 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

**Form**  
1 = Schedule A (default)  
2 = Business use of home  
3 = Schedule E

25 p5

2010

1040

US

Noncash Contributions (Form 8283)

26

**If your total noncash contributions are in excess of \$500 in 2010, please complete the information below for each donee using the following guidelines:**

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)..... Street address ..... City, state, ZIP code ..... 1=spouse, 2=joint ..... Property description (other than vehicle)..... Year (yyyy) ..... Make and model ..... Condition and mileage..... Date of contribution (m/d/y) *..... Date acquired by donor (m/y) *..... How acquired by donor (Table 1 or describe)..... Donor's cost or basis ..... Fair market value ..... Method used to determine FMV (Table 2 or describe).....	
No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)..... Street address ..... City, state, ZIP code ..... 1=spouse, 2=joint ..... Property description (other than vehicle)..... Year (yyyy) ..... Make and model ..... Condition and mileage..... Date of contribution (m/d/y) *..... Date acquired by donor (m/y) *..... How acquired by donor (Table 1 or describe)..... Donor's cost or basis ..... Fair market value ..... Method used to determine FMV (Table 2 or describe).....	
No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)..... Street address ..... City, state, ZIP code ..... 1=spouse, 2=joint ..... Property description (other than vehicle)..... Year (yyyy) ..... Make and model ..... Condition and mileage..... Date of contribution (m/d/y) *..... Date acquired by donor (m/y) *..... How acquired by donor (Table 1 or describe)..... Donor's cost or basis ..... Fair market value ..... Method used to determine FMV (Table 2 or describe).....	

<p><b>1 How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance                  2 = Gift                            4 = Exchange</p>	<p><b>2 Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog                  2 = Thrift shop value            4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
--	---

26

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <input style="width:40px;" type="text"/>	<b>29</b>
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**Please enter 2010 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2010 Amount	2009 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

2010

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

Form .....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input type="text"/>	
1=spouse .....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2010 Amount	2009 Amount
Meal and entertainment expenses .....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2010

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner.....
- 1=vehicle is available for off-duty personal use.....
- 1=no other vehicle is available for personal use.....
- 1=no evidence to support your deduction.....
- 1=no written evidence to support your deduction.....

2010 Amount	2009 Amount

VEHICLE 1

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....


Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E & F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....


VEHICLE 2

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....


Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E and F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....


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2010

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2010 information.

GENERAL INFORMATION

1=spouse .....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address .....	<input type="text"/>	
City .....	<input type="text"/>	
Region .....	<input type="text"/>	
Postal code .....	<input type="text"/>	
Country .....	<input type="text"/>	
Employer:		
Name .....	<input type="text"/>	
U.S. street address .....	<input type="text"/>	
U.S. city .....	<input type="text"/>	
U.S. state .....	<input type="text"/>	
U.S. ZIP code .....	<input type="text"/>	
Foreign street address .....	<input type="text"/>	
Foreign city .....	<input type="text"/>	
Foreign region .....	<input type="text"/>	
Foreign postal code .....	<input type="text"/>	
Foreign country .....	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other .....	<input type="text"/>	<input type="text"/>
Employer type, if other .....	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship .....	<input type="text"/>
------------------------------	----------------------

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

**Please enter all pertinent 2010 information.**

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2010 as well as travel for 2011 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y).....	<input style="width:90%;" type="text"/>	
Ending date for bona fide residence (m/d/y).....	<input style="width:90%;" type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input style="width:90%;" type="text"/>	
Names of family living abroad with taxpayer (if applicable):	Period family lived abroad	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	

1=submitted statement to country of bona fide residence.....	<input style="width:90%;" type="text"/>	
1=required to pay income tax to country of bona fide residence.....	<input style="width:90%;" type="text"/>	
Contractual terms relating to length of employment abroad.....	<input style="width:90%;" type="text"/>	
Type of visa you entered foreign country under.....	<input style="width:90%;" type="text"/>	
Explanation why visa limited stay or employment in country (if applicable).....	<input style="width:90%;" type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Principal country of employment.....

**FOREIGN HOUSING EXPENSES**

	2010 Amount	2009 Amount
Qualified housing expenses .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (Form 2555)</b>	No. <input style="width:40px;" type="text"/>	<b>31.2</b>
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Please enter all pertinent 2010 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

**FOREIGN WAGES, SALARIES, TIPS**

	2010 Amount	2009 Amount
Name or number .....		
1=spouse .....		
1=retirement plan (Box 13) .....		
Name of employer (Box c) .....		
Wages, tips, other compensation (Box 1) .....		
Federal income tax withheld (Box 2) .....		
Social security tax withheld (Box 4) .....		
Medicare tax withheld (Box 6) .....		
State income tax withheld (Box 17) .....		
Local income tax withheld (Box 19) .....		

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....		
Meals .....		
Car .....		
Other properties or facilities:		

**Allowances and Reimbursements**

Cost of living and overseas differential .....		
Family .....		
Education .....		
Home leave .....		
Quarters .....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....		
---	--	--

**Other Foreign Earned Income**


**2010 Days Worked Allocation Information**

Total number of days worked (if not 240) .....		
Total days worked before and after foreign assignment .....		
Foreign days worked before and after foreign assignment .....		

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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**Please enter all pertinent 2010 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2010, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date.....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1)...				
Distributions included above that were rolled over to another HSA.....				
Total unreimbursed qualified medical expenses...				

