

Tax Organizer

For Tax Year 2010

Tax Center Plus

110 Vista Way

Kennewick, WA 99336

(509) 736-2400

bculver@taxcenterplus.com

www.taxcenterplus.com

Miscellaneous Information

Name: _____

SSN: _____

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2010? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2010? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	8. Would you like a copy of your tax return sent to you via email?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you receive an Economic Recovery Payment in 2010 from social security benefits, supplemental security income, or pension benefits?

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Name:

SSN:

Yes No

Business Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you start a new business or purchase any rental property during 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you own rental property? What percentage of time did you spend managing your rentals? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |

Yes No

Other Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Were any tuition costs paid during 2010 (even if classes were attended in another year)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did anyone in your household attend higher education classes in 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you incur a loss due to damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. If yes to question 6, was the First-Time Homebuyer Credit taken on the home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did you purchase a home that you used as a principal residence?
If yes, please provide closing documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Did you purchase a new vehicle between February 16, 2009 and January 1, 2010?
If yes, please provide the amount of state, local, and excise tax you paid in 2010. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Did you make any gifts to any one person in 2010 in excess of \$13,000? If so, are you splitting this gift with your spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)? |

To itemize deductions, bring receipts and documentation for these types of expenses:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Prescriptions, first-aid |
| <input type="checkbox"/> | State/local income taxes |
| <input type="checkbox"/> | Mortgage interest |
| <input type="checkbox"/> | Tax preparation fees |
| <input type="checkbox"/> | Gambling losses (up to amount of winnings) |
| <input type="checkbox"/> | Cash donations to charity (provide all receipts) |
| <input type="checkbox"/> | Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals) |
| <input type="checkbox"/> | Real estate and personal property taxes paid in 2010 |
| <input type="checkbox"/> | Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C) |
| <input type="checkbox"/> | Fair market value of property donated to charity |
| <input type="checkbox"/> | Purchase price of new goods donated or used in volunteer work |

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2009 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes (These will update to next year.)

Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
City	State	ZIP	
County		School District	
Foreign Address		Foreign City	
Foreign State/Province		Foreign Postal Code	Foreign Country
Taxpayer Date of Birth		Spouse Date of Birth	
Occupation		Occupation	
Daytime phone:	Ext:	Daytime phone:	Ext:
Evening phone:	Ext:	Evening phone:	Ext:
Cell:		Cell:	
E-mail		E-mail	
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military		<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military	
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>		Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	

Date and time of this year's appointment Economic Recovery Payment Amount

Income Taxes Paid

Federal		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Resident State		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Local		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

Dependents

Name:					SSN:				
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI		Last name			Suffix				
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950? <input type="checkbox"/>			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									

Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care
Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		2010		2009		Federal tax	2010		2009
	State wages	2010		2009		State tax	2010		2009
	Locality	2010		2009		Local tax	2010		2009

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		2010		2009		Federal tax	2010		2009
	State wages	2010		2009		State tax	2010		2009
	Locality	2010		2009		Local tax	2010		2009

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		2010		2009		Federal tax	2010		2009
	State wages	2010		2009		State tax	2010		2009
	Locality	2010		2009		Local tax	2010		2009

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		2010		2009		Federal tax	2010		2009
	State wages	2010		2009		State tax	2010		2009
	Locality	2010		2009		Local tax	2010		2009

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		2010		2009		Federal tax	2010		2009
	State wages	2010		2009		State tax	2010		2009
	Locality	2010		2009		Local tax	2010		2009

TS		Federal I.D. No.		Company Name					
		State I.D. No.							
Federal wages		2010		2009		Federal tax	2010		2009
	State wages	2010		2009		State tax	2010		2009
	Locality	2010		2009		Local tax	2010		2009

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Activity type			You disposed of this property during 2010 <input type="checkbox"/>	
You started or acquired this business during 2010 <input type="checkbox"/>			Statutory employee OR qualified joint venture <input type="checkbox"/>	

	2010	2009	2010	2009
Income				
Gross receipts or sales			Other income	
Returns and allowances				

	2010	2009	2010	2009
Expenses				
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

	2010	2009	2010	2009
Cost of goods sold				
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

Information on your vehicle		2010	2009	
Date placed in service				Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles				Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles				You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles				It is written <input type="checkbox"/> Yes <input type="checkbox"/> No

Sale of Home

Name:

SSN:

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

Settlement fees or closing costs for old home.

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

Other increases to basis:

Describe:

If home was used for business, enter any depreciation claimed

Other decreases to basis:

Describe:

Information on time lived in the home sold

You

Spouse

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

 Yes No Yes No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home. I sold the home to an unrelated person and had a gain on the sale I sold the home to an unrelated person and did not have a gain on the sale I sold the home to a related person I converted the home to a rental or business or I still own the home but it is no longer my main home I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name _____ My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years The taxpayer who claimed the credit died in 2010.

Amount of First-Time Homebuyer Credit taken

Please bring the contract for the sale of the home to your appointment.

