

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.



**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) ( Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Car telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Fax telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact \_\_\_\_\_ [18] \_\_\_\_\_ [26]

    Email, Work phone, Home phone, Fax, Mobile phone, Car phone \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

## Primary account:

Financial institution routing transit number \_\_\_\_\_ [1]  
 Name of financial institution \_\_\_\_\_ [2]  
 Your account number \_\_\_\_\_ [3]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [4]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [5]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [6]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [7] or Percent (xxx.xx) \_\_\_\_\_ [8]

## Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [23]  
 Name of financial institution \_\_\_\_\_ [24]  
 Your account number \_\_\_\_\_ [25]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [26]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [27]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [28]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [9] or Percent (xxx.xx) \_\_\_\_\_ [10]

## Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [29]  
 Name of financial institution \_\_\_\_\_ [30]  
 Your account number \_\_\_\_\_ [31]  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [32]  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [33]  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [34]  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

\*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.

**Refund - U.S. Series I Savings Bond Purchases**

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]  
 Owner's name (First Last) \_\_\_\_\_ [36] \_\_\_\_\_ [37]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]  
 Owner's name (First Last) \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Co-owner or beneficiary (First Last) \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Mark if the name listed above is a beneficiary \_\_\_\_\_ [45]

**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:**

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	_____







## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

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

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S Type J Code (**See codes below)	Ordinary [1] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer										
	Amounts	+									
2	Payer										
	Amounts	+									
3	Payer										
	Amounts	+									
4	Payer										
	Amounts	+									
5	Payer										
	Amounts	+									
6	Payer										
	Amounts	+									
7	Payer										
	Amounts	+									
8	Payer										
	Amounts	+									
9	Payer										
	Amounts	+									
10	Payer										
	Amounts	+									

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

## Seller Financed Mortgage Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	
Taxpayer/Spouse/Joint (T, S, J)	—	
Payer's name	_____	
Payer's address	_____	
Payer's social security number	_____	
Interest income amount received in 2010	+ _____ [1]	

**Please provide all Schedules Q.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_[1]  
Name of activity \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
State postal code \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_[1]  
Name of activity \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
State postal code \_\_\_\_\_

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**NOTES/QUESTIONS:**





## Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding <b>(Box 10)</b>	+	_____	[15]
Local withholding <b>(Box 13)</b>	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding <b>(Box 10)</b>	+	_____	[15]
Local withholding <b>(Box 13)</b>	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

	<b>Control Totals +</b>	
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## Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>			[13]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan			[14]
State withholding <b>(Box 10)</b>	+	_____	[15]
Local withholding <b>(Box 13)</b>	+	_____	[17]
Amount of rollover	+	_____	[19]
Mark if distribution was due to a pre-retirement age disability			[21]
Mark if distribution was from an inherited IRA			[22]

	<b>Control Totals +</b>	
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## Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_ [1]  
 State postal code \_\_ [2]

### Social Security Benefits

	2010 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2010 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

### Tier 1 Railroad Benefits

	2010 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2010 <b>(Box 5)</b>	+ _____ [22]	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2010 or receive any prior year benefits in 2010. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

	[36]
	[37]
	[38]
	[39]
	[40]

**NOTES/QUESTIONS:**



## Miscellaneous Income #1

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents (Box 1)	+ _____	[10]
Royalties (Box 2)	+ _____	[12]
Other income (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Fishing boat proceeds (Box 5)	+ _____	[18]
Medical and health care payments (Box 6)	+ _____	[20]
Nonemployee compensation (Box 7)	+ _____	[22]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[24]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[26]
Crop Insurance proceeds (Box 10)	+ _____	[28]
Excess golden parachute payments (Box 13)	+ _____	[30]
Gross proceeds paid to an attorney (Box 14)	+ _____	[32]
Section 409A deferrals (Box 15a)	+ _____	[34]
Section 409A income (Box 15b)	+ _____	[36]
State tax withheld (Box 16)	+ _____	[38]
State/Payer's state no. (Box 17)	_____	[40]
State income (Box 18)	+ _____	[41]

	<b>Control Totals +</b>	
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## Miscellaneous Income #2

Please provide all Forms 1099-MISC

If the miscellaneous income on Form 1099-MISC is related to a business, rental, farm or farm rental, enter the Form 1099-MISC Activity below

Taxpayer/Spouse/Joint (T, S, J)	_____	[1]
Name of payer	_____	[3]
State postal code	_____	[4]
Form 1099-MISC activity (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835)	_____	[7]
Rents (Box 1)	+ _____	[10]
Royalties (Box 2)	+ _____	[12]
Other income (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Fishing boat proceeds (Box 5)	+ _____	[18]
Medical and health care payments (Box 6)	+ _____	[20]
Nonemployee compensation (Box 7)	+ _____	[22]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[24]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[26]
Crop Insurance proceeds (Box 10)	+ _____	[28]
Excess golden parachute payments (Box 13)	+ _____	[30]
Gross proceeds paid to an attorney (Box 14)	+ _____	[32]
Section 409A deferrals (Box 15a)	+ _____	[34]
Section 409A income (Box 15b)	+ _____	[36]
State tax withheld (Box 16)	+ _____	[38]
State/Payer's state no. (Box 17)	_____	[40]
State income (Box 18)	+ _____	[41]

	<b>Control Totals +</b>	
--	-------------------------	--

## Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor/lender \_\_\_\_\_ [4]  
 Activity identification (1040 = Form 1040, C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [12] No \_\_\_ [13]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [14]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [15]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [18]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [19] No \_\_\_ [20]

	<b>Control Totals +</b>	
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## Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

**If the debt canceled on Form 1099-C, or the property abandoned on Form 1099-A is related to a business, rental, farm or farm rental, enter the Form 1099-C or 1099-A Activity identification below.**

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

\_\_\_\_\_ [67]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [3]  
 Name of creditor \_\_\_\_\_ [4]  
 Activity identification (C = Schedule C, E = Schedule E page 1, F = Schedule F, 4835 = Form 4835) \_\_\_\_\_ [6]

### Form 1099-C Cancellation of Debt

Date canceled (Box 1) \_\_\_\_\_ [9]  
 Amount of debt canceled (Box 2) + \_\_\_\_\_ [10]  
 Interest if included in box 2 (Box 3) + \_\_\_\_\_ [11]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [12] No \_\_\_ [13]  
 Bankruptcy (if checked) (Box 6) \_\_\_\_\_ [14]  
 Fair market value of property (Box 7) + \_\_\_\_\_ [15]

### Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]  
 Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]  
 Fair market value of property (Box 4) + \_\_\_\_\_ [18]  
 Personally liable for repayment of the debt? (Box 5) Yes \_\_\_ [19] No \_\_\_ [20]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

## Gambling Winnings #1

Please provide all copies of Form W-2G.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	<b>Control Totals +</b>	
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## Gambling Winnings #2

Please provide all copies of Form W-2G.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code		__	[4]
Mark if professional gambler			[9]
Gross winnings (Box 1)	+	_____	[11]
Federal withholding (Box 2)	+	_____	[13]
Type of wager (Box 3)		_____	[15]
Date won (Box 4)		_____	[17]
Transaction (Box 5)		_____	[19]
Race (Box 6)		_____	[21]
Identical wager winnings (Box 7)	+	_____	[23]
Cashier (Box 8)		_____	[25]
Taxpayer identification number (Box 9)		_____	[27]
Window (Box 10)		_____	[28]
First ID (Box 11)		_____	[30]
Second ID (Box 12)		_____	[31]
Payer's state ID no. (Box 13)		_____	[32]
State withholding (Box 14)	+	_____	[33]
Name of locality		_____	[36]
Local withholding		_____	[37]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

## Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name _____	____ [3]	
State postal code _____	____ [4]	
Total undistributed long-term capital gains <b>(Box 1a)</b>	+ _____ [9]	
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]	
<b>Section 1202 gain (Box 1c)</b>	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____ [15]	
Collectibles (28%) gain <b>(Box 1d)</b>	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]	
<b>Control Totals +</b>		

## Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name _____	____ [3]	
State postal code _____	____ [4]	
Total undistributed long-term capital gains <b>(Box 1a)</b>	+ _____ [9]	
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]	
<b>Section 1202 gain (Box 1c)</b>	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____ [15]	
Collectibles (28%) gain <b>(Box 1d)</b>	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]	
<b>Control Totals +</b>		

## Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name _____	____ [3]	
State postal code _____	____ [4]	
Total undistributed long-term capital gains <b>(Box 1a)</b>	+ _____ [9]	
Unrecaptured section 1250 gain <b>(Box 1b)</b>	+ _____ [11]	
<b>Section 1202 gain (Box 1c)</b>	+ _____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone)		
	_____ [15]	
Collectibles (28%) gain <b>(Box 1d)</b>	+ _____ [17]	
Tax paid by the RIC or REIT on the box 1a gains <b>(Box 2)</b>	+ _____ [19]	
<b>Control Totals +</b>		

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) \_\_\_\_\_[1]

Mark to indicate all the elections that apply:

Mixed straddle election \_\_\_\_\_[2] Straddle-by-straddle identification election \_\_\_\_\_[4]  
 Mixed straddle account election \_\_\_\_\_[3] Net section 1256 contracts loss election \_\_\_\_\_[5]

**Section 1256 Contracts Marked to Market**

Identification of Account A \_\_\_\_\_[6]  
 Identification of Account B \_\_\_\_\_  
 Identification of Account C \_\_\_\_\_

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	—	—	—
State postal code	—	—	—
-Loss/Gain for entire year (Enter losses as a negative amount)	+ _____	+ _____	+ _____
Total Form 1099-B adjustment	+ _____	+ _____	+ _____
Total net 1256 contract loss carryback	+ _____	+ _____	+ _____

**Gains and Losses From Straddles**

Description of Property A \_\_\_\_\_[8]  
 Description of Property B \_\_\_\_\_  
 Description of Property C \_\_\_\_\_  
 Description of Property D \_\_\_\_\_

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	—	—	—	—
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Force period	—	—	—	—
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

**Unrecognized Gain From Positions Held on Last Business Day**

Description of Property A \_\_\_\_\_[9]  
 Description of Property B \_\_\_\_\_  
 Description of Property C \_\_\_\_\_

	Property A	Property B	Property C
Date acquired	_____	_____	_____
Fair market value on last business day	+ _____	+ _____	+ _____
Cost or other basis as adjusted	+ _____	+ _____	+ _____

**NOTES/QUESTIONS:**

# Canadian Registered Retirement Plans #1

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
Name of custodian _____	_____[2]	
State postal code _____	_____[3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	_____[13]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	_____[14]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	_____[15]	
Year election was made _____	_____[16]	
Mark if you are electing for this year and subsequent years	_____[17]	
Distributions received from the plan in 2010	+ _____[20]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2010 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[37]	
Ordinary dividends	+ _____[39]	
Qualified dividends	+ _____[41]	
Total capital gains	+ _____[43]	
Other income:	+ _____[45]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Control Totals +

# Canadian Registered Retirement Plans #2

Please provide all Forms T4RSP, T4RIF, and Canadian plan custodian statements

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
Name of custodian _____	_____[2]	
State postal code _____	_____[3]	
Type of plan (1 = RRSP, Registered Retirement Savings Plan, 2 = RRIF, Registered Retirement Income Fund)	_____[13]	
Status in plan (1 = Beneficiary, 2 = Annuitant)	_____[14]	
Election under Article XVIII(7) of the U.S.-Canada income tax treaty:		
Mark if you previously elected to defer income tax	_____[15]	
Year election was made _____	_____[16]	
Mark if you are electing for this year and subsequent years	_____[17]	
Distributions received from the plan in 2010	+ _____[20]	

Complete this section only if NOT electing to defer U.S. income tax on undistributed earnings

	2010 Information	Prior Year Information
Undistributed earnings		
Interest income	+ _____[37]	
Ordinary dividends	+ _____[39]	
Qualified dividends	+ _____[41]	
Total capital gains	+ _____[43]	
Other income:	+ _____[45]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Control Totals +

**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]	

## Schedule C - Expenses

**Preparer use only**

Principal business or profession \_\_\_\_\_

**2010 Information**

**Prior Year Information**

Advertising	+	_____	[6]
Car and truck expenses	+	_____	[8]
Commissions and fees	+	_____	[10]
Contract labor	+	_____	[12]
Depletion	+	_____	[14]
Depreciation	+	_____	[16]
Employee benefit programs:			
_____	+	_____	[18]
_____	+	_____	
Insurance (Other than health):			
_____	+	_____	[20]
_____	+	_____	
Interest:			
Mortgage (Paid to banks, etc.)	+	_____	[22]
Other:			
_____	+	_____	[24]
_____	+	_____	
Legal and professional services	+	_____	[26]
Office expense	+	_____	[28]
Pension and profit sharing:			
_____	+	_____	[30]
_____	+	_____	
Rent or lease:			
Vehicles, machinery, and equipment	+	_____	[32]
Other business property	+	_____	[34]
Repairs and maintenance	+	_____	[36]
Supplies	+	_____	[38]
Taxes and licenses:			
_____	+	_____	[40]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	
Travel, meals, and entertainment:			
Travel	+	_____	[42]
Meals and entertainment	+	_____	[44]
Meals (Enter 100% subject to DOT 80% limit)	+	_____	[46]
Utilities	+	_____	[50]
Wages (Less employment credit):			
_____	+	_____	[52]
_____	+	_____	
Other expenses:			
_____	+	_____	[54]
_____	+	_____	
_____	+	_____	
_____	+	_____	
_____	+	_____	

Preparer use only Carryovers	Regular	AMT
Operating	+ [64]	+ [65]
Schedule D - Short-term	+ [66]	+ [67]
Schedule D - Long-term	+ [68]	+ [69]
Schedule D - 28% rate	+ [70]	+ [71]
Form 4797 - Part I	+ [72]	+ [73]
Form 4797 - Part II	+ [74]	+ [75]
Section 179	+ [78]	

**Control Totals +**

**Preparer use only**

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 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]  
 Gross royalties received + \_\_\_\_\_ [20]

**Rent and Royalty Expenses**

**2010 Information**

**Percent if not 100%**

**Prior Year Information**

Advertising + \_\_\_\_\_ [22] \_\_\_\_\_ [23]  
 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 \_\_\_\_\_ Total # Payments \_\_\_\_\_ Reported on 1098 in 2010 \_\_\_\_\_

**Control Totals +**

**Preparer use only**  
Description \_\_\_\_\_

**Vacation Home Information**

	<b>2010 Information</b>	
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**

<b>Preparer use only</b>				
<b>Carryovers</b>	<b>Regular</b>		<b>AMT</b>	
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:**

Preparer use only

	2010 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	—
Agricultural activity code	_____ [9]	_____
Did you "materially participate" in this business? (Y, N)	_____ [12]	—
Mark if Schedule F net income or loss should be excluded from self employment income	_____ [14]	—
Medical insurance premiums paid by this activity	+ _____ [16]	_____
Long-term care premiums paid by this activity	+ _____ [18]	_____

**Cash or Accrual Income Items**

	2010 Information	Prior Year Information
Sales of livestock and other items you bought for resale:		
_____	+ _____ [26]	
_____	+ _____	
_____	+ _____	
Cost or other basis of livestock and other items you bought for resale	+ _____ [28]	
Sale of livestock, produce, grains, other products you raised:		
_____	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Taxable crop insurance proceeds received in 2010	+ _____ [32]	
Mark if electing to defer crop insurance proceeds to 2011	_____ [34]	—
Crop insurance proceeds deferred from 2009	+ _____ [36]	
Accrual sales of livestock, produce, grains, and other products:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
Beginning inventory of livestock and other items	+ _____ [40]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [42]	
Ending Inventory of livestock and other items	+ _____ [44]	

**Cash and Accrual Income Items**

	2010 Information	Prior Year Information
Total cooperative distributions you received	+ _____ [46]	
Taxable cooperative distributions you received	+ _____ [48]	
Total agricultural program payments	+ _____ [50]	
Taxable agricultural program payments	+ _____ [52]	
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [54]	
Commodity credit loans reported under election:		
_____	+ _____ [56]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [58]	
Taxable commodity credit loans forfeited	+ _____ [60]	
Total crop insurance proceeds you received in 2010	+ _____ [62]	
Custom hire (machine work) income	+ _____ [64]	
Other income:		
_____	+ _____ [66]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Control Totals +**







Please provide copies of Schedule K-1s showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of entity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm Partnership, 6 = Foreign farm partnership) \_\_\_\_\_ [11]

	Preparer use only Carryovers	Regular	AMT
Enter on K1-4	Operating	[50]	[51]
	Schedule D - Short-term	[52]	[53]
	Schedule D - Long-term	[54]	[55]
	Schedule D - 28% rate	[56]	[57]
	Form 4797 - Part I	[58]	[59]
	Form 4797 - Part II	[60]	[61]
	Other losses - 1040 pg.1	[62]	[63]
	Comm revitalization	[64]	[65]
	Section 179	[48]	

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Regular	AMT
Enter on K1T-2	Operating	[68]	[69]
	Schedule D - Short-term	[70]	[71]
	Schedule D - Long-term	[72]	[73]
	Schedule D - 28% rate	[74]	[75]
	Form 4797 - Part I	[76]	[77]
	Form 4797 - Part II	[78]	[79]
	Comm revitalization	[80]	[81]

## 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:**

## Prior Year Installment Sale

		<b>Preparer use only</b>
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**2010 Information**

**Prior Year Information**

Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[30]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	

	<b>Control Totals +</b>	
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## Prior Year Installment Sale

		<b>Preparer use only</b>
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**2010 Information**

**Prior Year Information**

Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[16]	
Date sold _____	[17]	
Gross sales price of property sold + _____	[18]	
Mortgage and other debts the buyer assumed + _____	[20]	
Cost or other basis + _____	[22]	
Commissions and other expenses of the sale + _____	[24]	
Gross profit percentage _____	[30]	
Total current year principal payments received + _____	[32]	
Prior year principal payments received + _____	[34]	
Total ordinary income to recapture + _____	[36]	
Total ordinary income previously recaptured + _____	[38]	

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

**Preparer use only**

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [8]  
 State postal code \_\_\_\_\_ [9]  
 Mark to include gross proceeds for 1099-S reporting on Form, line 1 \_\_\_\_\_ [13]  
 Mark if disposition is due to casualty or theft \_\_\_\_\_ [17]  
 Mark if disposition was to a related party \_\_\_\_\_ [19]

**Sale Information**

Date acquired \_\_\_\_\_ [23]  
 Date sold \_\_\_\_\_ [24]  
 Gross sales price or insurance proceeds received + \_\_\_\_\_ [25]  
 Cost or other basis + \_\_\_\_\_ [26]  
 Commissions and other expenses of sale + \_\_\_\_\_ [27]  
 Depreciation allowed or allowable + \_\_\_\_\_ [28]

**Form 4797, Part III - Recapture**

Additional depreciation after 1975 (**Section 1250**) + \_\_\_\_\_ [30]  
 Applicable percentage (if not 100%) (**Section 1250**) \_\_\_\_\_ [31]  
 Additional depreciation after 1969 (**Section 1250**) + \_\_\_\_\_ [32]  
 Soil, water and land clearing expenses (**Section 1252**) + \_\_\_\_\_ [33]  
 Applicable percentage (if not 100%) (**Section 1252**) \_\_\_\_\_ [34]  
 Intangible drilling and development costs (**Section 1254**) + \_\_\_\_\_ [35]  
 Applicable payments excluded from income under sec. 126 (**Section 1255**) + \_\_\_\_\_ [36]

**Form 6252 - Current Year Installment Sale**

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [37]  
 Total current year payments received + \_\_\_\_\_ [38]

**Form 6252 - Related Party Installment Sale Information**

Related party name \_\_\_\_\_ [39]  
 Address \_\_\_\_\_ [40]  
 State, City and Zip \_\_\_\_\_ [41] [42] [43]  
 Identifying number of related party \_\_\_\_\_ [44]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [45]  
 Enter date of second sale \_\_\_\_\_ [46]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [47]  
 Selling price of property sold by a related party + \_\_\_\_\_ [49]

**NOTES/QUESTIONS:**

**Preparer use only**

Description of property given up \_\_\_\_\_ [4]  
 \_\_\_\_\_ [5]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [6]  
 State postal code \_\_\_\_\_ [7]  
 Description of property received \_\_\_\_\_ [9]  
 \_\_\_\_\_ [10]

**Date Information**

Date the like-kind property given up was acquired \_\_\_\_\_ [16]  
 Date you transferred your property to the other party \_\_\_\_\_ [17]  
 Date the like-kind property received was identified \_\_\_\_\_ [18]  
 Date you received the like-kind property from the other party \_\_\_\_\_ [19]

**Gain and Basis Information**

Fair market value of other property given up + \_\_\_\_\_ [20]  
 Adjusted basis of other property given up + \_\_\_\_\_ [21]  
 Cash received + \_\_\_\_\_ [22]  
 Fair market value of other (not like-kind) property received + \_\_\_\_\_ [23]  
 Installment obligation received in like-kind exchange + \_\_\_\_\_ [24]  
 Fair market value of like-kind property you received + \_\_\_\_\_ [25]  
 Fair market value of non-section 1245 property you received + \_\_\_\_\_ [26]  
 Liabilities, including mortgages, assumed by you + \_\_\_\_\_ [27]  
 Cash paid + \_\_\_\_\_ [28]  
 Adjusted basis of like-kind property given up + \_\_\_\_\_ [29]  
 Adjusted basis of like-kind property from pass through entity  
     Cost or other basis + \_\_\_\_\_ [30]  
     Depreciation allowed or allowable excluding Section 179 + \_\_\_\_\_ [31]  
     Section 179 expense deduction passed through + \_\_\_\_\_ [32]  
     Section 179 carryover + \_\_\_\_\_ [33]  
 Liabilities, including mortgages, assumed by the other party + \_\_\_\_\_ [34]  
 Exchange expenses incurred by you + \_\_\_\_\_ [35]

**Related Party Exchange Information**

Name of related party \_\_\_\_\_ [38]  
 Address of related party \_\_\_\_\_ [39]  
 City \_\_\_\_\_ [40]  
 State \_\_\_\_\_ [41]  
 Zip code \_\_\_\_\_ [42]  
 Identifying number of related party \_\_\_\_\_ [43]  
 Relationship to you \_\_\_\_\_ [44]  
 During this tax year, did the related party sell or dispose of the property received? (Y, N) \_\_\_\_\_ [45]  
 During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) \_\_\_\_\_ [46]  
 Indicate any special if conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) \_\_\_\_\_ [47]  
 Mark if this exchange is a prior year like-kind exchange \_\_\_\_\_ [49]

**NOTES/QUESTIONS:**



Foreign name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Foreign Earned Income**

**\*Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
Noncash income:		
Home (lodging) _____	[10] ___[11] +	_____ [12]
Meals _____	[13] ___[14] +	_____ [15]
Car _____	[16] ___[17] +	_____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___[19] + + + +	_____ _____ _____ _____ [20]
Allowances, reimbursements or expenses paid on behalf:		
Cost of living and overseas differential _____	___[21] +	_____ [22]
Family _____	___[23] +	_____ [24]
Education _____	___[25] +	_____ [26]
Home leave _____	___[27] +	_____ [28]
Quarters _____	___[29] +	_____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___[31] + + + +	_____ _____ _____ _____ [32]
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___[33] + + + +	_____ _____ _____ _____ [34]
Excludable meals and lodging under section 119 _____	+ _____	_____ [35]

**\*Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment  
 2 = 100% U.S. during assignment  
 3 = U.S. and foreign days worked during assignment  
 4 = U.S. and foreign days before/after assignment  
 5 = Days worked before, during, and after assignment

**Deductions Allocable to Foreign Earned Income**

	Allocation Code*	Amount
Other allocable deductions _____	___[36] +	_____ [37]

**Housing Exclusion/Deduction**

Qualified housing expense \_\_\_\_\_ + \_\_\_\_\_ [46]

**NOTES/QUESTIONS:**



## Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2010 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100%;"></div>
Name of Trustee _____	_____[4]	
State postal code _____	_____[2]	
Archer MSA contributions made in 2010 and 2011 for 2010 <b>(Box 1)</b>	+ _____[6]	
Total contributions made in 2010 <b>(Box 2)</b>	+ _____[8]	
Total HSA or Archer MSA contributions made in 2011 for 2010 <b>(Box 3)</b>	+ _____[10]	
Rollover contribution <b>(Box 4)</b>	+ _____[13]	
Fair market value of HSA, Archer MSA, or MA MSA <b>(Box 5)</b>	+ _____[15]	
<b>Box 6 -</b>		
HSA	_____[17]	
Archer MSA	_____[18]	
MA (Medicare Advantage) MSA	_____[19]	

### Additional Information

	2010 Information	Prior Year Information
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____[20]	<div style="border: 1px solid black; height: 100%;"></div>
Number of months in qualified high deductible health plan in 2010	_____[21]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____[22]	
Total HSA/MSA contribution to be made for 2010	+ _____[23]	
Excess contributions for 2009 taken as constructive contributions for 2010	+ _____[25]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____[32]	<div style="border: 1px solid black; height: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____[35]	
If self-employed, enter earned income from business under which plan was established +	_____[39]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2010? (Y, N)	_____[41]	<div style="border: 1px solid black; height: 100%;"></div>
Enter any qualified HSA distribution from health flexible spending arrangement (FSA)	+ _____[43]	
Enter any qualified HSA distribution from health reimbursement arrangement (HRA)	+ _____[45]	

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2010 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)			__[1]
Name of Trustee	_____		[4]
State postal code	_____		[2]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Earnings on excess contributions <b>(Box 2)</b>	+	_____	[9]
Distribution code <b>(Box 3)</b>			__[11]
Fair Market Value on date of death <b>(Box 4)</b>	+	_____	[12]
<b>Box 5 -</b>			
HSA			__[13]
Archer MSA			__[14]
MA MSA			__[15]
Amount of distribution rolled over or withdrawal of excess contributions for 2010	+	_____	[17]
Unreimbursed qualified medical expenses for 2010	+	_____	[19]
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	_____	[22]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/09			
	+	_____	[23]
For HSA accounts:			
Was the high deductible health plan coverage started in 2009 and in effect for the month of December 2009? (Y, N)			__[29]
Was the high deductible health plan coverage ended before 12/31/10? (Y, N)			__[30]

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

**2010 Information**

**Prior Year Information**

Name of the insured chronically ill individual			[40]
Social security number of insured	_____		[41]
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+	_____	[43]
Accelerated death benefits paid <b>(Box 2)</b>	+	_____	[45]
<b>Check one (Box 3)</b>			
Per diem			__[47]
Reimbursed amount			__[48]
Qualified contract <b>(Box 4)</b>			__[49]
<b>Check, if applicable (Box 5)</b>			
Chronically ill			__[50]
Terminally ill			__[51]
Are there other individuals who received LTC payments during 2010? (Y, N)			__[53]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)			__[54]
Number of days during the long-term care period		_____	[55]
Cost incurred for qualified long-term care services during the long-term care period	+	_____	[56]

**NOTES/QUESTIONS:**

Preparer use only

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Total amount reimbursed for moving expenses	+ _____	[13]

**NOTES/QUESTIONS:**

**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan in 2010 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan in 2010 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan in 2010 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan in 2010 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan in 2010 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan in 2010 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan in 2010 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2010 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan in 2010 + \_\_\_\_\_ [16]

**Catch-up Contributions**

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2010 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2010 + \_\_\_\_\_ [18]

**Elective Deferrals**

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2010 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions in 2010 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**



## Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

**Complete if you cashed qualified U.S. Savings bonds in 2010 that were issued after 1989, and you paid qualified higher education expenses in 2010 for yourself, your spouse, or your dependents.**

Taxpayer/Spouse/Joint (T, S, J)		—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2010 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2010 for person listed above	+ _____	
Taxpayer/Spouse/Joint (T, S, J)		—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2010 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2010 for person listed above	+ _____	
Taxpayer/Spouse/Joint (T, S, J)		—
Name of person who was enrolled at eligible educational institution	_____	
Name of eligible educational institution	_____	
Address of eligible educational institution	_____	
Qualified higher education expenses you paid in 2010 for person listed above	+ _____	[1]
Enter any nontaxable educational benefits received for 2010 for person listed above	+ _____	
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2010	+ _____	[3]

**NOTES/QUESTIONS:**

## Student Loan Interest Paid

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.

TS	Qualified loan interest you paid <sup>[1]</sup>		2010 Information	Prior Year Information
—	_____	+	_____	_____ _____ _____
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

## Education Credits and Tuition and Fees Deduction

Complete this form 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.

TS	Ed Exp Code*	Student's SSN <sup>[6]</sup>	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+	_____ _____ _____ _____ _____ _____ _____ _____ _____
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	
—	—	_____	_____	_____	+	

**Important: You cannot claim the following for the same student in the same year:**

- American opportunity credit and Lifetime learning credit
- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

<b>*Education Expense Code</b>
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

**NOTES/QUESTIONS:**

## Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

### Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	2010 Information	
Amount contributed in current year	+ _____ [14]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Basis of this account at 12/31/09	+ _____ [17]	
Value of this account at 12/31/10	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

### Payments from Qualified Education Programs

	2010 Information	
Gross distribution <b>(Box 1)</b>	+ _____ [30]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
Earnings <b>(Box 2)</b>	+ _____ [32]	
Basis <b>(Box 3)</b>	+ _____ [34]	
Trustee-to-trustee rollover <b>(Box 4)</b>	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
<b>Box 5 -</b>		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary <b>(Box 6)</b>	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

**NOTES/QUESTIONS:**

## Schedule A - Medical and Dental Expenses

T/S/J		2010 Information	Prior Year Information															
	Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received																	
[1]	_____	+ _____ [2]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>															
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—	_____	+																
—	_____	+																
—	_____	+																
—	_____	+																
—	_____	+																
[4]	Medical insurance premiums you paid*: _____	+ _____ [5]																
—	_____	+																
—	_____	+																
—	_____	+																
—	_____	+																
—	_____	+																
[7]	Long-term care premiums you paid*: _____	+ _____ [8]																
—	_____	+																
—	_____	+																
[10]	Prescription medicines and drugs: _____	+ _____ [11]																
—	_____	+																
—	_____	+																
[13]	Miles driven for medical items _____ <small>*Not entered elsewhere</small>	_____ [14]																

## Schedule A - Tax Expenses

T/S/J		2010 Information	Prior Year Information														
	State/local income taxes paid:																
[18]	_____	+ _____ [19]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>														
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—	_____	+															
—	_____	+															
—	_____	+															
—	_____	+															
[21]	2009 state and local income taxes paid in 2010: _____	+ _____ [22]															
—	_____	+															
—	_____	+															
[24]	Real estate taxes paid on: _____	+ _____ [25]															
—	_____	+															
—	_____	+															
[27]	Personal property taxes: _____	+ _____ [28]															
—	_____	+															
—	_____	+															
[30]	Other taxes, such as: foreign taxes and State disability taxes _____	+ _____ [31]															
—	_____	+															
—	_____	+															
[38]	Sales tax paid on major purchases: _____	+ _____ [39]															
—	_____	+															
—	_____	+															
[41]	Sales tax paid on actual expenses: _____	+ _____ [42]															
—	_____	+															
—	_____	+															
—	_____	+															
		<b>Purchase Price (Before Taxes)</b>	<b>Sales/Excise Tax Paid in 2010</b>														
[33]	Description of new motor vehicle purchased between 2/17/09 - 12/31/09: _____	_____	_____														
—	_____	_____	_____														
—	_____	_____	_____														

# Interest Expenses

T/S/J	2010 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
	Home mortgage interest: From Form 1098				
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home  
 1 = Not used to buy, build, improve home or investment  
 2 = Used to pay off previous mortgage  
 3 = Used to pay off previous mortgage, excess proceeds invested  
 4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2010 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+	[5]
	Address		+	
	Address		+	
	Address		+	
	Address		+	

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

— Payer's/Borrower's name \_\_\_\_\_ [7]  
 — Street Address \_\_\_\_\_  
 — City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2010 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2010 (Preparer use only) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2010 \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Description \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Percentage of principal exceeding original mortgage (For AMT adjustment) \_\_\_\_\_  
 Points paid in 2010 (Preparer use only) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Total number of payments \_\_\_\_\_  
 Reported on Form 1098 in 2010 \_\_\_\_\_

T/S/J	2010 Information	Prior Year Information
	Investment interest expense, other than on K-1s:	
[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

T/S/J		2010 Information	Prior Year Information
	Contributions made by cash or check		
[2]	_____	+ _____ [3]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
[5]	Volunteer miles driven	_____ [6]	
	Noncash items, such as: Goodwill, Salvation Army		
[8]	_____	+ _____ [9]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

Miscellaneous Deductions

T/S/J		2010 Information	Prior Year Information	
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses			
[11]	_____	+ _____ [12]		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
	Union dues:			
[14]	_____	+ _____ [15]		
—	_____	+ _____		
[17]	Tax preparation fees	+ _____ [18]		
	Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees			
[20]	_____	+ _____ [21]		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[23]	Safe deposit box rental	+ _____ [24]		
	Investment expenses, other than on K1s:			
[26]	_____	+ _____ [27]		
—	_____	+ _____		
—	_____	+ _____		
	Other expenses, not subject to the 2% AGI limitation:			
[30]	_____	+ _____ [31]		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
	Gambling losses: (Enter only if you have gambling income)			
[33]	_____	+ _____ [34]		
—	_____	+ _____		

## Home Mortgage Interest Subject To Limitations #1

**Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.**

**Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.**

**Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.**

**Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.**

	2010 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2010, if not 12 _____	[7]	
Principal paid in 2010 + _____	[9]	
Interest paid during 2010 + _____	[11]	
Points reported on Form 1098 for 2010 + _____	[13]	
Grandfather debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[19]	
Home acquisition/improvement debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[21]	
Home equity debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2010 of grandfather debt + _____	[27]	
Average balance in 2010 of home acquisition/improvement debt + _____	[29]	
Average balance for 2010 all types of debt + _____	[31]	

	<b>Control Totals +</b>	
--	-------------------------	--

## Home Mortgage Interest Subject To Limitations #2

**Complete this section if you have home acquisition/improvement debt over \$1,000,000 or home equity debt over \$100,000.**

**Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.**

**Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.**

**Home equity debt is a mortgage taken out after 10/13/87, the proceeds of which are NOT used to buy, build, or substantially improve your home.**

	2010 Information	Prior Year Information
Description of loan/property _____	[2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
Fair market value of home + _____	[5]	
Number of months loan was outstanding in 2010, if not 12 _____	[7]	
Principal paid in 2010 + _____	[9]	
Interest paid during 2010 + _____	[11]	
Points reported on Form 1098 for 2010 + _____	[13]	
Grandfather debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[15]	
Grandfather debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[17]	
Home acquisition/improvement debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[19]	
Home acquisition/improvement debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[21]	
Home equity debt as of 12/31/09 (or first day mortgage was outstanding) + _____	[23]	
Home equity debt as of 12/31/10 (or last day mortgage was outstanding) + _____	[25]	
Average balance in 2010 of grandfather debt + _____	[27]	
Average balance in 2010 of home acquisition/improvement debt + _____	[29]	
Average balance for 2010 all types of debt + _____	[31]	

**NOTES/QUESTIONS:**

	<b>Control Totals +</b>	<b>Form ID: MortgInt</b>
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**Preparer use only**

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

**Vehicle Questions**

	<b>2010 Information</b>	<b>Prior Year Information</b>
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 <b>(Preparer use only)</b>	+ _____[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 <b>(Preparer use only)</b>	+ _____[92]	_____	+ _____[120]	_____
Value of employer-provided vehicle	+ _____[98]	_____	+ _____[126]	_____
Depreciation	+ _____[100]	_____	+ _____[128]	_____

**NOTES/QUESTIONS:**

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

### Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis + \_\_\_\_\_ [13]  
 Fair market value + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals +**

#### NOTES/QUESTIONS:

# Contributions of Motor Vehicles, Boats & Airplanes

Please provide all Forms 1098-C

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution (Box 1) \_\_\_\_\_ [7]

Make and model of vehicle (Box 2) \_\_\_\_\_ [8]

Year of vehicle (Box 2) \_\_\_\_\_ [9]

Vehicle or other identification number (Box 3) \_\_\_\_\_ [10]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a) \_\_\_\_\_ [11]

Date of sale (Box 4b) \_\_\_\_\_ [12]

Gross proceeds from sale (Box 4c) + \_\_\_\_\_ [13]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use (Box 5a) \_\_\_\_\_ [14]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose (Box 5b) \_\_\_\_\_ [15]

Detailed description of material improvements or significant intervening use and duration of use (Box 5c) \_\_\_\_\_ [16]

\_\_\_\_\_ [16]

\_\_\_\_\_ [16]

\_\_\_\_\_ [16]

Did you provide goods or services in exchange for the vehicle? (Box 6a) Yes \_\_\_ [17] No \_\_\_ [18]

Value of goods and services provided in exchange for the vehicle (Box 6b) + \_\_\_\_\_ [19]

Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c) \_\_\_\_\_ [20]

Description of goods and services (Box 6c) \_\_\_\_\_ [21]

\_\_\_\_\_ [21]

\_\_\_\_\_ [21]

\_\_\_\_\_ [21]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7) \_\_\_\_\_ [22]

## Other Information for Donated Property

Overall physical condition of property \_\_\_\_\_ [27]

Vehicle mileage on date of contribution \_\_\_\_\_ [28]

Date property was acquired by donor \_\_\_\_\_ [29]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [30]

Donor's cost or basis + \_\_\_\_\_ [31]

Fair market value on date of contribution + \_\_\_\_\_ [32]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [33]

If other: \_\_\_\_\_ [34]

Bargain sale amount received \_\_\_\_\_ [35]

Donee's address, and ZIP code \_\_\_\_\_ [40]

\_\_\_\_\_ [41] \_\_\_\_\_ [42] \_\_\_\_\_ [43]

Donee's telephone number \_\_\_\_\_ [44]

### NOTES/QUESTIONS:

## Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]

### Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A \_\_\_\_\_ [12]  
 Description of casualty or theft - Property B \_\_\_\_\_ [25]  
 Description of casualty or theft - Property C \_\_\_\_\_ [38]  
 Description of casualty or theft - Property D \_\_\_\_\_ [51]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [15]	___ [28]	___ [41]	___ [54]
Date acquired	_____ [19]	_____ [32]	_____ [45]	_____ [58]
Cost or other basis of property	+ _____ [20]	+ _____ [33]	+ _____ [46]	+ _____ [59]
Insurance or other reimbursement	+ _____ [21]	+ _____ [34]	+ _____ [47]	+ _____ [60]
Fair market value before casualty	+ _____ [22]	+ _____ [35]	+ _____ [48]	+ _____ [61]
Fair market value after casualty	+ _____ [23]	+ _____ [36]	+ _____ [49]	+ _____ [62]

### Business/Income Use Replacement Information

Description of replacement property A \_\_\_\_\_ [63]  
 Description of replacement property B \_\_\_\_\_ [67]  
 Description of replacement property C \_\_\_\_\_ [71]  
 Description of replacement property D \_\_\_\_\_ [75]

	A	B	C	D
Mark if property was acquired from a related party	___ [64]	___ [68]	___ [72]	___ [76]
Date acquired	_____ [65]	_____ [69]	_____ [73]	_____ [77]
Cost of replacement property	+ _____ [66]	+ _____ [70]	+ _____ [74]	+ _____ [78]

**NOTES/QUESTIONS:**

## Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]  
 Mark if casualty resulted due to a federally declared disaster that occurred in 2008 or 2009. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government \_\_\_\_\_ [8]

### Casualty and Theft - Personal Use Properties

Description of casualty or theft - Property A \_\_\_\_\_ [14]  
 Description of casualty or theft - Property B \_\_\_\_\_ [25]  
 Description of casualty or theft - Property C \_\_\_\_\_ [36]  
 Description of casualty or theft - Property D \_\_\_\_\_ [47]

	A	B	C	D
Date acquired	_____ [20]	_____ [31]	_____ [42]	_____ [53]
Cost or other basis of property	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Insurance or other reimbursement	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Fair market value before casualty	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]
Fair market value after casualty	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]

### Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [58]  
 Description of replacement property B \_\_\_\_\_ [62]  
 Description of replacement property C \_\_\_\_\_ [66]  
 Description of replacement property D \_\_\_\_\_ [70]

	A	B	C	D
Mark if property was acquired from a related party	_____ [59]	_____ [63]	_____ [67]	_____ [71]
Date acquired	_____ [60]	_____ [64]	_____ [68]	_____ [72]
Cost of replacement property	+ _____ [61]	+ _____ [65]	+ _____ [69]	+ _____ [73]

**NOTES/QUESTIONS:**

Preparer use only

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [6]

**Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)**

Description of casualty or theft - Property A \_\_\_\_\_ [8]  
 Description of casualty or theft - Property B \_\_\_\_\_ [17]  
 Description of casualty or theft - Property C \_\_\_\_\_ [26]  
 Description of casualty or theft - Property D \_\_\_\_\_ [35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	___ [9]	___ [18]	___ [27]	___ [36]
Date acquired	_____ [12]	_____ [21]	_____ [30]	_____ [39]
Cost or other basis of property	+ _____ [13]	+ _____ [22]	+ _____ [31]	+ _____ [40]
Insurance or other reimbursement	+ _____ [14]	+ _____ [23]	+ _____ [32]	+ _____ [41]
Fair market value before casualty	+ _____ [15]	+ _____ [24]	+ _____ [33]	+ _____ [42]
Fair market value after casualty	+ _____ [16]	+ _____ [25]	+ _____ [34]	+ _____ [43]

**Current Year Business/Income Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [44]  
 Description of replacement property B \_\_\_\_\_ [50]  
 Description of replacement property C \_\_\_\_\_ [56]  
 Description of replacement property D \_\_\_\_\_ [62]

	A	B	C	D
Date acquired	_____ [45]	_____ [51]	_____ [57]	_____ [63]
Prior year cost of replacement property	+ _____ [46]	+ _____ [52]	+ _____ [58]	+ _____ [64]
Cost of replacement property	+ _____ [47]	+ _____ [53]	+ _____ [59]	+ _____ [65]
Postponed gain	+ _____ [48]	+ _____ [54]	+ _____ [60]	+ _____ [66]
Adjusted basis of replacement property	+ _____ [49]	+ _____ [55]	+ _____ [61]	+ _____ [67]

**NOTES/QUESTIONS:**

## Casualty and Theft - Personal Use Properties

Occurrence description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 State postal code \_\_\_\_\_ [3]  
 Date of casualty or theft \_\_\_\_\_ [4]

### Casualty and Theft - Personal Use Properties (Cont'd)

Description of casualty or theft - Property A \_\_\_\_\_ [9]  
 Description of casualty or theft - Property B \_\_\_\_\_ [16]  
 Description of casualty or theft - Property C \_\_\_\_\_ [23]  
 Description of casualty or theft - Property D \_\_\_\_\_ [30]

	A	B	C	D
Date acquired	_____ [11]	_____ [18]	_____ [25]	_____ [32]
Cost or other basis of property	+ _____ [12]	+ _____ [19]	+ _____ [26]	+ _____ [33]
Insurance or other reimbursement	+ _____ [13]	+ _____ [20]	+ _____ [27]	+ _____ [34]
Fair market value before casualty	+ _____ [14]	+ _____ [21]	+ _____ [28]	+ _____ [35]
Fair market value after casualty	+ _____ [15]	+ _____ [22]	+ _____ [29]	+ _____ [36]

### Personal Use Replacement Information

Description of replacement property A \_\_\_\_\_ [37]  
 Description of replacement property B \_\_\_\_\_ [43]  
 Description of replacement property C \_\_\_\_\_ [49]  
 Description of replacement property D \_\_\_\_\_ [55]

	A	B	C	D
Date acquired	_____ [38]	_____ [44]	_____ [50]	_____ [56]
Prior year cost of replacement property	+ _____ [39]	+ _____ [45]	+ _____ [51]	+ _____ [57]
Cost of replacement property	+ _____ [40]	+ _____ [46]	+ _____ [52]	+ _____ [58]
Postponed gain	+ _____ [41]	+ _____ [47]	+ _____ [53]	+ _____ [59]
Adjusted basis of replacement property	+ _____ [42]	+ _____ [48]	+ _____ [54]	+ _____ [60]

**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]	_____
<b>Vehicle use questions:</b>				
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 <b>(Preparer use only)</b>	+ _____ [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]	_____
<b>Vehicle use questions:</b>				
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 <b>(Preparer use only)</b>	+ _____ [109]	_____	+ _____ [145]	_____
Depreciation	+ _____ [111]	_____	+ _____ [147]	_____

## Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2010.

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer name	Employer identification number	Total tips received in 2010	Total tips reported in 2010
Taxpayer information [1]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Spouse information [2]	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

## Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(\*\*Please refer to Reason Codes located at the bottom)

	Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
Spouse information [7]	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____
	_____	_____	_____	_____	-	_____

**\*\* Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.

B = I was designated as a "section 530 employee" by my employer or by the IRS prior to January 1, 1997.

C = I received other correspondence from the IRS that states I am an employee.

D = I was previously treated as an employee by this firm and am performing services in a substantially similar capacity and under substantially similar direction and control.

E = My co-workers performing substantially similar services under substantially similar direction and control are treated as employees.

F = My co-workers performing substantially similar services under substantially similar direction and control filed Form SS-8 for this firm and received a determination that they were employees.

G = I filed Form SS-8 with the IRS and have not received a reply.



Enter parent's information for children under age 19 on 1/1/2011 or a full-time student under age 24 who have investment income of more than \$1,900.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) \_\_\_\_\_ [4]

Parent's first name \_\_\_\_\_ [5]

Parent's last name \_\_\_\_\_ [6]

Parent's filing status (1 = Single, 2 = Married/filing jointly, 3 = Married separately, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [7]

### All Other Children's Information

Enter information for each child with investment income of more than \$1,900.

Child #1 social security number \_\_\_\_\_ [25]

Child #1 first name \_\_\_\_\_ [26]

Child #1 last name \_\_\_\_\_ [27]

Child #1 birthdate (mm/dd/yyyy) \_\_\_\_\_ [28]

Child #2 social security number \_\_\_\_\_ [38]

Child #2 first name \_\_\_\_\_ [39]

Child #2 last name \_\_\_\_\_ [40]

Child #2 birthdate (mm/dd/yyyy) \_\_\_\_\_ [41]

Child #3 social security number \_\_\_\_\_ [51]

Child #3 first name \_\_\_\_\_ [52]

Child #3 last name \_\_\_\_\_ [53]

Child #3 birthdate (mm/dd/yyyy) \_\_\_\_\_ [54]

Child #4 social security number \_\_\_\_\_ [64]

Child #4 first name \_\_\_\_\_ [65]

Child #4 last name \_\_\_\_\_ [66]

Child #4 birthdate (mm/dd/yyyy) \_\_\_\_\_ [67]

Child #5 social security number \_\_\_\_\_ [77]

Child #5 first name \_\_\_\_\_ [78]

Child #5 last name \_\_\_\_\_ [79]

Child #5 birthdate (mm/dd/yyyy) \_\_\_\_\_ [80]

Child #6 social security number \_\_\_\_\_ [90]

Child #6 first name \_\_\_\_\_ [91]

Child #6 last name \_\_\_\_\_ [92]

Child #6 birthdate (mm/dd/yyyy) \_\_\_\_\_ [93]

#### NOTES/QUESTIONS:

## Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.