	<b>32.1</b>
--	-------------

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2010 . . .				
Employer-provided benefits forfeited in 2010 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name. . . . .			
	Last name. . . . .			
	Date of birth (m/d/y). . . . .			
	Social security number. . . . .			
	Qualified dependent care expenses incurred and paid in 2010. . . . .		<b>2009 amt:</b>	
	1=disabled. . . . .			
1=spouse, 2=joint . . . . .				

No. <input style="width:40px;" type="text"/>	First name. . . . .			
	Last name. . . . .			
	Date of birth (m/d/y). . . . .			
	Social security number. . . . .			
	Qualified dependent care expenses incurred and paid in 2010. . . . .		<b>2009 amt:</b>	
	1=disabled. . . . .			
1=spouse, 2=joint . . . . .				

No. <input style="width:40px;" type="text"/>	First name. . . . .			
	Last name. . . . .			
	Date of birth (m/d/y). . . . .			
	Social security number. . . . .			
	Qualified dependent care expenses incurred and paid in 2010. . . . .		<b>2009 amt:</b>	
	1=disabled. . . . .			
1=spouse, 2=joint . . . . .				

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider. . . . .			
	Street address . . . . .			
	City, state, ZIP code. . . . .			
	Identification number (SSN or EIN). . . . .			
	Amount paid to care provider in 2010. . . . .		<b>2009 amt:</b>	
	1=spouse, 2=joint . . . . .			

No. <input style="width:40px;" type="text"/>	Name of provider. . . . .			
	Street address . . . . .			
	City, state, ZIP code. . . . .			
	Identification number (SSN or EIN). . . . .			
	Amount paid to care provider in 2010. . . . .		<b>2009 amt:</b>	
	1=spouse, 2=joint . . . . .			

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US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2010 Amount

2009 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2010.....			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010.....		
		Prior years for adoption of foreign child finalized in 2010.....		
2009 and 2010 for adoption finalized in 2010.....				
2010 for adoption finalized before 2010.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2010.....			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010.....		
		Prior years for adoption of foreign child finalized in 2010.....		
2009 and 2010 for adoption finalized in 2010.....				
2010 for adoption finalized before 2010.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2010.....			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010.....		
		Prior years for adoption of foreign child finalized in 2010.....		
2009 and 2010 for adoption finalized in 2010.....				
2010 for adoption finalized before 2010.....				
1=spouse, 2=joint.....				

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<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Education Credits / Tuition Deduction</b>	<b>38</b>
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**Please complete the information below if you paid qualified education expenses in 2010 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2010 Amount	2009 Amount
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=American opportunity credit, 2=lifetime learning credit .....	
		Number of years hope credit claimed .....	
		Number of years American opportunity credit claimed .....	
		Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. .	
		Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) .....	
		Books and supplies required to be purchased from institution ...	
	Books and supplies not entered above .....		
	Amount of prior year refund or assistance * .....		

<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=American opportunity credit, 2=lifetime learning credit .....	
		Number of years hope credit claimed .....	
		Number of years American opportunity credit claimed .....	
		Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. .	
		Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) .....	
		Books and supplies required to be purchased from institution ...	
	Books and supplies not entered above .....		
	Amount of prior year refund or assistance * .....		

<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=American opportunity credit, 2=lifetime learning credit .....	
		Number of years hope credit claimed .....	
		Number of years American opportunity credit claimed .....	
		Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. .	
		Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) .....	
		Books and supplies required to be purchased from institution ...	
	Books and supplies not entered above .....		
	Amount of prior year refund or assistance * .....		

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

**2010**

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**Household Employment Taxes (Schedule H)**

**42**

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,700 or more in 2010; withheld federal income tax during 2010 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010 to household employees, please complete the following:

Employer identification number .....	
1=spouse, 2=joint .....	

Social security, Medicare and income taxes:	2010 Amount	2009 Amount
1=paid any one employee cash wages of \$1,700 or more .....		
1=withheld federal income tax for household employee .....		
Total cash wages subject to social security taxes .....		
Total cash wages subject to Medicare taxes .....		
Federal income tax withheld .....		
Advance earned income credit payments .....		
Taxes withheld from state disability payments .....		

Federal unemployment tax:	2010 Amount	2009 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010 .....		
Total cash wages subject to FUTA tax .....		
1=paid unemployment contributions to only one state .....		
1=paid all state unemployment contributions by 4/15/11 .....		
1=all wages taxable for FUTA were also taxable for state unemployment .....		
Name of state .....		
Contributions paid to state unemployment fund .....		

**Please enter all pertinent 2010 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name .....	<input style="width:95%;" type="text"/>
Last name .....	<input style="width:95%;" type="text"/>
Social security number.....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y) .....	<input style="width:95%;" type="text"/>
1=nontaxable to federal.....	<input style="width:95%;" type="text"/>
1=nontaxable to state.....	<input style="width:95%;" type="text"/>

**INTEREST INCOME (Form 1099-INT)**

	2010 Amount	2009 Amount
Banks, credit unions, etc. (Box 1):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>



<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Topical Index</b>
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<b>TOPIC</b>	<b>FORM</b>	<b>TOPIC</b>	<b>FORM</b>
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<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>
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**JEFF BROWN, PC**  
 155 SANSOME STREET ST 620  
 SAN FRANCISCO, CA 94101  
 Telephone number: (925) 286-1200  
 Fax number:  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please enter all pertinent 2010 information.