Casualties and Thefts

Name:

SSN:

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area			
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area			
Fair market value after incident					

Appendix A Information for Ponzi losses

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ **SSN:** _____

TSJ Property address _____

City _____ State _____ Zip _____

Property type: _____ Activity type: _____

Some investment is not at risk Property was 100% disposed of in 2010 Property is a Single Member Limited Liability Company

If property is used for personal purposes at least 10% or 14 days, enter personal % _____

If multi-dwelling unit and taxpayer occupies part, enter % occupied by taxpayer _____

Is this your main home or second home? Yes

Income:	2010	2009		
Rental income				
Royalties from oil, gas mineral, copyright or patent				
Expenses:	2010 Direct Expenses	2009 Direct Expenses	2010 Indirect Expenses	2009 Indirect Expenses
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
<input type="checkbox"/> Above amount includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other expenses: (list)				
Other Information:				
Ownership percentage				

Form 1099-G Unemployment Compensation

Name: _____ **SSN:** _____

TSJ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City, State, Zip: _____

Payer's phone: _____ Account number: _____

	2010	2009		2010	2009
Unemployment compensation			State <input type="checkbox"/> State I.D. _____		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City, State, Zip: _____

Payer's phone: _____ Account number: _____

	2010	2009		2010	2009
Unemployment compensation			State <input type="checkbox"/> State I.D. _____		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name: _____ **SSN:** _____

TS		Payer's name:	Payer's Federal ID Number:					
Address:								
City, State, Zip							2010	2009
		2010	2009	State	State I.D.			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution				Local income tax withheld				
Taxable amount				Name of locality				
Total distribution				Local distribution				
Capital gain				State	State I.D.			
Federal income tax withheld				State income tax withheld				
Employee contributions or insurance premiums				State distribution				
Distribution code(s)				Local income tax withheld				
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Name of locality				
Your percentage of total distribution				Local distribution				

TS		Payer's name:	Payer's Federal ID Number:					
Address:								
City, State, Zip							2010	2009
		2010	2009	State	State I.D.			
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld				
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution				
Gross distribution				Local income tax withheld				
Taxable amount				Name of locality				
Total distribution				Local distribution				
Capital gain				State	State I.D.			
Federal income tax withheld				State income tax withheld				
Employee contributions or insurance premiums				State distribution				
Distribution code(s)				Local income tax withheld				
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Name of locality				
Your percentage of total distribution				Local distribution				

Social Security Benefit Statement

		2010	2009			2010	2009			2010	2009
TS		Net benefits			Medicare premiums			Income tax withheld			
TS		Net benefits			Medicare premiums			Income tax withheld			

Moving Expenses

Name:

SSN:

TSJ		Military move				2010	2009
				Enter the number of miles from your OLD home to your NEW workplace			
				Enter the number of miles from your OLD home to your OLD workplace			
				Transportation and storage of household goods and personal effects			
				Travel and lodging incurred during move (do NOT include cost of meals)			
				Amount of moving expenses reimbursed by your employer			

Foreign Moving Expenses

TSJ						2010	2009
				If you moved to a foreign country:			
				City and country in which your old workplace was located			
				City and country in which your new workplace is located			

Self-Employed Health Insurance and Self-Employed Pensions

TSJ						2010	2009
				Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents			
				Qualified long term care amount			
				Enter your medicare wages from an S corporation			
				Plan contribution rate as a decimal			
				Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1			
				Enter your allowable elective deferrals made during 2010			
				Enter your catch-up contributions			

Noncash Charitable Contributions

TSJ		Donee I.D.					
				Name of donee organization			
				Address of donee organization			
				City, State, & ZIP of donee organization			
				Description of donated property		PROPERTY TYPE (if over \$5,000)	
				Physical condition of donated property			Art valued more than \$20,000
				Valuation method used			Art valued less than \$20,000
				How was it acquired?			Collectibles
				Date acquired			Qualified Conservation Contribution
				Date contributed			Other Real Estate
				Donor's cost or adjusted basis			Intellectual Property
				Fair market value			Equipment
				Bargain sale price			Securities
				Average security price			Other

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2010	2009	2010	2009
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2010				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2010				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2010	2009	GIFTS TO CHARITY (attach receipts)	2010	2009
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
			Unreimbursed employee expenses		
TAXES YOU PAID					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
New motor vehicle purchased after Feb 16, 2009 and before Jan 1, 2010					
Vehicle purchase price					
Total taxes paid in 2010			Tax preparation fees		
Tax on first \$49,500 of purchase price			OTHER EXPENSE (list):		
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID			MISCELLANEOUS DEDUCTIONS		
Home mort. int. & points on Form 1098			Other deductions not subject to 2% limit		
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Employee Business Expense

Name:

SSN:

TS		Occupation override	
----	--	---------------------	--

Part I - Employee Business Expense and Reimbursements

	2010	2009
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist		
<input type="checkbox"/> Fee-based state or local government official		
<input type="checkbox"/> Pastor		

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2010	2009	2010	2009
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2010				
Business miles included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes", is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2010, and before Oct 1, 2010, was a binding contract signed before May 1, 2010, to purchase the home before July 1, 2010?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on the return for the year before the home was purchased?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

Disposition or Change in Use of Main Home for Which the Credit Was Claimed

Date the home was disposed of or ceased to be your main home

Are you (or your spouse if married) a member of the military or foreign service

Yes

Select the box below that applies to you

 I sold the home to an unrelated person and had a gain on the sale I sold the home to an unrelated person and did not have a gain on the sale I sold the home to a related person I converted the home to a rental or business or I still own the home but it is no longer my main home I transferred the home to spouse (or ex-spouse as part of my divorce) settlement

Ex-spouse's full name

 My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years The taxpayer who claimed the credit died in 2010

First-time Homebuyer Credit Claimed for 2008 or 2009

Year home purchased

Amount of the credit you claimed on Form 5405 for 2008 or 2009

Gain on the sale of your main home

Amount to repay in 2010 if you are choosing to repay more than is required

Residential Energy Credits

Name:

SSN:

TSJ

Were improvement or costs made to your main home located in the US?

Yes

No

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior windows including skylights

Exterior doors

Metal roof with appropriate pigmented coatings designed to reduce heat gain

Residential energy property costs

Energy efficient building property

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified fuel cell property costs

Kilowatt capacity of property on line 18

Amount of unused credit from 2009 Form 5695, line 28

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2010

2009

a Business miles

b Commuting

c Other

Expenses:

2010

2009

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %