

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:

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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									

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
Gross receipts or sales			Other income	
Returns and allowances				

	2010	2009	2010	2009
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
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

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					

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 %