**CLIENT INFORMATION**

Taxpayer

Spouse

First name and initial . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Social security number . . . . .		
Occupation . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
1=blind . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

**2010 1040 US Tax Organizer**

Please enter all pertinent 2010 information. If you have attached a government form for an item, check the box and do not enter a 2010 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2010 Amount	2009 Amount
<b>Attach Forms W-2</b>	_____
	_____
	_____
	_____

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-INT</b>	_____
	_____
	_____
	_____

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-DIV</b>	_____
	_____
	_____
	_____

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<b>Attach Forms 1099-R &amp; W-2G</b>	_____
	_____
	_____
	_____
Winnings not reported on W-2G.....	_____
Total gambling losses.....	_____

**OTHER GOVERNMENT FORMS - INCOME**

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-S - Sales of real estate (also include closing statements)
- Form 1099-G - State tax refunds.....

<b>Attach Forms 1099</b>	_____
	_____
	_____
<b>Attach Forms 1099</b>	_____

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
<b>Attach Forms 1099</b>	_____

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

<b>Attach Forms 1099</b>	_____
<b>Attach Forms 1099</b>	_____

**MISCELLANEOUS INCOME**

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

2010 1040 US Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
Spouse: Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2010 Amount, 2009 Amount. Rows for each contribution type.

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Table with 2 columns: 2010 Amount, 2009 Amount. Includes 'Attach Forms 1098' label.

ADJUSTMENTS TO INCOME

Taxpayer: Self-employed health insurance premiums
Educator expenses
Expenses from rental of personal property
Other adjustments to income:

Table with 2 columns: 2010 Amount, 2009 Amount. Rows for taxpayer adjustments.

Alimony paid - Recipient name & SSN

Table with 2 columns: 2010 Amount, 2009 Amount. Row for alimony paid.

Spouse: Self-employed health insurance premiums
Educator expenses
Expenses from rental of personal property
Other adjustments to income:

Table with 2 columns: 2010 Amount, 2009 Amount. Rows for spouse adjustments.

Alimony paid - Recipient name & SSN

Table with 2 columns: 2010 Amount, 2009 Amount. Row for spouse alimony paid.

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Long-term care premiums - taxpayer
Long-term care premiums - spouse
Insurance reimbursement
Out-of-pocket lodging and transportation expenses
Number of medical miles
Other:

Table with 2 columns: 2010 Amount, 2009 Amount. Rows for medical and dental expenses.

TAXES PAID

State income taxes - 1/10 payment on 2009 state estimate
State income taxes - paid with 2009 state extension
State income taxes - paid with 2009 state return
State income taxes - paid for prior years and/or to other states

Table with 2 columns: 2010 Amount, 2009 Amount. Rows for taxes paid.

2010 1040 US Tax Organizer

TAXES PAID (continued)

City/local income taxes - 1/10 payment on 2009 city/local estimate...
City/local income taxes - paid with 2009 city/local extension...
City/local income taxes - paid with 2009 city/local return...
State and local sales taxes (except autos and special items)...
Sales taxes paid on vehicles, boats, and aircraft...
Use taxes paid on 2010 purchases...
Use taxes paid on 2009 state return...
[ ] Taxes paid in 2010 on new motor vehicles purchased 2/17/09 - 12/31/09...
Sales tax on autos not included above...
Sales taxes paid on boats, aircraft, and other special items...
Real estate taxes - principal residence...
Real estate taxes - property held for investment...
Foreign income taxes...
[ ] Personal property taxes (including automobile fees in some states)...

Table with 2 columns: 2010 Amount, 2009 Amount. Includes rows for Attach Vehicle/Tax Information and Attach Tax Notice.

INTEREST PAID

Home mortgage interest and points paid:
[ ] \_\_\_\_\_
[ ] \_\_\_\_\_
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
\_\_\_\_\_  
\_\_\_\_\_  
Points not reported on Form 1098:
\_\_\_\_\_  
\_\_\_\_\_  
Mortgage insurance premiums on post 12/31/06 contracts...
Investment interest (interest on margin accounts):
\_\_\_\_\_  
\_\_\_\_\_  
Passive interest...

Table with 2 columns: 2010 Amount, 2009 Amount. Includes rows for Attach Forms 1098.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).
\_\_\_\_\_  
\_\_\_\_\_  
Volunteer expenses (out-of-pocket)...
Number of charitable miles...

Table with 2 columns: 2010 Amount, 2009 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.
\_\_\_\_\_  
\_\_\_\_\_

Table with 2 columns: 2010 Amount, 2009 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues...
Tax return preparation fee...
Safe deposit box rental...
Investment expenses...
Estate tax, section 691(c)...
Unreimbursed employee expenses:
\_\_\_\_\_  
\_\_\_\_\_  
Other: \_\_\_\_\_

Table with 2 columns: 2010 Amount, 2009 Amount.

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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**JEFF BROWN, PC**  
**155 SANSOME STREET ST 620**  
**SAN FRANCISCO, CA 94101**  
 Telephone number: (925) 286-1200  
 Fax number:  
 E-mail address:

**Tax Return Appointment**

Date:  
 Time:  
 Location:

**This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please add, change, or delete information as appropriate.**

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....		<p align="center"><b>Filing Status</b></p> <p>1 = Single                  2 = Married filing joint                  3 = Married filing separate                  4 = Head of household                  5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse .....		
	Year spouse died, if qualifying widow(er) (2008 or 2009) .....		
Taxpayer	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Spouse	First name and initial .....		
	Last name .....		
	Title/suffix .....		
	Social security number .....		
	Occupation .....		
	Date of birth (m/d/y) .....		
	Date of death (m/d/y) .....		
1=blind .....			
Address	In care of .....		
	Street address .....		
	Apartment number .....		
	City .....		
	State .....		
Foreign Address	ZIP code .....		
	Region .....		
	Postal code .....		
	Country .....		

Please add, change or delete information for 2010.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone ..... Work phone..... Work extension..... Daytime phone (table) ..... Mobile phone..... Pager number..... Fax number..... E-mail address.....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile
Spouse Contact Information	Home phone ..... Work phone..... Work extension..... Daytime phone (table) ..... Mobile phone..... Pager number..... Fax number..... E-mail address.....		
CA State Information	Registered domestic partner filing status (see table) ..... 1=PMB no. in address ..... NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
-------------	-------------	-----------	-------------------	----------

**Please add, change or delete information for 2010.**

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.**

**YES**

**NO**

**PERSONAL INFORMATION**

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2010?

**DEPENDENTS**

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

**INCOME**

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property in 2010?
- Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?
- Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
- Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?
- Did you have any debts cancelled or forgiven?
- Does anyone owe you money which has become uncollectible?

2010

1040

US

**Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>RETIREMENT PLANS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	<b>EDUCATION</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ITEMIZED DEDUCTIONS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	<b>ESTIMATED TAXES</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2011 taxable income and withholdings to be different from 2010?
<input type="checkbox"/>	<input type="checkbox"/>	<b>MISCELLANEOUS</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2010

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US

## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	<b>MISCELLANEOUS (continued)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.**

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?   |

2010

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US/CA

Direct Deposit & Estimates (Form 1040 ES)

3, 6

Please enter all pertinent 2010 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

- 1=direct deposit of federal tax refund into bank account .....
- 1=electronic payment of balance due .....
- 1=electronic payment of estimated tax .....
- 1=direct deposit CA refund to one account, 2=split deposit between two accounts .....
- 1=electronic payment of CA state tax balance due .....
- 1=electronic payment of CA estimated tax .....


**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2010 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009 .....				
1st quarter payment (due 4/15/10) .....				
2nd quarter payment (due 6/15/10) .....				
3rd quarter payment (due 9/15/10) .....				
4th quarter payment (due 1/17/11) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

**State**

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009 .....				
1st quarter payment (due 4/15/10) .....				
2nd quarter payment (due 6/15/10) .....				
3rd quarter payment (due 9/15/10) .....				
4th quarter payment (due 1/17/11) .....				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

**1 Type of Account**  
 1 = Savings  
 2 = Checking

**2 Type of Investment**  
 1 = Checking or savings (default)  
 2 = Taxpayer's IRA (next year limits)  
 3 = Spouse's IRA (next year limits)  
 4 = Health savings account (HSA)  
 5 = Archer MSA  
 6 = Coverdell savings account (ESA)  
 7 = Other  
 8 = Taxpayer's IRA (current year limits)  
 9 = Spouse's IRA (current year limits)  
 10 = Series I treasury bonds

3, 6

2010

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US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2010 information.

**APPLICATION OF 2010 OVERPAYMENT (7.1)**

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 different from 2010? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2011 withholding to be different from 2010? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2010</b>	<b>1040</b>	<b>US/CA</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
-------------	-------------	--------------	---	-----------------------

Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2009 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/10	2009 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2009 Winnings
				Federal (Box 2)	State (Box 14)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	<b>2010 Amount</b>	<b>T</b>	<b>S</b>	<b>2009 Amount</b>
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**



**2010**

**1040**

**US**

**Miscellaneous Income**

**14.1**

Please enter all pertinent 2010 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ..				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

**14.1**

2010

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US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2010 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2010 1099-G Amount

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2010 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2009 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5).....		
	Taxable energy grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer .....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	2010 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2009 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	ATAA payments (Box 5).....		
	Taxable energy grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9).....			
Number of farm .....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
-------------	-------------	-----------	--	-------------

**Please enter all pertinent 2010 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.**

**ESA'S AND QTP'S (Form 1099-Q)**

		2010 Amount	2009 Amount
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/09.....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/09.....			
No. <input style="width: 40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..		
	ESA's only:		
2010 contributions to this ESA.....			
Value of this account at 12/31/10 (plus outstanding rollovers)...			
Basis in this ESA as of 12/31/09.....			

2010

1040

US/CA

Business Income (Schedule C)

No.

16

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, state, ZIP code, if different from Form 1040	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		
CA FTB Form 3805V:		
1=eligible small business.....		
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....		
Principle business code (SIC 1987).....		

**INCOME**

	2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
_____		
Inventory at end of the year.....		

16

2010

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2010 Amount	2009 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2



2010

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**PRIOR YEAR INSTALLMENT SALE**

		2010 Amount		2009 Amount	
No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

No. <input type="text"/>	Description of property.....				
	Date acquired (m/d/y).....				
	Date sold (m/d/y).....				
	Gross profit ratio (.xxxx).....				
	Current year principal payments (-1 if none).....				

