

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)	_____	_____
Mark if legally blind	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Do you authorize us to discuss your return with the IRS (Y, N)	_____	_____

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months lived in your home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441

Child and Dependent Care Expenses

	Provider #1	Provider #2
Provider information:		
Name	_____	_____
Street address	_____	_____
City, state, and zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)	_____	_____
Amount paid to care provider in 2010	_____	_____
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited	_____	_____

General: Info

Direct Deposit/Electronic Funds Withdrawal Information

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive.
 Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.
 Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: K1, K1T **Schedule K-1s**

Please provide all copies of Schedule K-1s that you receive.
 Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___
___	_____	_____	___

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive.
 Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.
 Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
___	_____	_____	___
___	_____	_____	___

Credits: Cr-4 **Making Work Pay Credit**

Enter the amount of the economic recovery payment you received in 2010 in the field(s) below, DO NOT enter any amount received in 2009.

	Taxpayer	Spouse	Prior Year Information
Economic recovery payment received in 2010 (Do not enter more than \$250 per person)	_____	_____	_____

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2010 _____ Amount received in 2009 _____
 Amount received in 2010 _____ Amount received in 2009 _____

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

	2010 Information		Prior Year Information
	Taxpayer	Spouse	Prior Year Information
State and local income tax refunds	_____	_____	_____
Alimony received	_____	_____	_____
Unemployment compensation	_____	_____	_____
Unemployment compensation repaid	_____	_____	_____
Social security benefits	_____	_____	_____
Medicare premiums to be reported on Schedule A	_____	_____	_____
Railroad retirement benefits	_____	_____	_____

T/S/J	Other Income:	2010 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

Taxpayer

Spouse

Traditional IRA Contributions for 2010 -

If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2010

Roth IRA Contributions for 2010 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2010

_____	_____
_____	_____
_____	_____
_____	_____

Educate: Educate

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2010 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2010 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2010. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Recipient name	Recipient SSN	2010 Information	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

	Taxpayer	Spouse	Prior Year Information
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Educator expenses:

Other adjustments:

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2010 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid	_____	_____
—	Long-term care premiums you paid	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

Itemized: A1 **Tax Expenses**

T/S/J		2010 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2009 state and local income taxes paid in 2010	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____
T/S/J	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	Purchase Price (Before Taxes)	Sales/Excise Tax Paid in 2010
—	_____	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2010 Information	Prior Year Information
—	Home mortgage interest: From Form 1098	_____	_____
Other, such as: Home mortgage interest paid to individuals			
T/S/J	Name	SSN	2010 Information
—	_____	_____	_____
Address _____			
T/S/J		2010 Information	Prior Year Information
—	Investment interest expense, other than on K-1s:	_____	_____
Refinancing Information:			
	Refinance #1		Refinance #2
T/S/J	_____	_____	_____
—	Description	_____	_____
—	Total points paid	_____	_____
—	Date of refinance	_____	_____
—	Total number of payments	_____	_____
—	Reported on Form 1098 in 2010	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2010 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

Itemized: A3 **Miscellaneous Deductions**

T/S/J		2010 Information	Prior Year Information
—	Unreimbursed expenses	_____	_____
—	Union dues	_____	_____
—	Tax preparation fees	_____	_____
—	Other expenses, subject to 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental	_____	_____
—	Investment expenses, other than on K1s:	_____	_____
—	Other expenses, not subject to the 2% AGI limitation:	_____	_____
—	_____	_____	_____
—	Gambling losses: (Enter only if you have gambling income)	_____	_____

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[5]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[6]

Enter the minimum refund amount here _____[7]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[8]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[3]

Spouse self-selected Personal Identification Number (PIN) _____[4]

NOTES/QUESTIONS:

If you have an overpayment of 2010 taxes, do you want the excess:

Refunded _____ [43]

Applied to 2011 estimated tax liability _____ [44]

Do you expect a considerable change in your 2011 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2011? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2011 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2011? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

2010 Federal Estimated Tax Payments

2009 overpayment applied to 2010 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/10	_____ [5]	+ _____ [6]	_____
2nd quarter payment	6/15/10	_____ [7]	+ _____ [8]	_____
3rd quarter payment	9/15/10	_____ [9]	+ _____ [10]	_____
4th quarter payment	1/18/11	_____ [11]	+ _____ [12]	_____
Additional payment		_____ [13]	+ _____ [14]	_____