**\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50. Complete a separate Organizer Form ID: 8814 for each child.**

Child's social security number \_\_\_\_\_ [1]  
 Child's date of birth \_\_\_\_\_ [2]  
 Child's name \_\_\_\_\_ [4]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
---	_____	+	_____	_____	_____	_____	<div style="border: 1px solid black; padding: 2px;">                     _____                      _____                      _____                      _____                      _____                 </div>
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	
---	_____	+	_____	_____	_____	_____	

<b>**Interest Codes</b>					
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment	

## Children's Dividend Income

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

Type Code (** See codes below)		Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 1202	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
<b>1</b>	Payer										
	Amounts +										
<b>2</b>	Payer										
	Amounts +										
<b>3</b>	Payer										
	Amounts +										
<b>4</b>	Payer										
	Amounts +										
<b>5</b>	Payer										
	Amounts +										
<b>6</b>	Payer										
	Amounts +										

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

Alaska Permanent Fund dividends:

	2010 Information [10]	Prior Year Information
	+ _____	
	+ _____	

Control Totals +

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 + \_\_\_\_\_

**Credit For The Elderly or Disabled**

Please complete if you were age 65 or older at the end of 2010, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2010	+ _____ [7]	+ _____ [8]
Taxable disability income received in 2010	+ _____ [9]	+ _____ [10]

**NOTES/QUESTIONS:**

## 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:

# Adoption Credit

**Complete this form if you paid qualified adoption expenses in 2010 AND the adoption was final in or before 2010.**  
**Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.**

	Child 1	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '93 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2010 for this child	_____	_____	_____
Employer-provided benefits received in 2010 for this child	_____	_____	_____
Adoption final in (1 = '10, 2 = Pre '10)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '93 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total qualified adoption expenses paid in 2009 for this child	_____	_____	_____
Employer-provided benefits received in 2009 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2010 for this child	_____	_____	_____
Employer-provided benefits received in 2010 for this child	_____	_____	_____
Adoption final in (1 = '10, 2 = Pre '10)	_____	_____	_____

Adoption credit carryover from 2005	+	_____ [2]
Adoption credit carryover from 2006	+	_____ [3]
Adoption credit carryover from 2007	+	_____ [4]
Adoption credit carryover from 2008	+	_____ [5]
Adoption credit carryover from 2009	+	_____ [6]

If the adoption was incomplete or unsuccessful please provide information below:

	[10]
	[11]
	[12]

**NOTES/QUESTIONS:**

**\*Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
<b>Nontaxable use of gasoline -</b>			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
<b>Nontaxable use of aviation gasoline -</b>			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
<b>Nontaxable use of undyed diesel fuel -</b>			
Explanation of evidence of dyes:			_____ [11]
_____			_____
_____			_____
Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>			
Explanation of evidence of dyes:			_____ [18]
_____			_____
_____			_____
Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
<b>Kerosene used in aviation -</b>			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
<p><b>1 = Farming purposes</b></p> <p><b>2 = Off highway business use</b></p> <p><b>3 = Export</b></p> <p><b>4 = Commercial fishing</b></p> <p><b>5 = Intercity/local bus</b></p> <p><b>6 = In a qualified local bus</b></p> <p><b>7 = School bus</b></p>	<p><b>8 = Diesel &amp; Kerosene fuel other than train or highway vehicle</b></p> <p><b>9 = Foreign trade</b></p> <p><b>10 = Certain helicopter and fixed wing air ambulance uses</b></p> <p><b>11 = Aviation fuel other than propulsion engines</b></p> <p><b>13 = Exclusive use by a nonprofit educational organization</b></p> <p><b>14 = Exclusive use by a state, political subdivision or DC</b></p> <p><b>15 = In an aircraft or vehicle owned by an aircraft museum</b></p>

**NOTES/QUESTIONS:**

# Fuel Tax Credit

\*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
<b>Sales by registered ultimate vendors of undyed diesel fuel -</b>		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
<b>Sales by registered ultimate vendors of undyed kerosene -</b>		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
		_____ [7]
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
<b>Sales by registered ultimate vendors of kerosene in aviation -</b>		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]
<b>Alcohol fuel mixture credit -</b>		
Registration Number		_____ [24]
Mixtures containing ethanol	0.45	+ _____ [25]
Mixtures containing alcohol (Other than ethanol)	0.60	+ _____ [26]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

**NOTES/QUESTIONS:**

\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
<b>Nontaxable use of alternative fuel -</b>			
Liquified petroleum gas (LPG)	___[1]	0.183	+ _____[2]
"P Series" fuels	___[3]	0.183	+ _____[4]
Compressed natural gas (CNG)	___[5]	0.183	+ _____[6]
Liquified hydrogen	___[7]	0.183	+ _____[8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	___[9]	0.243	+ _____[10]
Liquid hydrocarbons derived from biomass	___[11]	0.243	+ _____[12]
Liquified natural gas (LNG)	___[13]	0.243	+ _____[14]
Liquified gas derived from biomass	___[15]	0.183	+ _____[16]
<b>Alternative fuel credit and alternative fuel mixture credit -</b>			
Registration Number			_____ [17]
Liquified hydrogen		0.50	+ _____[26]
<b>Registered credit card users -</b>			
Registration Number			_____ [27]
Diesel for state / local government		0.243	+ _____[28]
Kerosene for state / local government		0.243	+ _____[29]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____[30]
<b>Nontaxable use of a diesel-water fuel emulsion -</b>			
Other nontaxable use	___[31]	0.197	+ _____[32]
Exported		0.198	+ _____[33]
<b>Diesel-water fuel emulsion blending -</b>			
Registration Number			_____ [34]
Blender credit		0.046	+ _____[35]
<b>Exported dyed fuels -</b>			
Exported dyed diesel fuel		0.001	+ _____[36]
Exported dyed kerosene		0.001	+ _____[37]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

**NOTES/QUESTIONS:**

## Foreign Tax Credit

**Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2010.**

**Preparer use only**

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [3]  
 Taxes claimed (1 = Paid, 2 = Accrued) \_\_\_\_\_ [6]  
 Category of income\* \_\_\_\_\_ [7]  
 Country of residence \_\_\_\_\_ [8]  
 Description of income \_\_\_\_\_ [9]

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

### Foreign Income or Loss

	A	B	C
Name of country	_____ [13]	_____ [14]	_____ [15]
Foreign gross income	+ _____ [16]	+ _____ [17]	+ _____ [18]
Definitely related expenses:			
_____	+ _____ [19]	+ _____ [20]	+ _____ [21]
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
_____	+ _____	+ _____	+ _____
Foreign source losses	+ _____ [22]	+ _____ [23]	+ _____ [24]

### Foreign Taxes Paid or Accrued

	A	B	C
Foreign taxes paid or accrued:			
Date paid or accrued	_____ [25]	_____ [26]	_____ [27]
In foreign currency - taxes withheld on:			
Dividends	+ _____ [28]	+ _____ [29]	+ _____ [30]
Rents & royalties	+ _____ [31]	+ _____ [32]	+ _____ [33]
Interest	+ _____ [34]	+ _____ [35]	+ _____ [36]
Other foreign taxes	+ _____ [37]	+ _____ [38]	+ _____ [39]
In US dollars - taxes withheld on:			
Dividends	+ _____ [43]	+ _____ [44]	+ _____ [45]
Rents & Royalties	+ _____ [46]	+ _____ [47]	+ _____ [48]
Interest	+ _____ [49]	+ _____ [50]	+ _____ [51]
Other foreign taxes	+ _____ [52]	+ _____ [53]	+ _____ [54]

**NOTES/QUESTIONS:**

**Preparer use only**

Description \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 Category of income\* \_\_\_\_\_

*Category of Income	
A = Passive category income	D = Certain income re-sourced by treaty
B = General category income	E = Lump-sum distributions
C = Section 901(j) income	

**AMT Foreign Income or Loss**

	A	B	C
Name of country	_____	_____	_____
Foreign gross income	+ _____ [8]	+ _____ [9]	+ _____ [10]
Definitely related expenses	+ _____ [11]	+ _____ [12]	+ _____ [13]
Foreign source losses	+ _____ [14]	+ _____ [15]	+ _____ [16]

**NOTES/QUESTIONS:**

**Instructions**

Enter carryovers as positive numbers.  
 Enter utilizations as negative numbers.  
 Enter utilizations only for those losses shown on organizer form.  
 Enter carrybacks as reductions of loss in the year the loss was created, rather than as utilizations in carryback years.

	<b>Indefinite Carryovers</b>	<b>2009 to 2010 Amounts</b>
Excess section 179 for Sch A	+	_____ [1]
Minimum tax credit	+	_____ [2]
Investment interest	+	_____ [3]
Investment interest - AMT	+	_____ [4]
Short-term capital loss	+	_____ [5]
Short-term capital loss - AMT	+	_____ [6]
Long-term capital loss	+	_____ [7]
Long-term capital loss - AMT	+	_____ [8]
Residential energy credit	+	_____ [9]
D.C. first-time homebuyer credit	+	_____ [10]
Tax credit bonds	+	_____ [11]

**Charitable Contribution Carryover Items**

<b>Prior C/O Year</b>	<b>50% Contributions</b>	<b>30% Contributions</b>	<b>50/30% Cap Gain Prop</b>	<b>20% Contributions</b>	<b>50% Qualified Conservation Contributions</b>	<b>100% Qualified Conservation Contributions</b>
2005	+ _____ [12]	+ _____ [17]	+ _____ [22]	+ _____ [27]		
2006	+ _____ [13]	+ _____ [18]	+ _____ [23]	+ _____ [28]	+ _____ [52]	+ _____ [60]
2007	+ _____ [14]	+ _____ [19]	+ _____ [24]	+ _____ [29]	+ _____ [53]	+ _____ [61]
2008	+ _____ [15]	+ _____ [20]	+ _____ [25]	+ _____ [30]	+ _____ [54]	+ _____ [62]
2009	+ _____ [16]	+ _____ [21]	+ _____ [26]	+ _____ [31]	+ _____ [55]	+ _____ [63]

**AMT Charitable Contribution Carryover Items**

<b>Prior C/O Year</b>	<b>50% AMT Contributions</b>	<b>30% AMT Contributions</b>	<b>50/30% AMT Cap Gain Prop</b>	<b>20% AMT Contributions</b>	<b>50% AMT Qual Conservation Contributions</b>	<b>100% AMT Qual Conservation Contributions</b>
2005	+ _____ [32]	+ _____ [37]	+ _____ [42]	+ _____ [47]		
2006	+ _____ [33]	+ _____ [38]	+ _____ [43]	+ _____ [48]	+ _____ [56]	+ _____ [64]
2007	+ _____ [34]	+ _____ [39]	+ _____ [44]	+ _____ [49]	+ _____ [57]	+ _____ [65]
2008	+ _____ [35]	+ _____ [40]	+ _____ [45]	+ _____ [50]	+ _____ [58]	+ _____ [66]
2009	+ _____ [36]	+ _____ [41]	+ _____ [46]	+ _____ [51]	+ _____ [59]	+ _____ [67]

**NOL and Other Carryover Items**

<b>Prior C/O Year</b>	<b>Net Operating Loss</b>	<b>AMT NOL</b>	<b>Section 1231 Nonrecaptured Losses</b>	<b>AMT Section 1231 Nonrecaptured Losses</b>
1995	+ _____ [78]	+ _____ [93]		
1996	+ _____ [79]	+ _____ [94]		
1997	+ _____ [80]	+ _____ [95]		
1998	+ _____ [81]	+ _____ [96]		
1999	+ _____ [82]	+ _____ [97]		
2000	+ _____ [83]	+ _____ [98]		
2001	+ _____ [84]	+ _____ [99]		
2002	+ _____ [85]	+ _____ [100]		
2003	+ _____ [86]	+ _____ [101]		
2004	+ _____ [87]	+ _____ [102]		
2005	+ _____ [88]	+ _____ [103]	+ _____ [68]	+ _____ [73]
2006	+ _____ [89]	+ _____ [104]	+ _____ [69]	+ _____ [74]
2007	+ _____ [90]	+ _____ [105]	+ _____ [70]	+ _____ [75]
2008	+ _____ [91]	+ _____ [106]	+ _____ [71]	+ _____ [76]
2009	+ _____ [92]	+ _____ [107]	+ _____ [72]	+ _____ [77]

Prior C/O Year	General Business Credit	Empowerment Zone Credit	Alcohol Fuel Credit	Renewable Electricity & Coal Production Credit	Work Opportunity Credit	Employer S.S. & Medicare Taxes Paid on Tips
1995	+ _____ [1]	+ _____ [16]				
1996	+ _____ [2]	+ _____ [17]				
1997	+ _____ [3]	+ _____ [18]				
1998	+ _____ [4]	+ _____ [19]				
1999	+ _____ [5]	+ _____ [20]				
2000	+ _____ [6]	+ _____ [21]				
2001	+ _____ [7]	+ _____ [22]				
2002	+ _____ [8]	+ _____ [23]				
2003	+ _____ [9]	+ _____ [24]				
2004	+ _____ [10]	+ _____ [25]		+ _____ [55]		
2005	+ _____ [11]	+ _____ [26]	+ _____ [41]	+ _____ [56]		
2006	+ _____ [12]	+ _____ [27]	+ _____ [42]	+ _____ [57]		
2007	+ _____ [13]	+ _____ [28]	+ _____ [43]	+ _____ [58]	+ _____ [73]	+ _____ [88]
2008	+ _____ [14]	+ _____ [29]	+ _____ [44]	+ _____ [59]	+ _____ [74]	+ _____ [89]
2009	+ _____ [15]	+ _____ [30]	+ _____ [45]	+ _____ [60]	+ _____ [75]	+ _____ [90]

Prior C/O Year	Low-income Housing - Post 07	Rehabilitation & Energy Credit	Railroad Track Maintenance Credit
2008	+ _____ [104]	+ _____ [119]	+ _____ [134]
2009	+ _____ [105]	+ _____ [120]	+ _____ [135]

**NOTES/QUESTIONS:**

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2007 Amounts	2008 Amounts	2009 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____
Salaries and wages	_____	_____	_____
Interest income	_____	_____	_____
Tax-exempt interest	_____	_____	_____
Dividend income	_____	_____	_____
Qualified dividends	_____	_____	_____
Business income/loss	_____	_____	_____
Capital gains and losses	_____	_____	_____
Other gains and losses	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____
Partnership/S corp income	_____	_____	_____
Estate or trust income	_____	_____	_____
Farm income/loss	_____	_____	_____
Other income/loss	_____	_____	_____
<b>Total income -</b>	_____	_____	_____
Total adjustments to income	_____	_____	_____
<b>Adjusted gross income -</b>	_____	_____	_____
Medical expenses	_____	_____	_____
State and local taxes	_____	_____	_____
Interest expenses	_____	_____	_____
Charitable contributions	_____	_____	_____
Other itemized deductions	_____	_____	_____
Allowable itemized deductions	_____	_____	_____
Standard deduction	_____	_____	_____
<b>Standard or itemized deduction taken -</b>	_____	_____	_____
Exemptions	_____	_____	_____
<b>Taxable income -</b>	_____	_____	_____
Tax on taxable income	_____	_____	_____
Alternative minimum tax	_____	_____	_____
Total credits	_____	_____	_____
<b>Net tax liability -</b>	_____	_____	_____
Self-employment taxes	_____	_____	_____
Other taxes	_____	_____	_____
<b>Total tax -</b>	_____	_____	_____
Income tax withheld	_____	_____	_____
Estimated tax payments	_____	_____	_____
Other payments	_____	_____	_____
<b>Total payments -</b>	_____	_____	_____
<b>Tax due/-refund -</b>	_____	_____	_____
Penalties and interest	_____	_____	_____
<b>Net tax due/-refund -</b>	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____
Refund received	_____	_____	_____
<b>Marginal tax rate -</b>	_____ %	_____ %	_____ %
<b>Effective tax rate -</b>	_____ %	_____ %	_____ %

**NOTES/QUESTIONS:**

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	2010 Information	Prior Year Information
Other Income:	_____	_____
_____	_____	_____
_____	_____	_____

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
___	_____	_____	_____	_____
	Address _____	City _____	State _____	Zip code _____
		Taxpayer	Spouse	Prior Year Information

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	Date	Purchase Price (Before Taxes)	Sales/Excise Tax Paid in 2010
—	Description of new motor vehicle purchased between 2/17/09 - 12/31/09:	_____	_____

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:			
T/S/J	Refinance #1		Refinance #2
—	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)	_____	_____



## 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:			

## Alabama General Information

If you moved during the tax year, name of Alabama city moved to \_\_\_\_\_ [1] Zip code \_\_\_\_\_ [2]  
 If divorced during the tax year, enter former spouse's social security number \_\_\_\_\_ [3]  
 If you did not file a prior year Alabama tax return, enter reason: \_\_\_\_\_ [4]

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

## Contributions

Enter the amount of contributions you wish to make:

### Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution (\$1.00) (1 = Democratic party fund, 2 = Republican party fund)	_____ [5]	_____ [6]

### Charitable Contributions

Neighbors Helping Neighbors	_____ [7]	Mental Health	_____ [16]
Senior Services Trust Fund	_____ [8]	Breast and Cervical Cancer Program	_____ [17]
Arts Development Fund	_____ [9]	4-H Club Foundation	_____ [18]
Nongame Wildlife Fund	_____ [10]	Organ Center Donor Awareness	_____ [19]
Child Abuse Trust Fund	_____ [11]	National Guard Foundation	_____ [20]
Veterans' Program	_____ [12]	Cancer Research Institute	_____ [21]
Indian Children's Scholarship Fund	_____ [13]	Alternative Fuels Fund	_____ [22]
Penny Trust Fund	_____ [14]	Military Support Foundation	_____ [23]
Foster Care Trust Fund	_____ [15]		

## Part-year Resident and Nonresident Information

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

Part-year residency dates:

From \_\_\_\_\_ [24]  
 To \_\_\_\_\_ [25]

If a nonresident of Alabama, enter state of legal residence \_\_\_\_\_ [26]