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2010

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US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2010, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests \*, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(\* owned and used property as main home for at least 2 of 5 years before sale)

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US/CA

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property.....	<input type="text"/>
Location of property.....	<input type="text"/>

Percentage of ownership if not 100% (.xxxx) .....	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx) .....	<input type="text"/>	
1=spouse, 2=joint .....	<input type="text"/>	
1=nonpassive activity, 2=passive royalty .....	<input type="text"/>	
1=did not actively participate.....	<input type="text"/>	
1=real estate professional.....	<input type="text"/>	
1=rental other than real estate .....	<input type="text"/>	
1=investment .....	<input type="text"/>	
1=single member limited liability company.....	<input type="text"/>	
CA FTB Form 3805V:		
1=eligible small business.....	<input type="text"/>	
Qualified new business year: 1, 2 or 3.....	<input type="text"/>	
Principle business code (SIC 1987).....	<input type="text"/>	

INCOME

	2010 Amount	2009 Amount
Rents received (Form 1099-MISC, box 1).....	<input type="text"/>	<input type="text"/>
Royalties received (Form 1099-MISC, box 2).....	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	<input type="text"/>	<input type="text"/>
Association dues.....	<input type="text"/>	<input type="text"/>
Auto and travel (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Cleaning and maintenance.....	<input type="text"/>	<input type="text"/>
Commissions.....	<input type="text"/>	<input type="text"/>
Gardening.....	<input type="text"/>	<input type="text"/>
Insurance.....	<input type="text"/>	<input type="text"/>
Legal and professional fees.....	<input type="text"/>	<input type="text"/>
Licenses and permits.....	<input type="text"/>	<input type="text"/>
Management fees.....	<input type="text"/>	<input type="text"/>
Miscellaneous.....	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.).....	<input type="text"/>	<input type="text"/>
Qualified mortgage insurance premiums.....	<input type="text"/>	<input type="text"/>
Excess mortgage interest.....	<input type="text"/>	<input type="text"/>
Other interest (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Painting and decorating.....	<input type="text"/>	<input type="text"/>
Pest control.....	<input type="text"/>	<input type="text"/>
Plumbing and electrical.....	<input type="text"/>	<input type="text"/>
Repairs.....	<input type="text"/>	<input type="text"/>
Supplies.....	<input type="text"/>	<input type="text"/>
Taxes - real estate.....	<input type="text"/>	<input type="text"/>
Taxes - other (not entered elsewhere).....	<input type="text"/>	<input type="text"/>
Telephone.....	<input type="text"/>	<input type="text"/>
Utilities.....	<input type="text"/>	<input type="text"/>
Wages and salaries.....	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

18

2010

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2010 Amount	2009 Amount
Production type (preparer use only).....		
Cost depletion.....		
Percentage depletion rate or amount.....		
State cost depletion, if different (-1 if none).....		
State % depletion rate or amount, if different (-1 if none).....		

VACATION HOME

Number of days rented at fair market value.....		
Number of days personal use.....		
Number of days owned (if optional method elected).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		

Other:

_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

18 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product .....	<input style="width:95%;" type="text"/>
Employer ID number .....	<input style="width:95%;" type="text"/>

Agricultural activity code .....		
Accounting method: 1=cash, 2=accrual .....		
1=spouse, 2=joint .....		
1=farm rental (Form 4835) .....		
1=crop insurance proceeds election .....		
1=did not "materially participate" (Schedule F only) .....		
1=did not actively participate (Form 4835 only) .....		
1=real estate professional (Form 4835 only) .....		
1=single member limited liability company .....		
% of ownership if not 100% (.xxxx) (Form 4835 only) .....		
CA FTB Form 3805V:		
1=eligible small business .....		
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....		
Principle business code (SIC 1987) .....		

**FARM INCOME**

	2010 Amount	2009 Amount
Cash method:		
Sales of livestock, etc. bought for resale .....		
Cost or basis of livestock, etc. bought for resale .....		
Sales of livestock, etc. you raised .....		
Accrual method:		
Sales of livestock, produce, grains, etc. ....		
Inventory of livestock, etc. at beginning of year .....		
Cost of livestock, etc. purchased .....		
Inventory of livestock, etc. at end of year .....		
Other farm income:		
Total cooperative distributions .....		
Taxable cooperative distributions .....		
Total agricultural program payments (other than CRP) .....		
Taxable agricultural program payments (other than CRP) .....		
Total conservation reserve program payments .....		
Taxable conservation reserve program payments .....		
Commodity credit loans reported under election .....		
Total commodity credit loans forfeited or repaid .....		
Taxable commodity credit loans forfeited or repaid .....		
Total crop insurance proceeds received in 2010 .....		
Taxable crop insurance proceeds received in 2010 .....		
Taxable crop insurance proceeds deferred from 2009 .....		
Custom hire (machine work) income .....		
Other income:		
_____		
_____		
_____		
_____		
_____		



<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
-------------	-------------	-----------	--	------------------

Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Estate or Trust and REMIC Information</b>	<b>20.3,20.4</b>
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Please add, change or delete 2010 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

**20.3,20.4**





Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2010 Amount	2009 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months your job required a vehicle (if not 12 months).....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date .....				
1=covered by plan, 2=not covered.....				
2010 payments from 1/1/11 to 4/15/11.....				