NOTES/QUESTIONS:

2010 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2009 return + _____ [3]
 2009 overpayment applied to '10 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid		Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	+	_____ [10]	_____ _____ _____ _____
2nd quarter payment	_____ [11]	+	_____ [12]	
3rd quarter payment	_____ [13]	+	_____ [14]	
4th quarter payment	_____ [15]	+	_____ [16]	
Additional payment	_____ [17]	+	_____ [18]	

2010 City Estimated Tax Payments

City #1	City #2
City name _____ [28]	City name _____ [50]
Amount paid with 2009 return + _____ [31]	Amount paid with 2009 return + _____ [53]
2009 overpayment applied to '10 estimates + _____ [32]	2009 overpayment applied to '10 estimates + _____ [54]
Treat calculated amounts as paid _____ [36]	Treat calculated amounts as paid _____ [58]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [37]	+	_____ [38]	1st quarter payment	_____ [59]	+	_____ [60]
2nd quarter payment	_____ [39]	+	_____ [40]	2nd quarter payment	_____ [61]	+	_____ [62]
3rd quarter payment	_____ [41]	+	_____ [42]	3rd quarter payment	_____ [63]	+	_____ [64]
4th quarter payment	_____ [43]	+	_____ [44]	4th quarter payment	_____ [65]	+	_____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3	City #4
City name _____ [72]	City name _____ [94]
Amount paid with 2009 return + _____ [75]	Amount paid with 2009 return + _____ [97]
2009 overpayment applied to '10 estimates + _____ [76]	2009 overpayment applied to '10 estimates + _____ [98]
Treat calculated amounts as paid _____ [80]	Treat calculated amounts as paid _____ [102]

	Date Paid		Amount Paid		Date Paid		Amount Paid
1st quarter payment	_____ [81]	+	_____ [82]	1st quarter payment	_____ [103]	+	_____ [104]
2nd quarter payment	_____ [83]	+	_____ [84]	2nd quarter payment	_____ [105]	+	_____ [106]
3rd quarter payment	_____ [85]	+	_____ [86]	3rd quarter payment	_____ [107]	+	_____ [108]
4th quarter payment	_____ [87]	+	_____ [88]	4th quarter payment	_____ [109]	+	_____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Preparer use only

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [10]	
Business address, if different from home address on Organizer Form ID:1040		
Address	_____ [13]	
City/State/Zip	_____ [14] _____ [15] _____ [16]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [17]	
If other:	_____ [19]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [20]	
If other enter explanation:	_____ [22]	

Enter an explanation if there was a change in determining your inventory:	_____ [23]	

Did you "materially participate" in this business? (Y, N)	_____ [24]	
If not, number of hours you did significantly participate	_____ [26]	
Mark if you began or acquired this business in 2010	_____ [28]	
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [29]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [31]	
Medical insurance premiums paid by this activity	+ _____ [33]	
Long-term care premiums paid by this activity	+ _____ [35]	
Amount of wages received as a statutory employee	+ _____ [38]	

Business Income

	2010 Information	Prior Year Information
Gross receipts or sales	+ _____ [43]	
Returns and allowances	+ _____ [45]	
Other income:		
_____	+ _____ [47]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2010 Information	Prior Year Information
Beginning inventory	+ _____ [49]	
Purchases	+ _____ [51]	
Labor:		
_____	+ _____ [53]	
_____	+ _____	
Materials	+ _____ [55]	
Other costs:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [59]	

Rent and Royalty Property - General Information

Preparer use only

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%;"></div>
Description:	_____ [3]	
_____	_____ [4]	
_____	_____ [5]	
State postal code	_____ [6]	
Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty)	_____ [7]	
Percentage of ownership if not 100%	_____ [9]	
Business use percentage, if not 100% (Not vacation home percentage)	_____ [11]	

Rent and Royalty Income

	2010 Information	Prior Year Information
Gross rents received	+ _____ [18]	<div style="border: 1px solid black; height: 100%;"></div>
Gross royalties received	+ _____ [20]	