## Credits

Basic Skills Education Credit:

Dept of Education certification number \_\_\_\_\_ [27]  
 Name of sponsoring employer or firm \_\_\_\_\_ [28]  
 Name of approved provider \_\_\_\_\_ [29]  
 Location of provider \_\_\_\_\_ [30]  
 Total expenses \_\_\_\_\_ [31]

Rural Physician Credit:

Hospital where services provided \_\_\_\_\_ [32]  
 Community where services provided \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

## Arizona General Information

Last name on prior returns, if different \_\_\_\_\_ [1]

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

Part-year residency dates:

From \_\_\_\_\_ [2]

To \_\_\_\_\_ [3]

Other state(s) of residency (Part-year residents only) \_\_\_\_\_ [4] \_\_\_\_\_ [5] \_\_\_\_\_ [6] \_\_\_\_\_ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) \_\_\_\_\_ [8]

## Contributions

**Amount of political and charitable contributions you wish to make to:**

### Political Contributions

Political gift \_\_\_\_\_ [9]

Name of party (1 = Democratic, 2 = Green, 3 = Libertarian, 4 = Republican) \_\_\_\_\_ [10]

Citizens Clean Election Fund \_\_\_\_\_ [11]

### Charitable Contributions

Aid to Education Fund (Entire refund only) \_\_\_\_\_ [12]

Arizona Wildlife Fund \_\_\_\_\_ [13]

Child Abuse Prevention Fund \_\_\_\_\_ [14]

Domestic Violence Shelter Fund \_\_\_\_\_ [15]

I Didn't Pay Enough Fund \_\_\_\_\_ [16]

National Guard Relief Fund \_\_\_\_\_ [17]

Neighbors Helping Neighbors Fund \_\_\_\_\_ [18]

Special Olympics Fund \_\_\_\_\_ [19]

Veterans Donation Fund \_\_\_\_\_ [20]

## Property Tax Credit Information

**Full Year Residents Only**

Homestead status on December 31 (1 = Rent, 2 = Own) \_\_\_\_\_ [21]

Mark if you:

Received Title 16, SSI payments \_\_\_\_\_ [22]

Lived alone \_\_\_\_\_ [23]

Property taxes paid through rent payments \_\_\_\_\_ [24]

If claimed as a dependent on another's return, enter claimant's information:

Name \_\_\_\_\_ [25]

Social security number \_\_\_\_\_ [26]

Address \_\_\_\_\_ [27] Apartment number \_\_\_\_\_ [28]

City \_\_\_\_\_ [29] State \_\_\_\_\_ [30] Zip code \_\_\_\_\_ [31]

Income earned by other household residents \_\_\_\_\_ [32]

**NOTES/QUESTIONS:**

### Arkansas General Information

Taxpayer deaf \_\_\_\_\_ [1]

Spouse deaf \_\_\_\_\_ [2]

Early childhood program - certificate number \_\_\_\_\_ [3]

State political contributions:

Candidate/Organization	Office Sought	Amount
_____	_____	_____ [4]
_____	_____	_____
_____	_____	_____

	<b>Taxpayer</b>	<b>Spouse</b>
Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]

### Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program \_\_\_\_\_ [7]

US Olympic Committee Program \_\_\_\_\_ [8]

School for the Blind and Deaf \_\_\_\_\_ [9]

Baby Sharon's Children Catastrophic Illness Program \_\_\_\_\_ [10]

Organ Donor Awareness Education Program \_\_\_\_\_ [11]

Area Agency on Aging \_\_\_\_\_ [12]

Military Family Relief \_\_\_\_\_ [13]

Newborn Umbilical Cord Blood Initiative \_\_\_\_\_ [14]

### Part-year Resident and Nonresident Information

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

Part-year residency dates:

From \_\_\_\_\_ [15]

To \_\_\_\_\_ [16]

State of residency if nonresident of Arkansas \_\_\_\_\_ [17]

**NOTES/QUESTIONS:**

## California General Information

Mark if different from prior year return:

Prior year last name _____	Social security number(s) _____ [3]
Taxpayer _____ [1]	Address _____ [4]
Spouse _____ [2]	Filing status _____ [5]

## Contributions

**Amount of contributions you wish to make to:**

Seniors Special Fund _____ [6]	Peace Officer Memorial Foundation Fund _____ [14]
Alzheimer's Disease/Related Disorders Fund _____ [7]	Sea Otter Fund _____ [15]
Fund for Senior Citizens _____ [8]	Cancer Research Fund _____ [16]
Rare and Endangered Species Preservation Program _____ [9]	Arts Council Fund _____ [17]
Children's Trust Fund for the Prevention of Child Abuse _____ [10]	California Police Activities League Fund _____ [18]
Breast Cancer Research Fund _____ [11]	California Veterans Homes Fund _____ [19]
Firefighters' Memorial Fund _____ [12]	Safely Surrendered Baby Fund _____ [20]
Emergency Food for Families Fund _____ [13]	

## Renter Information

Number of months rented principal residence in California in 2010 \_\_\_\_\_ [21]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) \_\_\_\_\_ [22]

Property rented was exempt from property tax in 2010 \_\_\_\_\_ [23]

Taxpayer claimed homeowner's property tax exemption in 2010 \_\_\_\_\_ [24]

Spouse claimed homeowner's property tax exemption during 2010 \_\_\_\_\_ [25]

Maintained separate residences for the entire year \_\_\_\_\_ [26]

Addresses if more than one or different from mailing address

Address _____ [27]	
City _____	_____
State _____	_____
Zip Code _____	_____
Date Rented From _____	_____
Date Rented To _____	_____

Landlord information

Name _____ [28]	
Address _____	_____
City _____	_____
State _____	_____
Zip Code _____	_____
Telephone _____	_____

**NOTES/QUESTIONS:**

## California Residency Information

### Part-year, Nonresident only

	Taxpayer	Spouse
Enter the total number of days in California	_____ [1]	_____ [2]
Mark if owned CA home/property	_____ [3]	_____ [4]
If you became a resident:		
Enter the date of your move	_____ [5]	_____ [6]
Enter your state of prior residency	_____ [7]	_____ [8]
If you became a nonresident:		
Enter the date of your move	_____ [9]	_____ [10]
Enter your new state of residency	_____ [11]	_____ [12]
If you were a nonresident for the entire tax year:		
Enter your state of residency	_____ [13]	_____ [14]
Country of residence (If outside the USA)	_____ [15]	_____ [16]

### Prior Year Residency Information

	Taxpayer	Spouse
If you were previously a resident, enter dates:		
From	_____ [17]	_____ [18]
To	_____ [19]	_____ [20]
Enter the date you entered California	_____ [21]	_____ [22]
Enter the date you left California	_____ [23]	_____ [24]

## Military Personnel

### Part-year, Nonresident only

	Taxpayer	Spouse
Enter your state of domicile	_____ [25]	_____ [26]
Enter the state where you were stationed	_____ [27]	_____ [29]
Enter the country where stationed (If outside the USA)	_____ [28]	_____ [30]

## Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [31]	_____ [32]
Date returned from overseas or combat zone/QHDA	_____ [33]	_____ [34]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [35]	_____ [36]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [37]	
Spouse	_____ [38]	

**NOTES/QUESTIONS:**

## Colorado Contributions

### Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund	_____	[1]
Domestic Abuse Fund	_____	[2]
Homeless Prevention Activities Fund	_____	[3]
Special Olympics Colorado Fund	_____	[4]
Western Slope Military Veterans Cemetery Fund	_____	[5]
Pet Overpopulation Fund	_____	[6]
Colorado Healthy Rivers Fund	_____	[7]
Alzheimer's Association Fund	_____	[8]
Military Family Relief Fund	_____	[9]
Breast and Women's Reproductive Cancer Fund	_____	[10]
Adult Stem Cells Cure Fund	_____	[11]
9Health Fair Fund	_____	[12]
Make-A-Wish Foundation of Colorado Fund	_____	[13]
Colorado 2-1-1 First Call for Help Fund	_____	[14]
Unwanted Horse Fund	_____	[15]

## Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	_____	_____
Nonresident	_____	_____
Part-year resident	_____	_____
Part-year residency dates:		
From	_____	_____
To	_____	_____

## Credits

Alternative Fuel Vehicle Credit	_____	[26]
Vehicle year	_____	[27]
Vehicle make	_____	[28]
Vehicle model	_____	[29]
Replaced power source 10 years or older	_____	[30]
New or used (1 = New, 2 = Used)	_____	[31]
Leased or purchased (1 = Leased, 2 = Purchased)	_____	[32]
Vehicle lease or purchase date	_____	[33]
Dealer invoice number	_____	[34]
Dealer name	_____	[35]

**NOTES/QUESTIONS:**

## Connecticut General Information

Mark if tax forms, instructions and booklet not wanted next year \_\_\_\_\_[1]

### Amount of contributions you wish to make to:

AIDS Research \_\_\_\_\_[2]  
 Organ Transplant \_\_\_\_\_[3]  
 Endangered Species/Wildlife Fund \_\_\_\_\_[4]  
 Breast Cancer Research \_\_\_\_\_[5]  
 Safety Net Services \_\_\_\_\_[6]  
 Military Family Relief \_\_\_\_\_[7]

## Use Tax Information

### Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1 Description \_\_\_\_\_[8]  
 Retailer/Service Provider: \_\_\_\_\_  
 Date of purchase \_\_\_\_\_ Purchase price \_\_\_\_\_ Out of state tax paid \_\_\_\_\_  
 Purchase 2 Description \_\_\_\_\_  
 Retailer/Service Provider: \_\_\_\_\_  
 Date of purchase \_\_\_\_\_ Purchase price \_\_\_\_\_ Out of state tax paid \_\_\_\_\_  
 Purchase 3 Description \_\_\_\_\_  
 Retailer/Service Provider: \_\_\_\_\_  
 Date of purchase \_\_\_\_\_ Purchase price \_\_\_\_\_ Out of state tax paid \_\_\_\_\_

## Property Tax Information

### Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) \_\_\_\_\_[9]  
 Auto 1 Description (Enter year, make and model)(Resident only) \_\_\_\_\_[10]  
 Auto 2 Description (Enter year, make and model)(MFJ Resident only) \_\_\_\_\_[11]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____ [12]	_____ [13]	_____ [14]	
Auto 1 (Resident only)	_____ [15]	_____ [16]	_____ [17]	_____ [18]
Auto 2 (MFJ Resident only)	_____ [19]	_____ [20]	_____ [21]	_____ [22]

## Part-year Resident Information

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

	Taxpayer	Spouse
Enter residency dates:		
From _____	_____ [23]	_____ [25]
To _____	_____ [24]	_____ [26]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____ [27]	_____ [30]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____ [28]	_____ [31]
State of prior or new residence	_____ [29]	_____ [32]

### Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) \_\_\_\_\_[33]  
 Working days (or other basis) outside Connecticut \_\_\_\_\_[34]  
 Working days (or other basis) inside Connecticut \_\_\_\_\_[35]  
 Nonworking days (holidays, weekends, etc) \_\_\_\_\_[36]  
 Total income being apportioned \_\_\_\_\_[37]

**NOTES/QUESTIONS:**

## Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	____[1]	____[2]
Volunteer firefighter Fire Company number (Resident only)	____[3]	____[4]

## Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	____[5]	____[6]
US Olympics	____[7]	____[8]
Emergency Housing	____[9]	____[10]
Breast Cancer Education	____[11]	____[12]
Organ Donor	____[13]	____[14]
Diabetes Education	____[15]	____[16]
Veteran's Home	____[17]	____[18]
Delaware National Guard	____[19]	____[20]
Juvenile Diabetes Fund	____[21]	____[22]
Multiple Sclerosis Society	____[23]	____[24]
Ovarian Cancer Fund	____[25]	____[26]
21st Fund for Children	____[27]	____[28]

## Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	____[29]	____[31]
To	____[30]	____[32]

**NOTES/QUESTIONS:**

## District of Columbia Property Tax Credit Information

### If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house) \_\_\_\_\_ [1]  
 Landlord's name \_\_\_\_\_ [2]  
 Landlord's address (Number and street) \_\_\_\_\_ [3]  
 \_\_\_\_\_ [4]  
 Apartment number \_\_\_\_\_ [5]  
 City \_\_\_\_\_ [6]  
 State \_\_\_\_\_ [7]  
 Zip code \_\_\_\_\_ [8]  
 Landlord's telephone number \_\_\_\_\_ [9]  
 Rent paid \_\_\_\_\_ [10]  
 Rent supplements received \_\_\_\_\_ [11]

### If property owner, enter real property information below

Square number \_\_\_\_\_ [12]  
 Suffix number \_\_\_\_\_ [13]  
 Lot number \_\_\_\_\_ [14]

## Use Tax

Purchases subject to use tax  
 Merchandise, services and rentals \_\_\_\_\_ [15]  
 Alcoholic beverages \_\_\_\_\_ [16]  
 Catered food or drink or rental of non-commercial vehicles \_\_\_\_\_ [17]  
 Purchases of certain tobacco products \_\_\_\_\_ [18]

## Contribution

### Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) \_\_\_\_\_ [19]  
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) \_\_\_\_\_ [20]  
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) \_\_\_\_\_ [21]

## Part-year Resident Information

### If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

Part-year residency dates:  
 From \_\_\_\_\_ [22]  
 To \_\_\_\_\_ [23]

## Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed \_\_\_\_\_ [30]

Otherwise, enter:

Physician's name \_\_\_\_\_ [31] \_\_\_\_ [32] \_\_\_\_\_ [33]  
 Address, apartment number \_\_\_\_\_ [34] \_\_\_\_\_ [35]  
 City, state, zip code \_\_\_\_\_ [36] \_\_\_\_ [37] \_\_\_\_\_ [38]  
 Telephone number \_\_\_\_\_ [39]

### NOTES/QUESTIONS:

**Taxpayer** **Spouse**

If disabled, enter the following:

Type of disability \_\_\_\_\_ [1] \_\_\_\_\_ [2]  
Date of disability \_\_\_\_\_ [3] \_\_\_\_\_ [4]

**Contributions**

Amount of contributions you wish to make to:

Wildlife Conservation Fund \_\_\_\_\_ [5]  
Children and Elderly Fund \_\_\_\_\_ [6]  
Cancer Research Fund \_\_\_\_\_ [7]  
Statewide Land Conservation Program \_\_\_\_\_ [8]  
National Guard Foundation \_\_\_\_\_ [9]  
Dog and Cat Sterilization Fund \_\_\_\_\_ [10]  
Save the Cure Fund \_\_\_\_\_ [11]  
Student Finance Authority Fund \_\_\_\_\_ [12]

**Part-year Resident Information**

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

**Taxpayer** **Spouse**

Part-year residency dates:

From \_\_\_\_\_ [13] \_\_\_\_\_ [15]  
To \_\_\_\_\_ [14] \_\_\_\_\_ [16]

**NOTES/QUESTIONS:**

## Hawaii General Information

Mark if first time filer \_\_\_\_\_[1]

Mark if address has changed from prior year \_\_\_\_\_[2]

If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? \_\_\_\_\_[3]  
 Special disability exemption: T = Taxpayer, S = Spouse, B = Both

Current year distributions from an individual housing account not used for home purchase \_\_\_\_\_[4]

Reservist or National Guard pay included in W-2 income \_\_\_\_\_[5]

Payments to an individual housing account \_\_\_\_\_[6]

Political contributions \_\_\_\_\_[7]

## Contributions

### Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) \_\_\_\_\_[8]

Election campaign fund - spouse (Y, N) \_\_\_\_\_[9]

\$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_[10]

\$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_[11]

\$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_[12]

## Rental Credit Information

### Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy \_\_\_\_\_ Ending Month of Occupancy \_\_\_\_\_[13]  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Owner Information: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Tax ID # \_\_\_\_\_  
 Total rents received for this unit \_\_\_\_\_

## Part-year Resident Information

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

Part-year residency dates:

From \_\_\_\_\_[14]

To \_\_\_\_\_[15]

**NOTES/QUESTIONS:**

## Idaho General Information

Mark if:

Tax forms, instructions and booklet needed \_\_\_\_\_[1]  
 Taxpayer or spouse is a disabled veteran \_\_\_\_\_[2]  
 Receiving Idaho Public Assistance \_\_\_\_\_[3]

**Taxpayer**                      **Spouse**

Number of days eligible for grocery credit if less than full year or total time spent as part year resident                      \_\_\_\_\_[4]                      \_\_\_\_\_[5]

### Use Tax

Purchases subject to use tax \_\_\_\_\_[6]