**ROTH IRA CONTRIBUTIONS**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....				
Contributions made to date .....				

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....				
Defined benefit contributions you expect to make.....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....				
Plan contribution rate if not .25 (.xxxx).....				
Individual 401k: SE elective deferrals (except Roth) (1=max.)...				
Individual 401k: SE designated Roth contributions (1=max.)...				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum).....				
Employer matching rate if not .03 (.xxxx).....				
1=nonelective contributions (2%).....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care)....				
Long-term care premiums.....				
Student loan interest paid (1098-E, box 1).....				
Educator expenses (kindergarten thru grade 12)...				
Jury duty pay given to employer.....				
Expenses from rental of personal property.....				
Other adjustments to income:				
_____				
_____				
_____				

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Alimony paid:</b>				
Recipient's first name....				
Recipient's last name....				
Recipient's SSN.....				
Amount paid .....	2009 amt:		2009 amt:	

**2010**

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**US**

**Itemized Deductions**

**25**

Please enter all pertinent 2010 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

**TAXES PAID** (State and local withholding and 2010 estimates are automatic.)

State income taxes - 1/10 payment on 2009 state estimate .....			
State income taxes - paid with 2009 state extension .....			
State income taxes - paid with 2009 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/10 payment on 2009 city/local estimate .....			
City/local income taxes - paid with 2009 city/local extension .....			
City/local income taxes - paid with 2009 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2010 purchases .....			
Use taxes paid with 2009 state return .....			
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description .....			
Vehicle #1 purchase price .....			
Vehicle #1 sales tax paid .....			
Vehicle #1 other qualified taxes/fees paid .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
_____			
Real estate taxes - property held for investment .....			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes .....			
Other taxes:			
_____			
_____			

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2010

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2010 Amount

TS

2009 Amount

_____		
_____		
_____		

Home mortgage interest not reported on Form 1098:

Payee's name . . . . .	_____	
Payee's SSN or FEIN . . . . .	_____	
Payee's street address . . . . .	_____	
Payee's city, state, ZIP . . . . .	_____	
Amount paid . . . . .	_____	_____

Points not reported on Form 1098:

_____		
_____		
_____		

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .


Investment interest (interest on margin accounts):

_____		
_____		
_____		

Passive interest . . . . .


Certain home mortgage interest included above (6251) . . . . .


NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

**CASH CONTRIBUTIONS**

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____		
_____		
_____		
_____		

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .


Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____		
_____		
_____		
_____		

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .


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2010

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US/CA

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2010 Amount

TS

2009 Amount


30% limitation (see above):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


30% capital gain property (gifts of capital gain property to 50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS** (subject to 2% AGI limit)

Union and professional dues .....

--	--	--

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Investment expense:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Tax return preparation fee .....

Safe deposit box rental .....


Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


Federal only:

\_\_\_\_\_  
 \_\_\_\_\_


State only:

\_\_\_\_\_  
 \_\_\_\_\_


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**2010**

**1040**

**US**

**Itemized Deductions (continued)**

**25 p5**

**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

1. Total home equity debt exceeded \$100,000 at any time during 2010 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2010 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2010 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2010 Amount	TS	2009 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

**LOAN INFORMATION**

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

<p><b>Form</b></p> <p>1 = Schedule A (default) 2 = Business use of home 3 = Schedule E</p>
--

**25 p5**

2010

1040

US

Noncash Contributions (Form 8283)

26

**If your total noncash contributions are in excess of \$500 in 2010, please complete the information below for each donee using the following guidelines:**

\* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.

\* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input type="text"/>	Vehicle	Name of charitable organization (donee).....	
		Street address .....	
		City, state, ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle).....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) * .....	
		Date acquired by donor (m/y) * .....	
		How acquired by donor (Table 1 or describe).....	
		Donor's cost or basis .....	
		Fair market value .....	
Method used to determine FMV (Table 2 or describe).....			
No. <input type="text"/>	Vehicle	Name of charitable organization (donee).....	
		Street address .....	
		City, state, ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle).....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) * .....	
		Date acquired by donor (m/y) * .....	
		How acquired by donor (Table 1 or describe).....	
		Donor's cost or basis .....	
		Fair market value .....	
Method used to determine FMV (Table 2 or describe).....			
No. <input type="text"/>	Vehicle	Name of charitable organization (donee).....	
		Street address .....	
		City, state, ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle).....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) * .....	
		Date acquired by donor (m/y) * .....	
		How acquired by donor (Table 1 or describe).....	
		Donor's cost or basis .....	
		Fair market value .....	
Method used to determine FMV (Table 2 or describe).....			

<p><b>1 How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance                  2 = Gift                              4 = Exchange</p>	<p><b>2 Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog                  2 = Thrift shop value              4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>
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<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <input style="width:40px;" type="text"/>	<b>29</b>
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**Please enter 2010 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2010 Amount	2009 Amount
Form .....		
Number of form (e.g., enter 2 for Schedule C number 2) .....		
Business use area (square footage) .....		
Total area of home (square footage) .....		
Total hours facility used (for daycare facilities only) .....		
Total hours available (if not 8,760) .....		
% (.xx) or amount of gross income from home if not 100% (-1 if none) .....		
% (.xx) or amount of expenses from home if not 100% (-1 if none) .....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest .....		
Real estate taxes .....		
Qualified mortgage insurance premiums .....		
Casualty losses .....		
Insurance .....		
Miscellaneous .....		
Rent .....		
Repairs and maintenance .....		
Utilities .....		
Excess mortgage interest .....		
Excess casualty losses .....		
Allowable casualty losses .....		
Other direct expenses:		
_____		
_____		
_____		

2010

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040.....

Form .....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input type="text"/>	
1=spouse .....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2010 Amount	2009 Amount
Meal and entertainment expenses .....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.).....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1.....	<input type="text"/>	<input type="text"/>
Other business expenses:	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2010

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner.....
- 1=vehicle is available for off-duty personal use.....
- 1=no other vehicle is available for personal use.....
- 1=no evidence to support your deduction.....
- 1=no written evidence to support your deduction.....

2010 Amount	2009 Amount

VEHICLE 1

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....


Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E & F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....


VEHICLE 2

- Description of vehicle.....
- Date placed in service (m/d/y).....
- Total mileage (for the tax year).....
- Business mileage.....
- Commuting mileage (for the tax year).....
- Average daily round-trip commute.....
- Number of months of vehicle business use (if not 12).....
- Parking fees and tolls (business portion only).....


Actual expenses:

- Gasoline, lube, oil.....
- Repairs.....
- Tires.....
- Insurance.....
- Miscellaneous.....
- Auto license (other than personal property taxes).....
- Personal property taxes (based on car's value).....
- Interest (car loan) (for Schedule C, E and F).....
- Vehicle rent or lease payments.....
- Inclusion amount (enter as positive).....
- Value of employer-provided vehicle on Form W-2 (2106).....


2010

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2010 information.

GENERAL INFORMATION

1=spouse .....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address .....	<input type="text"/>	
City .....	<input type="text"/>	
Region .....	<input type="text"/>	
Postal code .....	<input type="text"/>	
Country .....	<input type="text"/>	
Employer:		
Name .....	<input type="text"/>	
U.S. street address .....	<input type="text"/>	
U.S. city .....	<input type="text"/>	
U.S. state .....	<input type="text"/>	
U.S. ZIP code .....	<input type="text"/>	
Foreign street address .....	<input type="text"/>	
Foreign city .....	<input type="text"/>	
Foreign region .....	<input type="text"/>	
Foreign postal code .....	<input type="text"/>	
Foreign country .....	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other .....	<input type="text"/>	<input type="text"/>
Employer type, if other .....	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship .....	<input type="text"/>
------------------------------	----------------------

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

**Please enter all pertinent 2010 information.**

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2010 as well as travel for 2011 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y).....	<input style="width:90%;" type="text"/>	
Ending date for bona fide residence (m/d/y).....	<input style="width:90%;" type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	<input style="width:90%;" type="text"/>	

Names of family living abroad with taxpayer (if applicable):	Period family lived abroad
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

1=submitted statement to country of bona fide residence.....	<input style="width:90%;" type="text"/>	
1=required to pay income tax to country of bona fide residence.....	<input style="width:90%;" type="text"/>	
Contractual terms relating to length of employment abroad.....	<input style="width:90%;" type="text"/>	
Type of visa you entered foreign country under.....	<input style="width:90%;" type="text"/>	
Explanation why visa limited stay or employment in country (if applicable).....	<input style="width:90%;" type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	1=U.S. home rented (if applicable)	Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Principal country of employment.....

**FOREIGN HOUSING EXPENSES**

	2010 Amount	2009 Amount
Qualified housing expenses .....	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

Please enter all pertinent 2010 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

**FOREIGN WAGES, SALARIES, TIPS**

	2010 Amount	2009 Amount
Name or number .....		
1=spouse .....		
1=retirement plan (Box 13) .....		
Name of employer (Box c) .....		
Wages, tips, other compensation (Box 1) .....		
Federal income tax withheld (Box 2) .....		
Social security tax withheld (Box 4) .....		
Medicare tax withheld (Box 6) .....		
State income tax withheld (Box 17) .....		
Local income tax withheld (Box 19) .....		

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....		
Meals .....		
Car .....		
Other properties or facilities:		

**Allowances and Reimbursements**

Cost of living and overseas differential .....		
Family .....		
Education .....		
Home leave .....		
Quarters .....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....		
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**Other Foreign Earned Income**


**2010 Days Worked Allocation Information**

Total number of days worked (if not 240) .....		
Total days worked before and after foreign assignment .....		
Foreign days worked before and after foreign assignment .....		

<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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**Please enter all pertinent 2010 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.**

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2010, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....				
Contributions included above that were made after you became eligible for Medicare.....				
Contributions made to date .....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1)...				
Distributions included above that were rolled over to another HSA .....				
Total unreimbursed qualified medical expenses...				

	<b>32.1</b>
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<b>2010</b>	<b>1040</b>	<b>US/CA</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

<b>DEPENDENT CARE EXPENSES (33.1)</b>	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2010 . . .				
Employer-provided benefits forfeited in 2010 . . . . .				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name . . . . .			
	Last name . . . . .			
	Date of birth (m/d/y) . . . . .			
	Social security number . . . . .			
	Qualified dependent care expenses incurred and paid in 2010 . . . . .		<b>2009 amt:</b>	
	1=disabled . . . . .			
1=spouse, 2=joint . . . . .				
No. <input style="width:40px;" type="text"/>	First name . . . . .			
	Last name . . . . .			
	Date of birth (m/d/y) . . . . .			
	Social security number . . . . .			
	Qualified dependent care expenses incurred and paid in 2010 . . . . .		<b>2009 amt:</b>	
	1=disabled . . . . .			
1=spouse, 2=joint . . . . .				