Rent and Royalty Expenses

	2010 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____ [22]	_____ [23]	<div style="border: 1px solid black; height: 100%;"></div>
Auto	+ _____ [25]	_____ [26]	
Travel	+ _____ [28]	_____ [29]	
Cleaning and maintenance	+ _____ [31]	_____ [32]	
Commissions:			
_____	+ _____ [34]	_____ [36]	
_____	+ _____	_____	
Insurance:			
_____	+ _____ [37]	_____ [39]	
_____	+ _____	_____	
Legal and professional fees	+ _____ [40]	_____ [41]	
Management fees			
_____	+ _____ [43]	_____ [45]	
_____	+ _____	_____	
Mortgage interest paid to banks, etc (Form 1098)	+ _____ [46]	_____ [47]	
Other mortgage interest	+ _____ [49]	_____ [51]	
Qualified mortgage insurance premiums	+ _____ [52]	_____ [53]	
Other interest:			
_____	+ _____ [55]	_____ [57]	
_____	+ _____	_____	
Repairs	+ _____ [58]	_____ [59]	
Supplies	+ _____ [61]	_____ [62]	
Taxes:			
_____	+ _____ [64]	_____ [66]	
_____	+ _____	_____	
_____	+ _____	_____	
Utilities	+ _____ [67]	_____ [68]	
Depreciation	+ _____ [70]	_____ [71]	
Depletion	+ _____ [73]	_____ [74]	
Other expenses:			
_____	+ _____ [79]	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
_____	+ _____	_____	
Refinancing points paid this year:			
Description	_____ [81]		
Total points paid/Current amort (Prep use only)	_____ + _____		
Date of Refinance	_____	Reported on 1098 in 2010	

Control Totals +

Preparer use only
 Description _____

Vacation Home Information

	2010 Information	
Number of days home was used personally	_____	[6]
Number of days home was rented	_____	[8]
Number of day home owned, if not 365	_____	[10]
Carryover of disallowed operating expenses into 2010	+ _____	[20]
Carryover of disallowed depreciation expenses into 2010	+ _____	[21]

Prior Year Information

Passive and Other Information

Preparer use only				
Carryovers		Regular		AMT
Operating	+	[28]	+	[29]
Schedule D - Short-term	+	[30]	+	[31]
Schedule D - Long-term	+	[32]	+	[33]
Schedule D - 28% rate	+	[34]	+	[35]
Form 4797 - Part I	+	[36]	+	[37]
Form 4797 - Part II	+	[38]	+	[39]
Comm revitalization	+	[40]	+	[41]
Section 179	+	[42]		

NOTES/QUESTIONS:

Sale of Principal Residence

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [20]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [22]	_____ [23]
Number of days each person owned property used as main home	_____ [24]	_____ [25]
Number of days between date of sale of the other home and date of sale of this home	_____ [26]	_____ [27]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [29]
 Total current year payments received + _____ [30]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [31]
 Address _____ [32]
 City, State and Zip _____ [33] [34] _____ [35]
 Identifying number of related party _____ [36]
 Was the property sold as a marketable security? (Y, N) _____ [37]
 Enter date of second sale if more than 2 years after the first sale _____ [38]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [39]
 Selling price of property sold by a related party + _____ [41]

NOTES/QUESTIONS:

Preparer use only

Taxpayer/Spouse (T, S) _____
 Occupation in which expenses were incurred _____
 State postal code _____

Vehicle Questions

	2010 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__ [8]	__
Was another vehicle available for personal use? (Y, N)	__ [10]	__
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__ [12]	

Vehicles #1 and #2 Actual Expenses

Vehicle 1 description _____ [16]
 Comments _____
 Vehicle 2 description _____ [44]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Date vehicle placed in service	_____ [19]		_____ [47]	
Total mileage	_____ [21]		_____ [49]	
Business mileage	_____ [23]		_____ [51]	
Average daily round trip commuting mileage	_____ [26]		_____ [54]	
Total commuting mileage	_____ [28]		_____ [56]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [30]		+ _____ [58]	
Vehicle rentals	+ _____ [32]		+ _____ [60]	
Inclusion amount (Preparer use only)	+ _____ [34]		+ _____ [62]	
Value of employer-provided vehicle	+ _____ [40]		+ _____ [68]	
Depreciation	+ _____ [42]		+ _____ [70]	