### Contributions

**Amount of charitable contributions you wish to make to:**

Nongame Wildlife Conservation Fund \_\_\_\_\_[7]  
 Children's Trust Fund and Child Abuse Prevention \_\_\_\_\_[8]  
 Special Olympics Idaho \_\_\_\_\_[9]  
 Idaho Guard and Reserve Family Support Fund \_\_\_\_\_[10]  
 American Red Cross of Greater Idaho Fund \_\_\_\_\_[11]  
 Veterans Support Fund(Resident Form 40 only) \_\_\_\_\_[12]  
 Idaho Food Bank \_\_\_\_\_[13]  
 Opportunity Scholarship Program Fund \_\_\_\_\_[14]  
 Donate grocery credit to the Cooperative Welfare Fund \_\_\_\_\_[15]

### Part-year Resident and Nonresident Information

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

	<b>Taxpayer</b>	<b>Spouse</b>
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____[16]	_____[17]
Part-year residency dates:		
From	_____[18]	_____[20]
To	_____[19]	_____[21]
State of residence	_____[22]	_____[23]

### Adjustments and Credits

Insulation - residence \_\_\_\_\_[24]  
 Adoption expenses \_\_\_\_\_[25]  
 Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) \_\_\_\_\_[26]  
 Income earned on reservation by Native American \_\_\_\_\_[27]

**NOTES/QUESTIONS:**

## Illinois General Information

### Use Tax

General merchandise purchases \_\_\_\_\_ [1]  
 Qualifying food, non-prescription drugs and medical appliances purchases \_\_\_\_\_ [2]  
 Sales tax already paid to another state \_\_\_\_\_ [3]

### Contributions

**Amount of contributions you wish to make to:**

Wildlife Preservation _____ [4]	Illinois Veteran's Home _____ [10]
Child Abuse Prevention _____ [5]	Illinois Route 66 Fund _____ [11]
Alzheimer's Disease Research _____ [6]	Habitat for Humanity of Illinois _____ [12]
Assistance to the Homeless _____ [7]	State Parks Fund _____ [13]
Cancer Research _____ [8]	Disabled Veterans Property Relief Fund _____ [14]
Military Family Relief _____ [9]	

### Credits

#### Qualified Education Expenses

Child's Name	Grade	School Name	School City	Total Tuition, Books, Lab fees
_____ [15]	_____ [16]	_____ [17]	_____ [18]	_____ [19]
_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]
_____ [25]	_____ [26]	_____ [27]	_____ [28]	_____ [29]
_____ [30]	_____ [31]	_____ [32]	_____ [33]	_____ [34]
_____ [35]	_____ [36]	_____ [37]	_____ [38]	_____ [39]
_____ [40]	_____ [41]	_____ [42]	_____ [43]	_____ [44]
_____ [45]	_____ [46]	_____ [47]	_____ [48]	_____ [49]
_____ [50]	_____ [51]	_____ [52]	_____ [53]	_____ [54]

#### Property Taxes

Description	Property Index Number
_____	_____ [55]
_____	_____
_____	_____

### Part-year Resident and Nonresident Information

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

Part-year residency dates:	Taxpayer	Spouse
From _____	_____ [56]	_____ [58]
To _____	_____ [57]	_____ [59]

Mark if you were a resident of any of the following states during the tax year: IA \_\_\_ [60] KY \_\_\_ [61] MI \_\_\_ [62] WI \_\_\_ [63]

In what states other than above did you reside and/or file a tax return during the tax year? [64]

State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code
State postal code	State postal code

**NOTES/QUESTIONS:**

## Indiana General Information

School corporation name (as of January 1 of tax year) \_\_\_\_\_ [1]  
 School corporation code (as of January 1 of tax year) \_\_\_\_\_ [2]

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	_____ [3]	_____ [4]
County of employment (as of January 1 of tax year)	_____ [5]	_____ [6]

**Household employment taxes:**

Employee Name _____	Employee SSN _____	[7]
Income _____	State Tax Withheld _____	
County Tax Withheld _____	County Code _____	

### Contribution

**Amount of contribution you wish to make to:**

Nongame and Endangered Wildlife Fund \_\_\_\_\_ [8]

## College Credit

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #1 \_\_\_\_\_ [9]  
 Date of contribution \_\_\_\_\_ Institution code \_\_\_\_\_ Amount of contribution \_\_\_\_\_

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #2 \_\_\_\_\_  
 Date of contribution \_\_\_\_\_ Institution code \_\_\_\_\_ Amount of contribution \_\_\_\_\_

Taxpayer, Spouse (T,S) \_\_\_\_\_ Eligible institution name #3 \_\_\_\_\_  
 Date of contribution \_\_\_\_\_ Institution code \_\_\_\_\_ Amount of contribution \_\_\_\_\_

## Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address #1 _____	[10]
Landlord name and address _____		
Number of months rented _____	Total rent paid _____	

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address #2 _____	[10]
Landlord name and address _____		
Number of months rented _____	Total rent paid _____	

## Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____	_____ [11]	_____ [13]
To _____	_____ [12]	_____ [14]

Other state(s) lived in during the tax year (Part-year resident or full-year nonresident)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [15]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of residence (Nonresidents only)	Taxpayer _____ [16]	Spouse _____ [17]
--	---------------------	-------------------

**NOTES/QUESTIONS:**

## Iowa General Information

Mail booklet information to taxpayer next year (Not available for electronically filed returns) \_\_\_\_\_[1]  
 County of residence as of December 31st \_\_\_\_\_[2]  
 School district \_\_\_\_\_[3]

## Contributions

Amount of political and charitable contributions you wish to make to:

### Political Contribution

Political checkoff (D = Democratic Party, R = Republican Party, C = Campaign Fund) Spouse \_\_\_\_\_[4] Taxpayer \_\_\_\_\_[5]

### Charitable Contributions

Fish and Wildlife Fund \_\_\_\_\_[6]  
 State Fairgrounds Renovation \_\_\_\_\_[7]  
 Firefighters Fund and Veterans Trust Fund \_\_\_\_\_[8]  
 Child Abuse Prevention \_\_\_\_\_[9]

## Residency Information

Residency code \_\_\_\_\_[10]

### Residency Code

**Blank = Both spouses have the same residency status**

**1 = Taxpayer nonresident, spouse resident**

**4 = Taxpayer nonresident, spouse part-year resident**

**2 = Taxpayer resident, spouse nonresident**

**5 = Taxpayer resident, spouse part-year resident**

**3 = Taxpayer part-year resident, spouse nonresident**

**6 = Taxpayer part-year resident, spouse resident**

### Part-year Resident Information

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

Part-year residency dates: Spouse Taxpayer

Moved into Iowa \_\_\_\_\_[11] \_\_\_\_\_[13]  
 Moved out of Iowa \_\_\_\_\_[12] \_\_\_\_\_[14]

### Nonresident Information

Illinois residents: \_\_\_\_\_ [15]

Iowa wages or salary only \_\_\_\_\_[15]  
 Wages or salary and other Iowa source income \_\_\_\_\_[16]

**NOTES/QUESTIONS:**

### Kansas General Information

County of residence \_\_\_\_\_ [1]  
 School district number \_\_\_\_\_ [2]  
 Mark if name or address has changed \_\_\_\_\_ [3]

### Use Tax

Use Tax due but receipts or records not available \_\_\_\_\_ [4]  
 Purchases Subject to Use Tax, receipts or records are available

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

### Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff \_\_\_\_\_ [6]  
 Senior Citizens Meals On Wheels Contribution Program \_\_\_\_\_ [7]  
 Breast Cancer Research Fund \_\_\_\_\_ [8]  
 Military Emergency Relief Fund \_\_\_\_\_ [9]

### Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [10]	_____ [12]
To	_____ [11]	_____ [13]

NOTES/QUESTIONS:

## Kentucky General Information

Number of additional credits for National Guard members \_\_\_\_\_[1]  
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) \_\_\_\_\_[2]

### Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [3]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Contributions

Amount of political and charitable contributions you wish to make to:

#### Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____ [4]	_____ [5]

#### Charitable Contributions

Nature and Wildlife Fund	_____ [6]
Child Victims' Trust Fund	_____ [7]
Veterans' Program Trust Fund	_____ [8]
Breast Cancer Research and Education Trust Fund	_____ [9]

### Part-year Resident Information

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

Part-year residency dates:

From		_____ [10]
To		_____ [11]
State moved from		_____ [12]
State moved to		_____ [13]

### Nonresident Information

Kentucky prior year income tax return was filed (Y, N) \_\_\_\_\_ [14]  
 Mark if:  
 Commuted daily to Kentucky employment (VA resident) \_\_\_\_\_ [15]  
 All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below) \_\_\_\_\_ [16]  
 Resident of state(s) IL \_\_\_ [17] IN \_\_\_ [18] MI \_\_\_ [19] OH \_\_\_ [20] VA \_\_\_ [21] WV \_\_\_ [22] WI \_\_\_ [23]

**NOTES/QUESTIONS:**

## Louisiana General Information

Mark if address has changed \_\_\_\_\_ [1]

Mark if name has changed \_\_\_\_\_ [2]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer \_\_\_\_\_ [3]

Spouse \_\_\_\_\_ [4]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [5]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Value of computer or other technological equipment donated \_\_\_\_\_ [6]

## Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid \_\_\_\_\_ [7]

## Contributions

Amount this year's refund you wish to contribute to:

Military Family Assistance Fund _____ [8]	Cancer Trust Fund - Prostate Cancer _____ [12]
Coastal Protection and Restoration Fund _____ [9]	Animal Welfare Commission _____ [13]
National Multiple Sclerosis Fund _____ [10]	Comm Based Primary Health Care Fund _____ [14]
Wildlife Habitat and Natural Heritage Fund _____ [11]	National Lung Cancer Partnership _____ [15]

Student Tuition Assistance and Revenue Trust (START):

Account Description	Amount
_____	_____ [16]
_____	_____
_____	_____
_____	_____

## Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [17]	_____ [17]	_____ [19]
To _____ [18]	_____ [18]	_____ [20]

## Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee _____ [21]	_____ [21]	_____ [22]
Louisiana teacher _____ [23]	_____ [23]	_____ [24]
Federal employee _____ [25]	_____ [25]	_____ [26]

	Retirement System Name	Date Retired
Other retirement information:		_____ [27]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Maine General Information

Property tax and rent refund application needed next year \_\_\_\_\_[1]

### Use Tax

Calculate use tax using table (For purchases < \$1000 per purchase only) \_\_\_\_\_[2]

Out of state purchases (Enter total if not using table or enter purchases > \$999 per purchase if also using table) \_\_\_\_\_[3]

Use tax already paid to another jurisdiction \_\_\_\_\_[4]

### Contributions

**Amount of contribution you wish to make to:** (\$1, \$5, \$10, or Other, unless otherwise stated)

#### Political contributions allowed for residents only

#### Political Contributions

Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) \_\_\_\_\_[5]

Democratic party \_\_\_\_\_[6]

Green party \_\_\_\_\_[7]

Republican party \_\_\_\_\_[8]

#### Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" \_\_\_\_\_[9]

Maine Children's Trust \_\_\_\_\_[10]

Bone Marrow Screening Fund \_\_\_\_\_[11]

Companion Animal Sterilization Fund \_\_\_\_\_[12]

Maine Military Family Relief Fund \_\_\_\_\_[13]

Maine Veterans' Memorial Cemetery Maintenance Fund \_\_\_\_\_[14]

Maine Asthma and Lung Research Fund \_\_\_\_\_[15]

#### State Park Passes

Number of individual park passes \_\_\_\_\_[16]

Number of vehicle passes \_\_\_\_\_[17]

### Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [18]	_____ [20]
To	_____ [19]	_____ [21]
State where stationed	_____ [22]	_____ [23]
State of prior residency	_____ [24]	_____ [25]
Nonresident state of residence	_____ [26]	_____ [27]
Number of days in Maine for any reason	_____ [28]	_____ [29]
Maine property owners only:		
Municipality where owned, taxpayer	_____ [30]	
Municipality where owned, spouse	_____ [31]	

**NOTES/QUESTIONS:**

### Maryland General Information

	Taxpayer	Spouse, if different
County of residence	_____ [1]	_____ [3]
City of residence	_____ [2]	_____ [4]

### Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	_____ [5]
Developmental Disabilities Waiting List Equity Fund	_____ [6]
Maryland Cancer Fund	_____ [7]

### Part-year Resident and Nonresident Information

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

Part-year residency dates:

From	_____ [8]
To	_____ [9]

State of legal residence (Other than Maryland) \_\_\_\_\_ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) \_\_\_\_\_ [11]

Mark if taxpayer or spouse in military (Nonresident only) \_\_\_\_\_ [12]

#### NOTES/QUESTIONS:

## Massachusetts General Information

Mark if name and address have changed since last year \_\_\_\_\_[1]  
 Mark if noncustodial parent \_\_\_\_\_[2]  
 In care of address or address of legal residence or domicile:  
 Street \_\_\_\_\_[3]  
 City, state, zip code \_\_\_\_\_[4] \_\_\_\_\_[5] \_\_\_\_\_[6]

### Use Tax

Estimate use tax for out of state purchases less than \$1,000 \_\_\_\_\_[7]  
 Out of state purchases \_\_\_\_\_[8] Sales tax paid to other state \_\_\_\_\_[9]

### Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	____[10]	____[11]
Organ Transplant Fund _____[12]		____[15]
Endangered Wildlife Conservation _____[13]		____[16]
AIDS Fund _____[14]		
United States Olympic Fund _____[15]		
Military Family Relief Fund _____[16]		

### Adjustments

#### Rental Deduction

Residence #1 rented address _____[17]	
Landlord's name and address _____	
Date from _____ Date to _____	Rent paid _____
Residence #2 rented address _____	
Landlord's name and address _____	
Date from _____ Date to _____	Rent paid _____

#### Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	____[18]	____[19]
Federal identification number	____[20]	____[21]
Subscriber number	____[22]	____[23]
Name of insurance company (Taxpayer)	_____ [24]	
Name of insurance company (Spouse)	_____ [25]	

### Part-year Resident Information

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

Part-year residency dates:  
 From \_\_\_\_\_[26]  
 To \_\_\_\_\_[27]

**NOTES/QUESTIONS:**

## Michigan General Information

School district name \_\_\_\_\_ [1]  
 School district code \_\_\_\_\_ [2]  
 Mark if 2/3 income from seafaring \_\_\_\_\_ [3]

	<b>Taxpayer</b>	<b>Spouse</b>
Do you want \$3.00 to go to the state campaign fund? (Y, N)	____ [4]	____ [5]

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Paraplegic, quadriplegic or hemiplegic	____ [6]	____ [7]
Totally and permanently disabled	____ [8]	____ [9]
Deaf	____ [10]	____ [11]
Qualified disabled veteran	____ [12]	____ [13]

### Use Tax

Purchases subject to use tax:

Total all purchases less than \$1000 per purchase	_____ [14]
Total all purchases exceeding \$1000 per purchase	_____ [15]

### Contributions

**Amount of charitable contribution you wish to make to:**  
**Contributions must be a minimum of \$5, \$10 or any amount greater than \$10**

Animal Welfare Fund	_____ [16]	Foster Care Trust Fund	_____ [21]
Children of Veteran's Tuition Grant	_____ [17]	Council for the Arts Fund	_____ [22]
Children's Hospital of Michigan Fund	_____ [18]	Military Family Relief fund	_____ [23]
Children's Miracle Network Fund	_____ [19]	Renewable Fuels Fund	_____ [24]
Children's Trust fund	_____ [20]	United Way Fund	_____ [25]

#### Public Contributions

Name of Organization	Amount
_____ [26]	_____ [27]
_____ [28]	_____ [29]

#### Homeless Shelter/Food Bank cash contributions

Name of Organization	Amount
_____ [30]	_____ [31]
_____ [32]	_____ [33]

#### Community Foundations

Name of Organization	Amount
_____ [34]	_____ [35]
_____ [36]	_____ [37]

### Part-year Resident Information

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

	Taxpayer	Spouse
From	_____ [38]	_____ [40]
To	_____ [39]	_____ [41]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [42]

**NOTES/QUESTIONS:**

## Michigan Credits - Homestead Property Tax Credit Information

### Homeowner

Homestead occupied entire tax year: Taxable value \_\_\_\_\_ [1] Special Assessments \_\_\_\_\_ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ _____	Description _____	Amount _____ [4]
_____	_____	_____

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

### Rental Information

Rental #1 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name	Address		City/Zip code		
Rental #2 Address	City	Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name	Address		City/Zip code		

### Household Income

**Enter amounts of nontaxable income received during the tax year by any member of your household**

Child support and foster parent payments	_____ [20]
Worker's compensation and Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Other nontaxable income (Gifts and expenses paid on your behalf, inheritances, etc):	_____ [23]
_____	_____
_____	_____

## College Tuition Tax Credit Information

**Enter information for tuition paid during tax year to a Michigan university on behalf of yourself or any other person**

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

  

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

  

Student first name	Student last name	Student SSN	College code, if known	
College or University	Tuition paid	Name and address of contributor		

**NOTES/QUESTIONS:**

## Michigan Cities General Information

**Taxpayer**   **Spouse**

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

\_\_\_[1]

\_\_\_[2]

Deaf

\_\_\_[3]

\_\_\_[4]

Mark if tax forms, instructions and booklet are not needed

\_\_\_[5]

---

### NOTES/QUESTIONS:

## Minnesota General Information

Mark if you or your spouse are disabled \_\_\_\_\_ [1]  
 Welfare amounts received \_\_\_\_\_ [2]

### Contributions

Amount of political and charitable contributions you wish to make to:

#### Political Contributions

State campaign fund Taxpayer \_\_\_\_\_ [3] Spouse \_\_\_\_\_ [4]  
 Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below

Political Parties		
11 = Independence 12 = Republican	13 = Democratic Farmer-Labor 14 = Green	15 = General Campaign Fund

#### Charitable Contribution

Nongame Wildlife Fund \_\_\_\_\_ [5]

### Credits and Subtractions

#### Long Term Care Insurance Credit

Name of insurance company (Taxpayer) \_\_\_\_\_ [6]  
 Name of insurance company (Spouse) \_\_\_\_\_ [7]  
 Policy Number (Taxpayer) \_\_\_\_\_ [8]  
 Policy Number (Spouse) \_\_\_\_\_ [9]

#### K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [35]	_____ [36]	_____ [37]
Class type _____ [38]	_____ [39]	_____ [40]	_____ [41]
Ind. instr name _____ [42]	_____ [43]	_____ [44]	_____ [45]
Ind. instr type _____ [46]	_____ [47]	_____ [48]	_____ [49]
Music ins type _____ [50]	_____ [51]	_____ [52]	_____ [53]
Musical ins cost _____ [54]	_____ [55]	_____ [56]	_____ [57]
Type of school attended _____ [58]	_____ [59]	_____ [60]	_____ [61]

#### M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

### Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From _____ [55]	_____ [56]	_____ [57]
To _____ [58]	_____ [59]	_____ [60]
Other state of residence (State/Foreign country required for other nonresidents)	_____ [61]	_____ [62]

**NOTES/QUESTIONS:**

County of residence \_\_\_\_\_ [1]

**Contributions**

Amount of contributions you wish to make to:

- Military Family Relief Fund \_\_\_\_\_ [2]
- Commission for Volunteer Service Fund \_\_\_\_\_ [3]
- Wildlife Heritage Fund \_\_\_\_\_ [4]
- Educational Trust Fund \_\_\_\_\_ [5]
- Wildlife Fisheries and Parks Foundation \_\_\_\_\_ [6]
- Bicentennial Celebration Fund \_\_\_\_\_ [7]
- Mississippi Burn Care Fund \_\_\_\_\_ [8]

**NOTES/QUESTIONS:**

## Missouri General Information

County of residence name \_\_\_\_\_ [1]  
 County of residence \_\_\_\_\_ [2]

**Taxpayer**                      **Spouse**

Mark if professional entertainer or athlete                      \_\_\_\_ [3]                      \_\_\_\_ [4]

## Contributions

Amount of contributions you wish to make to:

Children's Trust Fund \_\_\_\_\_ [5]  
 Veterans Trust Fund \_\_\_\_\_ [6]  
 Elderly Home Delivered Meals Trust Fund \_\_\_\_\_ [7]  
 Missouri National Guard Trust Fund \_\_\_\_\_ [8]  
 Workers' Memorial Trust Fund \_\_\_\_\_ [9]  
 Childhood Lead Testing Trust Fund \_\_\_\_\_ [10]  
 Missouri Military Family Relief Trust Fund \_\_\_\_\_ [11]  
 General Revenue Trust Fund \_\_\_\_\_ [12]  
 After School Retreat Trust Fund \_\_\_\_\_ [13]  
 Trust Fund \_\_\_\_\_ [14]                      \_\_\_\_\_ [15]  
 Trust Fund \_\_\_\_\_ [16]                      \_\_\_\_\_ [17]

Trust Fund Codes	
<b>01 = American Cancer Society</b>	<b>08 = March of Dimes</b>
<b>02 = American Diabetes Association</b>	<b>09 = National Arthritis Foundation</b>
<b>03 = American Heart Association</b>	<b>10 = National Multiple Sclerosis Society</b>
<b>04 = American Lung Association</b>	<b>12 = Cervical Cancer Fund</b>
<b>05 = ALS (Lou Gehrig's Disease)</b>	<b>13 = Breast Cancer Awareness</b>
<b>07 = Muscular Dystrophy Association</b>	

## Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Missouri residency dates:		
From _____ [18]	_____ [18]	_____ [19]
To _____ [20]	_____ [20]	_____ [21]
Other state residency dates:		
From _____ [22]	_____ [22]	_____ [23]
To _____ [24]	_____ [24]	_____ [25]
Other state of residency _____ [26]	_____ [26]	_____ [27]
If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:		
Taxpayer _____ [28]	_____ [28]	
Spouse _____ [29]	_____ [29]	

## Property Tax Information

Residents only

Mark if you are a 100% disabled veteran \_\_\_\_\_ [30]  
 Mark if you are disabled per section 135.010(2), RSMo \_\_\_\_\_ [31]  
 Mark if surviving spouse social security benefits were received during the tax year \_\_\_\_\_ [32]

**NOTES/QUESTIONS:**

## Montana General Information

Mark if tax forms, instructions and booklet are not needed

\_\_\_\_[1]

### Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	_____ [2]	_____ [3]
Child Abuse and Neglect Prevention Program	_____ [4]	_____ [5]
Agriculture in Montana Schools Program	_____ [6]	_____ [7]
Montana Military Family Relief Fund	_____ [8]	_____ [9]
Political Contributions	_____ [10]	_____ [11]

### Part-year Resident Information

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

Part-year residency dates:

From \_\_\_\_\_ [12]

To \_\_\_\_\_ [13]

State moved to \_\_\_\_\_ [14]

State moved from \_\_\_\_\_ [15]

### Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year \_\_\_\_\_ [16]

Taxpayer, Spouse, Joint \_\_\_\_\_ [17]

Renters:

Rent paid \_\_\_\_\_ [18]

**NOTES/QUESTIONS:**

## Nebraska General Information

County of residence \_\_\_\_\_ [1]  
Public school district \_\_\_\_\_ [2]

## Contributions

Amount of political and charitable contributions you wish to make to:

Nebraska Campaign Finance contribution \_\_\_\_\_ [3]  
Wildlife Conservation Fund \_\_\_\_\_ [4]

## Part-year Resident Information

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

Part-year residency dates:  
From \_\_\_\_\_ [5]  
To \_\_\_\_\_ [6]

**NOTES/QUESTIONS:**

## New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	___[1]	___[2]
	<b>DP-10</b>	<b>BT-Summary</b>
Name change since last filing	___[3]	___[4]
Mark if address for estimated Interest and Dividends tax vouchers differs from previous year		___[5]

## Part-year Resident Information

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

From	_____	[6]
To	_____	[7]

## Business Tax Summary

Mark to indicate final return \_\_\_\_\_[8]

**NOTES/QUESTIONS:**

## New Jersey General Information

County or Municipality code \_\_\_\_\_ [1]  
 In care of address \_\_\_\_\_ [2]  
 Mark if:  
 Tax forms, instructions and booklet are not needed \_\_\_\_\_ [3]  
 You are not eligible for the property tax deduction or credit \_\_\_\_\_ [4]  
 You maintain the same residence as your spouse (Married filing separate returns ONLY) \_\_\_\_\_ [5]

	Taxpayer	Spouse
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)	____ [6]	____ [7]
You want to designate \$1 to the gubernatorial election campaign fund	____ [8]	____ [9]

Use tax due on out-of-state purchases (Resident and part-year residents) \_\_\_\_\_ [10]

## Contributions

### Amount of contribution you wish to make to:

Endangered Wildlife Fund	____ [11]	Breast Cancer Research Fund	____ [14]
Children's Trust Fund to prevent child abuse	____ [12]	USS New Jersey Educational Museum Fund	____ [15]
New Jersey Vietnam Veterans' Memorial Fund	____ [13]	Other (see codes below)	____ [16] _____ [17]

### Other Codes

01 = Drug Abuse Ed Fund	05 = Literacy Vol	09 = Community Food Pantry Fund
02 = Korean Veterans' Fund	06 = Prostate Cancer Fund	10 = Cat and Dog Spay and Neuter Fund
03 = Organ Donor	07 = World Trade Center Fund	
04 = AIDS Services	08 = Veterans Haven Support Fund	

## Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

### Homeowner Information:

Street \_\_\_\_\_ [18]  
 City \_\_\_\_\_ [19]  
 Block number \_\_\_\_\_ [20] \_\_\_\_\_ [21] Lot number \_\_\_\_\_ [22] \_\_\_\_\_ [23]  
 Qualifier number (Condos) \_\_\_\_\_ [24] Mobile home park site # \_\_\_\_\_ [25]  
 Your share of property owned \_\_\_\_\_ [26] Number of days as an owner \_\_\_\_\_ [27]  
 Total property taxes paid (mobile home site fees) \_\_\_\_\_ [28] Share used as principal residence \_\_\_\_\_ [29]  
 Co-op or continuing care retirement facility resident \_\_\_\_\_ [30] Your share of property taxes \_\_\_\_\_ [31]

### Renter Information:

Street \_\_\_\_\_ [32]  
 Apt # \_\_\_\_\_ [33] City \_\_\_\_\_ [34]  
 Days as a tenant \_\_\_\_\_ [35] Total number of tenants \_\_\_\_\_ [36]  
 Total rent paid \_\_\_\_\_ [37] Your share of rent paid \_\_\_\_\_ [38]

### Tenant Information:

First name of other tenant \_\_\_\_\_ [39] Middle initial of other tenant \_\_\_\_\_  
 Last name of other tenant \_\_\_\_\_ SSN of other tenant \_\_\_\_\_

## Part-year Resident and Nonresident Information

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

Part-year residency dates:  
 From \_\_\_\_\_ [40]  
 To \_\_\_\_\_ [41]  
 State of residency (Nonresidents only) \_\_\_\_\_ [42]

**New Mexico General Information**

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

First year resident \_\_\_\_\_[1]

**From****To**

Part-year residency dates:

Taxpayer \_\_\_\_\_[2]

\_\_\_\_\_ [3]

Spouse \_\_\_\_\_[4]

\_\_\_\_\_ [5]

Do NOT have a commercial domicile in New Mexico \_\_\_\_\_[6]

**Contributions**

Amount of political and charitable contributions you wish to make to:

**Political Contributions**

Political party (1 = Democratic, 2 = Republican)

**Taxpayer**

\_\_\_\_\_ [7]

**Spouse**

\_\_\_\_\_ [8]

**Charitable Contributions**

Share with Wildlife \_\_\_\_\_ [9]

Veteran's National Cemetery Fund \_\_\_\_\_ [10]

Substance Abuse Education Fund \_\_\_\_\_ [11]

Forest Re-Leaf Program \_\_\_\_\_ [12]

National Guard Member and Family Assistance \_\_\_\_\_ [13]

Kids in Parks Education Program \_\_\_\_\_ [14]

Amyotrophic Lateral Sclerosis Research Fund \_\_\_\_\_ [15]

Vietnam Veterans' Memorial State Park \_\_\_\_\_ [16]

**Additions and Deductions**

Income of an Indian \_\_\_\_\_ [17]

Name of the taxpayer's Indian nation, tribe, or pueblo \_\_\_\_\_ [18]

Name of the spouse's Indian nation, tribe, or pueblo \_\_\_\_\_ [19]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan \_\_\_\_\_ [20]

**Rebate and Credit Schedule**

Public assistance, AFDC, welfare benefits \_\_\_\_\_ [21]

Supplemental security income (SSI) \_\_\_\_\_ [22]

Amount of rent paid during the tax year on principal place of residence \_\_\_\_\_ [23]

Mark if rent includes amount paid on your behalf by a government entity \_\_\_\_\_ [24]

Resident county (1 = Los Alamos, 2 = Santa Fe) \_\_\_\_\_ [25]

**NOTES/QUESTIONS:**

## 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
Part-year residency dates:					
From	___[24]	___[26]	___[28]	___[30]	___[32]
To	___[25]	___[27]	___[29]	___[31]	___[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) \_\_\_\_\_

## North Carolina General Information

County of residence \_\_\_\_\_ [1]

Mark if:

Taxpayer qualifies as disabled (Y, N) \_\_\_\_\_ [2]

Spouse or dependent qualifies as disabled (Y, N) \_\_\_\_\_ [3]

	Taxpayer	Spouse
Unpaid volunteer firefighter or rescue squad worker	____ [4]	____ [5]

## Designations and Contributions

**Amount of political designations and charitable contributions you wish to make to:**

### Political Designations

	Taxpayer	Spouse
Designate \$3.00 to political financing fund? (1=Democratic, 2=Republican, 3=Unspecified) (Enter code of applicable party)	____ [6]	____ [7]
<b>N.C. Public Campaign Fund</b>		
Mark "Yes" if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits.		
Marking "Yes" does not change your tax or refund. (Y, N)	____ [8]	____ [9]

### N.C. Public Campaign Fund

You may designate \$3.00 of the taxes you pay to the N.C. Public Campaign Fund. (Married couples filing a joint return may each make a spousal designation if their income tax liability is \$6.00 or more.) The N.C. Public Campaign Fund provides an alternative source of campaign money to qualified candidates who accept strict campaign spending and fund-raising limits. The Fund also helps finance a Voter Guide with educational materials about voter registration, the role of the appellate courts, and the candidates seeking election as appellate judges in North Carolina. Three dollars from the taxes you pay will go to the Fund if you mark an agreement. Regardless of what choice you make, your tax will not increase, nor will any refund be reduced.