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider . . . . .			
	Street address . . . . .			
	City, state, ZIP code . . . . .			
	Address where care provided (if different):			
	Street address . . . . .			
	City, state, ZIP code . . . . .			
	Telephone number . . . . .			
	Identification number (SSN or EIN) . . . . .			
	1=organization is tax-exempt . . . . .			
	1=care provider is a person . . . . .			
	Amount paid to care provider in 2010 . . . . .		<b>2009 amt:</b>	
1=spouse, 2=joint . . . . .				
No. <input style="width:40px;" type="text"/>	Name of provider . . . . .			
	Street address . . . . .			
	City, state, ZIP code . . . . .			
	Address where care provided (if different):			
	Street address . . . . .			
	City, state, ZIP code . . . . .			
	Telephone number . . . . .			
	Identification number (SSN or EIN) . . . . .			
	1=organization is tax-exempt . . . . .			
	1=care provider is a person . . . . .			
	Amount paid to care provider in 2010 . . . . .		<b>2009 amt:</b>	
1=spouse, 2=joint . . . . .				

**33.1,33.2**

2010

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2010 Amount

2009 Amount

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2010.....			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010.....		
		Prior years for adoption of foreign child finalized in 2010.....		
2009 and 2010 for adoption finalized in 2010.....				
2010 for adoption finalized before 2010.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2010.....			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010.....		
		Prior years for adoption of foreign child finalized in 2010.....		
2009 and 2010 for adoption finalized in 2010.....				
2010 for adoption finalized before 2010.....				
1=spouse, 2=joint.....				

No. <input type="text"/>	First name.....			
	Last name.....			
	Identification number.....			
	Date of birth (m/d/y).....			
	1=born before 1992 and was disabled.....			
	1=special needs child.....			
	1=foreign child.....			
	1=adoption was not final in 2010.....			
	Qualified Adoption Expenses Paid in	2009 for adoption not finalized by end of 2010.....		
		Prior years for adoption of foreign child finalized in 2010.....		
2009 and 2010 for adoption finalized in 2010.....				
2010 for adoption finalized before 2010.....				
1=spouse, 2=joint.....				

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<b>2010</b>	<b>1040</b>	<b>US</b>	<b>Education Credits / Tuition Deduction</b>	<b>38</b>
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**Please complete the information below if you paid qualified education expenses in 2010 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

**PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.**

		2010 Amount	2009 Amount
<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=American opportunity credit, 2=lifetime learning credit .....	
		Number of years hope credit claimed .....	
		Number of years American opportunity credit claimed .....	
		Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. .	
		Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) .....	
		Books and supplies required to be purchased from institution ...	
	Books and supplies not entered above .....		
	Amount of prior year refund or assistance * .....		

<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=American opportunity credit, 2=lifetime learning credit .....	
		Number of years hope credit claimed .....	
		Number of years American opportunity credit claimed .....	
		Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. .	
		Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) .....	
		Books and supplies required to be purchased from institution ...	
	Books and supplies not entered above .....		
	Amount of prior year refund or assistance * .....		

<b>No.</b> <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse .....	
		First name .....	
		Last name .....	
		Social security number .....	
		1=American opportunity credit, 2=lifetime learning credit .....	
		Number of years hope credit claimed .....	
		Number of years American opportunity credit claimed .....	
		Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. .	
		Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) .....	
		Books and supplies required to be purchased from institution ...	
	Books and supplies not entered above .....		
	Amount of prior year refund or assistance * .....		

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

**2010**

**1040**

**US**

**Household Employment Taxes (Schedule H)**

**42**

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$1,700 or more in 2010; withheld federal income tax during 2010 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010 to household employees, please complete the following:

Employer identification number .....	
1=spouse, 2=joint .....	

Social security, Medicare and income taxes:	2010 Amount	2009 Amount
1=paid any one employee cash wages of \$1,700 or more .....		
1=withheld federal income tax for household employee .....		
Total cash wages subject to social security taxes .....		
Total cash wages subject to Medicare taxes .....		
Federal income tax withheld .....		
Advance earned income credit payments .....		
Taxes withheld from state disability payments .....		

Federal unemployment tax:	2010 Amount	2009 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010 .....		
Total cash wages subject to FUTA tax .....		
1=paid unemployment contributions to only one state .....		
1=paid all state unemployment contributions by 4/15/11 .....		
1=all wages taxable for FUTA were also taxable for state unemployment .....		
Name of state .....		
Contributions paid to state unemployment fund .....		

**42**

**Please enter all pertinent 2010 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name .....	<input style="width:95%;" type="text"/>
Last name .....	<input style="width:95%;" type="text"/>
Social security number.....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y) .....	<input style="width:95%;" type="text"/>
1=nontaxable to federal.....	<input style="width:95%;" type="text"/>
1=nontaxable to state.....	<input style="width:95%;" type="text"/>

**INTEREST INCOME (Form 1099-INT)**

	2010 Amount	2009 Amount
Banks, credit unions, etc. (Box 1):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

2010

1040

CA

Other Credits

53.014

Please enter all pertinent 2010 information.

**RENTER'S CREDIT**

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter.....	<input type="text"/>
1=filing separate, claiming spouse's credit.....	<input type="text"/>
1=filing jointly and one spouse claimed homeowner's property tax exemption.....	<input type="text"/>
Number of months in California, if part-year resident.....	<input type="text"/>

53.014