Vehicles #3 and #4 Actual Expenses

Vehicle 3 description _____ [74]
 Comments _____
 Vehicle 4 description _____ [102]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Date vehicle placed in service	_____ [77]		_____ [105]	
Total mileage	_____ [79]		_____ [107]	
Business mileage	_____ [81]		_____ [109]	
Average daily round trip commuting mileage	_____ [84]		_____ [112]	
Total commuting mileage	_____ [86]		_____ [114]	
Gasoline, oil, repairs, insurance, etc.	+ _____ [88]		+ _____ [116]	
Vehicle rentals	+ _____ [90]		+ _____ [118]	
Inclusion amount (Preparer use only)	+ _____ [92]		+ _____ [120]	
Value of employer-provided vehicle	+ _____ [98]		+ _____ [126]	
Depreciation	+ _____ [100]		+ _____ [128]	

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2010 Information	Prior Year Information
Total area of home	_____ [10]	_____
Area used exclusively for business	_____ [12]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [14]	_____
Total hours used this year, if less than 8,760	_____ [16]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [18]	_____
Area used partly for day-care business	_____ [20]	_____

List as direct expenses any expenses which are attributable only to the business part of your home.

List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2010 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest	+ _____ [25]	+ _____ [26]	_____
Mortgage insurance premiums	+ _____ [28]	+ _____ [29]	_____
Real estate taxes	+ _____ [31]	+ _____ [32]	_____
Excess mortgage interest and insurance premiums	+ _____ [34]	+ _____ [35]	_____
Insurance	+ _____ [37]	+ _____ [38]	_____
Rent	+ _____ [40]	+ _____ [41]	_____
Repairs & maintenance	+ _____ [43]	+ _____ [44]	_____
Utilities	+ _____ [46]	+ _____ [47]	_____
Other expenses, such as: Supplies & Security system	+ _____ [49]	+ _____ [50]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [52]	_____
Carryovers:			
Operating expenses		+ _____ [53]	_____
Casualty losses		+ _____ [54]	_____
Depreciation		+ _____ [56]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [57]	_____
Depreciation		+ _____ [61]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles 1 - 2

Vehicle 1 - Date placed in service _____ [5]
 Description _____ [6]
 Comments _____
 Vehicle 2 - Date placed in service _____ [41]
 Description _____ [42]
 Comments _____

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information
Total miles for the year	_____ [10]	_____	_____ [46]	_____
Commuting miles	_____ [12]	_____	_____ [48]	_____
Business miles	_____ [14]	_____	_____ [50]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [17]	___	___ [53]	___
Was another vehicle available for personal use? (Y, N)	___ [19]	___	___ [55]	___
Do you have evidence to support your deduction? (Y, N)	___ [21]	___	___ [57]	___
Is this evidence written? (Y, N)	___ [23]	___	___ [59]	___
Parking, fees and tolls	+ _____ [25]	_____	+ _____ [61]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [27]	_____	+ _____ [63]	_____
Interest	+ _____ [29]	_____	+ _____ [65]	_____
Registration	+ _____ [31]	_____	+ _____ [67]	_____
Property taxes	+ _____ [33]	_____	+ _____ [69]	_____
Vehicle rentals	+ _____ [35]	_____	+ _____ [71]	_____
Inclusion amount (Preparer use only)	+ _____ [37]	_____	+ _____ [73]	_____
Depreciation	+ _____ [39]	_____	+ _____ [75]	_____

Vehicles 3 - 4

Vehicle 3 - Date placed in service _____ [77]
 Description _____ [78]
 Comments _____
 Vehicle 4 - Date placed in service _____ [113]
 Description _____ [114]
 Comments _____