### Charitable Contributions

Endangered Wildlife Fund \_\_\_\_\_ [10]

## Part-year Resident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [11]	_____ [13]
To	_____ [12]	_____ [14]

**NOTES/QUESTIONS:**

## North Dakota General Information

School district code \_\_\_\_\_ [1]  
 Income source code \_\_\_\_\_ [2]

### Income source code

1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, insur
2 = Retail, wholesale trade	5 = Personal, business services	8 = Communication, trnspn, utilities	11 = Military
3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement

## Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund \_\_\_\_\_ [3]  
 Trees for North Dakota Fund \_\_\_\_\_ [4]

## Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [5]	_____ [7]
To	_____ [6]	_____ [8]
Other state of residency	_____ [9]	_____ [10]

**NOTES/QUESTIONS:**

## Ohio General Information

Enter your current Ohio county of residence \_\_\_\_\_ [1]  
 School district number \_\_\_\_\_ [2]

## Contributions

Amount of political and charitable contributions you wish to make to:

### Political

	Taxpayer	Spouse
Contribution to Ohio political party fund?	____ [3]	____ [4]

### Charitable Contributions

Military injury relief fund	_____ [5]
Nature preserve, scenic rivers and endangered species protection	_____ [6]
Ohio's wildlife species and endangered wildlife conservation	_____ [7]

## Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [8]	_____ [9]
Amount contributed to Ohio political campaigns	_____ [10]	_____ [11]

## Part-year Resident and Nonresident Information

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

Part-year residency dates:

From	_____ [12]
To	_____ [13]

If nonresident, enter state of residency

Residency status (If taxpayer and spouse are different)

R = Resident, P = Part-year resident, N = Nonresident

	Taxpayer	Spouse
_____ [14]	_____ [14]	_____ [15]
_____ [16]	_____ [16]	_____ [17]

**NOTES/QUESTIONS:**

## Oklahoma General Information

Political contributions made during tax year \_\_\_\_\_ [1]

### Use Tax

Mark if not subject to Use Tax \_\_\_\_\_ [2]

### Contributions

**Amount of charitable contributions you wish to make to:**

Wildlife Diversity Program	_____ [3]	National Guard	_____ [9]
Low Income Health Care Fund	_____ [4]	Leukemia and Lymphoma Fund	_____ [10]
Breast and Cervical Cancer Fund	_____ [5]	Regional Food Banks	_____ [11]
Silver Haired Program	_____ [6]	Folds of Honor Scholarship Program	_____ [12]
Court Appointed Advocates	_____ [7]	Y.M.C.A. Youth and Government Program	_____ [13]
Pet Overpopulation Fund	_____ [8]	Multiple Sclerosis Society Fund	_____ [14]

### Part-year Resident and Nonresident Information

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

Part-year residency dates:

From \_\_\_\_\_ [15]

To \_\_\_\_\_ [16]

Nonresident state of residence \_\_\_\_\_ [17]

Resident and part-year or nonresident spouse:

Taxpayer's state of residence \_\_\_\_\_ [18]

Spouse's state of residence \_\_\_\_\_ [19]

### Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year \_\_\_\_\_ [20]

Mark if you (or spouse) were disabled for the entire tax year \_\_\_\_\_ [21]

Home real estate tax \_\_\_\_\_ [22]

Workmen's compensation/loss of time insurance \_\_\_\_\_ [23]

Support money \_\_\_\_\_ [24]

Cash public assistance \_\_\_\_\_ [25]

**NOTES/QUESTIONS:**

## Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

	_____ [1]	
	<b>Taxpayer</b>	<b>Spouse</b>
Number of months of federal service before 10/01/1991 (Federal employees)	_____ [2]	_____ [3]
Total number of months of federal service (Federal employees)	_____ [4]	_____ [5]
Prior year child care expenses paid in current year	_____ [6]	

## Contributions

**Amount of charitable contributions you wish to make to:**

Donate Kicker refund to the State School Fund _____ [7]		Oregon Veterans Home _____ [14]
Oregon Nongame Wildlife _____ [8]		Oregon Planned Parenthood _____ [15]
St Vincent de Paul Society _____ [9]		Lions Sight and Hearing Foundation _____ [16]
The Nature Conservancy _____ [10]		Shriners Hospitals for Children _____ [17]
Doernbecher Children's Hospital Foundation _____ [11]		Special Olympics Oregon _____ [18]
Oregon Humane Society _____ [12]		Susan G. Komen for the Cure _____ [19]
Oregon Salvation Army _____ [13]		
<b>Charity</b>	<b>Amount</b>	<b>Charity</b>
Other Charity _____ [20]	_____ [21]	Other Charity _____ [22]
		_____ [23]

### Other Charitable Organizations

1 = Habitat for Humanity	6 = Stop Oregon Litter and Vandalism	23 = AIDS/HIV Education and Services
2 = Oregon Head Start Association	18 = Oregon Historical Society	24 = Oregon Military Financial Assistance
3 = American Diabetes Association	20 = Child Abuse Prevention	25 = Oregon Food Bank
4 = Oregon Coast Aquarium	21 = Alzheimer's Disease Research	26 = Albertina Kerr Centers
5 = Start Making A Reader Today	22 = Stop Domestic and Sexual Violence	27 = American Red Cross

**Political party you wish to make contributions to:**

	_____ [24]	_____ [25]
Political Party	<b>Taxpayer</b>	<b>Spouse</b>

### Political Party Contributions

500 = Constitution Party of Oregon	503 = Libertarian Party of Oregon	506 = Progressive Party
501 = Democratic Party of Oregon	504 = Oregon Republican Party	507 = Working Families Party of Oregon
502 = Independent Party of Oregon	505 = Pacific Green Party of Oregon	

## Part-year Resident and Nonresident Information

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

	_____ [26]	_____ [28]
Dates of residency:	<b>Taxpayer</b>	<b>Spouse</b>
From		
To	_____ [27]	_____ [29]

## Credit for Home Care of an Elderly Person

Name _____ [30]	
Birth date, social security number _____ [31]	_____ [32]
Expenses you incurred or paid for home care of an elderly person:	
Food _____ [33]	Medical care _____ [35]
Clothing _____ [34]	Transportation _____ [36]

**NOTES/QUESTIONS:**

County of residence \_\_\_\_\_ [1]  
 School district name \_\_\_\_\_ [2]

Final return \_\_\_\_\_ [3] **Taxpayer** \_\_\_\_\_ [4] **Spouse**

**Contributions**

Amount of contributions you wish to make to:

	<b>Taxpayer</b>	<b>Spouse</b>
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

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

**NOTES/QUESTIONS:**

**Rhode Island General Information**

Mark if tax forms, instructions and booklet are not needed \_\_\_\_\_[1]

Enter city or town of legal residence if different from that entered on Organizer Form ID:1040 \_\_\_\_\_[2]

**Use Tax**

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
_____	_____ [3]	_____ [4]
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Contributions**

Amount of political and charitable contributions you wish to make to:

**Political Contributions**

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) \_\_\_\_\_[5]

If you wish for a for a portion of your electoral contribution to be paid to a political party, enter name of party \_\_\_\_\_[6]

**Charitable Contributions**

Drug Program Account \_\_\_\_\_[7]

Mark if you wish to make an Olympic Contribution \_\_\_\_\_[8]

Organ Transplant Fund \_\_\_\_\_[9]

Council on the Arts \_\_\_\_\_[10]

Nongame Wildlife Fund \_\_\_\_\_[11]

Childhood Disease Victims' Fund \_\_\_\_\_[12]

Military Family Relief Fund \_\_\_\_\_[13]

**Part-year Resident Information**

Part-year residency dates:

From \_\_\_\_\_[14]

To \_\_\_\_\_[15]

**Property Tax Relief Claim**

Mark if disabled and received social security disability payments during the tax year \_\_\_\_\_[16]

Live in household or rent dwelling subject to property tax? (Y, N) \_\_\_\_\_[17]

Current for property taxes and rent due in prior years? (Y, N) \_\_\_\_\_[18]

Current for this year's property tax or rent and will pay unpaid installments? (Y, N) \_\_\_\_\_[19]

Rent paid (Enter 100%) \_\_\_\_\_[20]

If renting, Landlord name: \_\_\_\_\_[21]

Landlord Address: \_\_\_\_\_[22]

Landlord city, state and zip code \_\_\_\_\_[23] \_\_\_\_\_[24] \_\_\_\_\_[25]

Landlord phone number: \_\_\_\_\_[26]

**NOTES/QUESTIONS:**

## South Carolina General Information

County code number, if known \_\_\_\_\_ [1]  
 Authorize discussion with Department of Revenue (Y, N) \_\_\_\_\_ [2]  
 Purchases subject to use tax \_\_\_\_\_ [3]

### Additions and Subtractions

Expenses related to reserve income \_\_\_\_\_ [4]  
 National guard reserve pay \_\_\_\_\_ [5]  
 Law enforcement subsistence (Number of days) \_\_\_\_\_ [6]  
 Volunteer deduction code Taxpayer \_\_\_\_ [7] Spouse \_\_\_\_ [8]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	4 = DNR officer
2 = HAZMAT team member	5 = Reserve Police officer
3 = Rescue Squad worker	6 = State Guard member

## Part-year Resident and Nonresident Information

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

Part-year residency dates:  
 From \_\_\_\_\_ [9]  
 To \_\_\_\_\_ [10]

## Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund \_\_\_\_\_ [11]  
 Children's Trust Fund \_\_\_\_\_ [12]  
 Eldercare Trust Fund \_\_\_\_\_ [13]  
 Veterans' Trust Fund \_\_\_\_\_ [14]  
 Donate Life South Carolina \_\_\_\_\_ [15]  
 First Steps to School Readiness Fund \_\_\_\_\_ [16]  
 War Between States Heritage Trust Fund \_\_\_\_\_ [17]  
 Litter Control Enforcement Program \_\_\_\_\_ [18]  
 Law Enforcement Assistance Program \_\_\_\_\_ [19]  
 K-12 Public Education Fund \_\_\_\_\_ [20]  
 State Parks Fund \_\_\_\_\_ [21]  
 Military Family Relief Fund \_\_\_\_\_ [22]  
 Conservation Bank Trust Fund \_\_\_\_\_ [23]  
 Financial Literacy Trust Fund \_\_\_\_\_ [24]  
 State Forests Fund \_\_\_\_\_ [25]

### NOTES/QUESTIONS:



## Utah General Information

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

Part-year residency dates:

From \_\_\_\_\_ [1]

To \_\_\_\_\_ [2]

State of residency (Nonresidents) \_\_\_\_\_ [3]

### Use Tax

County/City \_\_\_\_\_ Purchases \_\_\_\_\_ [4]

Use tax \_\_\_\_\_

### Contributions

Amount of political and charitable contributions you wish to make to:

#### Political Contributions

Election campaign fund \_\_\_\_\_ [5] \_\_\_\_\_ [6]

**Taxpayer**                      **Spouse**

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	R = Republican
D = Democratic	N = No Contribution
L = Libertarian	

Making a selection from this list will designate \$2 to the party of your choice. Your refund or amount of tax due will not be affected

#### Charitable Contributions

Utah Nongame Wildlife Fund \_\_\_\_\_ [7]

Pamela Atkinson Homeless Trust Fund \_\_\_\_\_ [8]

Kurt Oscarson Children's Organ Transplant Fund \_\_\_\_\_ [9]

School district code \_\_\_\_\_ [10]

Nonprofit school district foundation \_\_\_\_\_ [11]

#### School district code

01 = Alpine	07 = Davis	13 = Iron	19 = Morgan	25 = Park City	31 = Sevier	37 = Wasatch
02 = Beaver	08 = Duchesne	14 = Jordan	20 = Murray	26 = Piute	32 = S. Sanpete	38 = Washington
03 = Box Elder	09 = Emery	15 = Juab	21 = Nebo	27 = Provo	33 = S. Summit	39 = Wayne
04 = Cache	10 = Garfield	16 = Kane	22 = North Sanpete	28 = Rich	34 = Tintic	40 = Weber
05 = Carbon	11 = Grand	17 = Logan	23 = North Summit	29 = Salt Lake City	35 = Tooele	41 = Utah Assistive Technology
06 = Daggett	12 = Granite	18 = Millard	24 = Ogden	30 = San Juan	36 = Uintah	42 = Canyons

Cat and Dog Community Spay and Neuter Program \_\_\_\_\_ [12]

Methamphetamine Housing Reconstruction and Rehabilitation Fund \_\_\_\_\_ [13]

#### NOTES/QUESTIONS:

Form ID: VT **Vermont General Information**

School district name \_\_\_\_\_ [1]  
School district code \_\_\_\_\_ [2]

**Contributions and Use Tax**

**Use Tax**

Total out-of-state purchases \_\_\_\_\_ [3]

**Amount of charitable contributions you wish to make to:  
Contributions**

Nongame Wildlife Fund \_\_\_\_\_ [4]  
Children's Trust Fund \_\_\_\_\_ [5]  
Vermont Veterans' Fund \_\_\_\_\_ [6]

**Part-year Resident and Nonresident Information**

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

Part-year residency dates:

From \_\_\_\_\_ [7]  
To \_\_\_\_\_ [8]

Other state(s) of residency \_\_\_\_\_ [9] \_\_\_\_\_ [10] \_\_\_\_\_ [11] \_\_\_\_\_ [12]

**Property Tax Information**

**Homeowners**

Anticipate selling Vermont housesite on or before April 1 \_\_\_\_\_ [13]  
SPAN number from 2010/2011 property tax bill \_\_\_\_\_ [14]  
Housesite value \_\_\_\_\_ [15]  
Housesite education tax \_\_\_\_\_ [16]  
Housesite municipal tax \_\_\_\_\_ [17]  
Ownership percentage of property \_\_\_\_\_ [19]  
Mobile home lot rent \_\_\_\_\_ [20]

**Renters**

Rent paid \_\_\_\_\_ [21]

**NOTES/QUESTIONS:**

## Virginia General Information

Virginia city or county of residence on January 1, 2011; last lived in or business location \_\_\_\_\_ [1]  
 Mark to indicate name has changed from last year (Resident and nonresident only) \_\_\_\_\_ [2]  
 Mark to indicate filing status has changed from last year \_\_\_\_\_ [3]  
 Mark to indicate address has changed from last year \_\_\_\_\_ [4]  
 Mark to indicate that a Virginia return was not filed last year \_\_\_\_\_ [5]

### Use Tax

Consumer's Use Tax \_\_\_\_\_ [6]

## Contributions

Amount of contributions you wish to make to:

### Political Contributions

Virginia Democratic Party \_\_\_\_\_ [7] Virginia Republican Party \_\_\_\_\_ [8]

### Charitable Contributions

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame Wildlife Fund _____ [9]	Tuition Assistance Grant Fund _____ [20]
US Olympic Committee _____ [10]	Spay and Neuter Fund _____ [21]
Virginia Housing Program _____ [11]	Cancer Centers in the Commonwealth _____ [22]
Elderly and Disabled Transportation Fund _____ [12]	Martin Luther King, Jr. Fund _____ [23]
Community Policing Fund _____ [13]	Celebrating Special Children _____ [24]
Virginia Arts Foundation _____ [14]	Chesapeake Bay Restoration Fund _____ [25]
Open Space Recreation and Conservation _____ [15]	Family and Children's Trust Fund (FACT) _____ [26]
Historic Resources Fund _____ [16]	Virginia State Forests Fund _____ [27]
Children of America Finding Hope _____ [17]	Virginia Uninsured Medical Catastrophe Fund _____ [28]
Virginia War Memorial and National D-Day Memorial _____ [18]	Home Energy Assistance _____ [29]
Virginia Federation of Humane Societies _____ [19]	Virginia Military Family Relief Fund _____ [30]

## Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [31]	_____ [33]
To	_____ [32]	_____ [34]

## Nonresident Information

Mark if you were a resident of Kentucky, Maryland, North Carolina, or West Virginia \_\_\_\_\_ [35]  
 State of residence (Nonresidents only) \_\_\_\_\_ [36]

**NOTES/QUESTIONS:**

County of residence \_\_\_\_\_ [1]

**Use Tax**

Property or Services Subject to Use Tax \_\_\_\_\_ [2]

Food Subject to Use Tax \_\_\_\_\_ [3]

Sales and Use Tax Paid to Other States \_\_\_\_\_ [4]

**Contributions**

**Amount of contributions you wish to make to:**

West Virginia Children's Trust Fund \_\_\_\_\_ [5]

**Part-year Resident and Nonresident Information**

Part-year residency status \_\_\_\_\_ [6]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

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

Part-year residency dates:

From \_\_\_\_\_ [7]

To \_\_\_\_\_ [8]

State of residence \_\_\_\_\_ [9]

If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) \_\_\_\_\_ [10]

**NOTES/QUESTIONS:**

## Wisconsin General Information

City of residence \_\_\_\_\_ [1]  
 Village of residence \_\_\_\_\_ [2]  
 Town of residence \_\_\_\_\_ [3]  
 County of residence \_\_\_\_\_ [4]  
 School district \_\_\_\_\_ [5]  
 Mark if divorce decree \_\_\_\_\_ [6]  
 Enter rent paid:  
     Heat included \_\_\_\_\_ [7]  
     Heat not included \_\_\_\_\_ [8]

### Use Tax

	County	Purchases
Sales and use tax on out-of-state purchases	_____	_____ [9]
Sales and use tax on out-of-state purchases	_____	_____
Sales and use tax on out-of-state purchases	_____	_____

### Contributions

Amount of political and charitable contributions you wish to make to:

#### Political Contribution

	Taxpayer	Spouse
State election campaign fund	_____ [10]	_____ [11]

#### Charitable Contributions

Breast cancer research	_____ [12]	Packers football stadium	_____ [17]
Endangered resources	_____ [13]	Prostate cancer research	_____ [18]
Fire fighters memorial	_____ [14]	Second Harvest	_____ [19]
Military family relief	_____ [15]	Veterans trust fund	_____ [20]
Multiple sclerosis	_____ [16]		

### Part-year Resident and Nonresident Information

Residency code \_\_\_\_\_ [21]

#### Residency code

<b>Blank = Both spouses have the same residency status (Default)</b> 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
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If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [22]	_____ [24]
To	_____ [23]	_____ [25]
State of residency (Nonresidents only)	_____ [26]	_____ [27]
Nonresident aliens:		
Mark if not a full-year US citizen	_____ [28]	_____ [30]
Mark if not a full-year US resident	_____ [29]	_____ [31]
Resident of:	IL _____ [32]	IN _____ [33]
	KY _____ [34]	MI _____ [35]

**NOTES/QUESTIONS:**