	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for the year	_____ [82]	_____	_____ [118]	_____
Commuting miles	_____ [84]	_____	_____ [120]	_____
Business miles	_____ [86]	_____	_____ [122]	_____
Vehicle use questions:				
Was the vehicle available for off-duty personal use? (Y, N)	___ [89]	___	___ [125]	___
Was another vehicle available for personal use? (Y, N)	___ [91]	___	___ [127]	___
Do you have evidence to support your deduction? (Y, N)	___ [93]	___	___ [129]	___
Is this evidence written? (Y, N)	___ [95]	___	___ [131]	___
Parking, fees and tolls	+ _____ [97]	_____	+ _____ [133]	_____
Gasoline, oil, repairs, insurance, etc.	+ _____ [99]	_____	+ _____ [135]	_____
Interest	+ _____ [101]	_____	+ _____ [137]	_____
Registration	+ _____ [103]	_____	+ _____ [139]	_____
Property taxes	+ _____ [105]	_____	+ _____ [141]	_____
Vehicle rentals	+ _____ [107]	_____	+ _____ [143]	_____
Inclusion amount (Preparer use only)	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S) _____ [1]
Employer identification number _____ [2]

Total cash wages subject to social security taxes + _____ [4]
Total cash wages subject to Medicare taxes + _____ [5]
Federal income tax withheld + _____ [6]
State disability plan social security & Medicare withheld + _____ [7]
Advance earned income credit (EIC) payments + _____ [8]

Did you:
(A) pay any household employee cash wages of \$1,700 or more in 2010? (Y, N) _____ [9]
(B) withhold Federal income tax for any household employee? (Y, N) _____ [10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2009 or 2010? (Y, N) _____ [11]

Federal Unemployment (FUTA) Tax**If you answered "Yes" to question (C) above, complete the following information.****Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.**

Total cash wages subject to FUTA tax * + _____ [12]
Did you pay all state unemployment contributions for 2010 by 4/18/11? (Y, N) * _____ [13]

State #1 information
State postal code where you have to pay unemployment contributions * _____ [14]
State reporting number as shown on state unemployment tax return _____ [15]
Taxable wages (as defined in state act) + _____ [16]
State experience rate period:
From _____ [17]
To _____ [18]
State experience rate (xxx.xx) _____ [19]
Contributions paid to state unemployment fund * + _____ [20]

State #2 information
State postal code where you have to pay unemployment contributions _____ [21]
State reporting number as shown on state unemployment tax return _____ [22]
Taxable wages (as defined in state act) + _____ [23]
State experience rate period:
From _____ [24]
To _____ [25]
State experience rate (xxx.xx) _____ [26]
Contributions paid to state unemployment fund + _____ [27]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2010 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2009 employer-provided dependent care benefits used during 2010 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2010	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2010		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____ [7]

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____

Name of provider _____

Street address of provider _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider) _____

Amount paid to care provider in 2010 + _____

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2009 Form 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__	[2]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____	[3]
Enter the total amount of costs for exterior windows	+	_____	[4]
Enter the total amount of costs for exterior doors	+	_____	[5]
Enter the total amount of costs for qualified metal roofs	+	_____	[6]
Enter the total amount of costs for energy-efficient building property	+	_____	[7]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____	[9]
Enter the total amount of costs for qualified solar electric property	+	_____	[11]
Enter the total amount of costs for qualified solar water heating property	+	_____	[12]
Enter the total amount of costs for qualified small wind energy property	+	_____	[13]
Enter the total amount of costs for qualified geothermal heat pump property	+	_____	[14]
Enter the total amount of costs for qualified fuel cell property	+	_____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____	[16]

NOTES/QUESTIONS:

You may qualify for the First-Time Homebuyer credit in 2010, if you:

- Purchased a home located in the United States after December 31, 2009 and before May 1, 2010
- Signed a binding contract before May 1, 2010 to close on a home before October 1, 2010
- Lived in a previous home for five consecutive years within an eight year period and purchased a new home
- Served in U.S. uniformed services, Foreign Service, or intelligence community and have qualifying overseas duty beginning after December 31, 2008, and ending before May 1, 2010, and purchased a home by May 1, 2011

You may be required to repay the First-Time Homebuyer credit if you claimed the credit in 2008 or 2009 and the home is no longer used as your main residence.

Mark if you or your spouse served at least 3 months of qualified overseas duty as a member of the military, Foreign Service, or intelligence corps in 2010

__[2]

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____

[3]

City/State/Zip code _____

[4]

[5]

[6]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/09 and before 5/1/11)

__[7]

Mark if you or your spouse signed a binding contract before 5/1/10 to close on a home before 10/1/10

__[8]

Purchase price of the home _____

[9]

In the period three years prior to the purchase date had the:

Taxpayer owned a home or had ownership interest in a home? (Y, N)

__[12]

Spouse owned a home or had ownership interest in a home? (Y, N)

__[13]

If you were an owner of a home and purchased a new home:

Taxpayer used the same residence as home for 5 consecutive years? (Y, N)

__[14]

Spouse used the same residence as home for 5 consecutive years? (Y, N)

__[15]

Were you and your spouse married on the purchase date? (Y, N)

__[16]

Mark if home was either purchased from a related party, is located outside the United States, or was acquired by gift or inheritance

__[17]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____

[20]

Allocation percentage _____

Date the home was sold or ceased being used as principal residence _____

[27]

If you sold your home, enter the selling price _____

[28]

If you sold your home, enter the expense of sale _____

[29]

If your home was transferred to your ex-spouse due to a divorce settlement, enter his or her full name _____

[32]

NOTES/QUESTIONS:

Depreciation - Asset Acquisitions

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
	EXAMPLE	2010 Model T - (EXAMPLE ASSET)	03/09/10	25,750
		Comments: 22,500 job-related miles, 25,000 total miles		
1		Comments:		
2		Comments:		
3		Comments:		
4		Comments:		
5		Comments:		
6		Comments:		
7		Comments:		
8		Comments:		
9		Comments:		
10		Comments:		
11		Comments:		
12		Comments:		
13		Comments:		
14		Comments:		
15		Comments:		
16		Comments:		
17		Comments:		
18		Comments:		
19		Comments:		
20		Comments:		
21		Comments:		
22		Comments:		
23		Comments:		
24		Comments:		
25		Comments:		

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	___[1]	___[2]
Mark if you were a resident of Yonkers at any time during the current tax year	___[3]	___[4]
County of residence	_____ [5]	
School district	_____ [6]	

Use Tax

Use tax due but receipts or records not available _____ [7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	_____ [8]	Olympic Fund (Maximum \$2 per filer)	_____ [12]
Missing or Exploited Children Fund	_____ [9]	Prostate cancer research fund	_____ [13]
Breast Cancer Research Fund	_____ [10]	9/11 Memorial	_____ [14]
Alzheimer's Fund	_____ [11]	Volunteer Firefighting and EMS Recruitment Fund	_____ [15]

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [16]

Mark if you lived in a nursing home and qualify for credit _____ [17]

Enter amounts received for cash public assistance and relief _____ [18]

Enter any other income not reported elsewhere _____ [19]

Homeowners:

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [20]

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 _____ [21]

Tenants:

Enter the total rent you and all members of your household paid during current tax year _____ [22]

Rent includes charges for (Specify) _____ [23]

50 = Heat, gas, electricity, furnishings and board	20 = Heat, gas and electricity
25 = Heat, gas, electricity and furnishings	15 = Heat or heat and gas

Part-year Resident and Nonresident Information

	Taxpayer			Spouse		
	New York State	New York City	Yonkers	New York City	Yonkers	Yonkers
Part-year residency dates:						
From	_____ [24]	_____ [26]	_____ [28]	_____ [30]	_____ [32]	_____ [32]
To	_____ [25]	_____ [27]	_____ [29]	_____ [31]	_____ [33]	_____ [33]
County of residence while a nonresident of New York City	_____ [34] _____ [35]					

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you _____ [36]

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Address #2

Mark if this address is still maintained by or for you _____

Number of days in NYC _____

Street address _____

City, State and Zip code _____

Is this address within city limits? Specify city (YON = Yonkers) _____

Pennsylvania General Information

County of residence _____ [1]
 School district name _____ [2]

Final return _____ [3] Taxpayer Spouse
_____ [4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Wild Resource Conservation Fund	_____ [5]	_____ [6]
Military Family Relief Assistance	_____ [7]	_____ [8]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	_____ [9]	_____ [10]
Juvenile (Type 1) Diabetes Cure Research Fund	_____ [11]	_____ [12]
Breast and Cervical Cancer	_____ [13]	_____ [14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

NOTES/QUESTIONS: