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## 2010 TAX ORGANIZER

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**I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.**

<b>Taxpayer Signature</b>	<b>Date</b>
<b>Spouse Signature</b>	<b>Date</b>

<b>Primary Email Address</b>	<b>Home Phone</b>	<b>Fax Number</b>
<b>Secondary Email Address</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>Preferred Method of Contact (i.e., cell phone, e-mail, etc.)</b>		

## PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

### TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

### PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

### PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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**Tax Organizer Legend:**

Throughout the tax organizer, you will find columns with the heading "TSJ".  
 TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

	Yes	No
Did your marital status change during 2010? .....		
If married, do you and your spouse want to file separate returns? .....		
Did your address change during 2010? .....		
Can you or your spouse be claimed as a dependent by another taxpayer? .....		

Dependents:

Were there any changes in dependents from the prior year? .....		
Note: Including non-child dependents for whom you provided more than half the support		
Did you pay for child care while you worked or looked for work? .....		
Do you have any children under age 18 with unearned income more than \$950? .....		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? .....		
Did you adopt a child or begin adoption proceedings during 2010? .....		

Purchases, Sales and Debt:

Did you have any debts canceled, forgiven or refinanced during 2010? .....		
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2010? .....		
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2010? .....		
Did you sell, exchange or purchase any real estate in 2010? If so, please attach closing statements. ....		
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? .....		
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? .....		
Did you pay any student loan interest in 2010? .....		
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year. ....		
Did you have an outstanding home equity loan at the end of 2010? If so, please provide the principal balance and interest rate at the beginning and end of the year. ....		
Did you take out a home equity loan in 2010? .....		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? .....		
Did you engage in any put or call transactions? If Yes, please provide details. ....		
Did you close any open short sales during 2010? .....		
Did you sell any securities not reported on your Form 1099-B? .....		





Miscellaneous: (continued)

Did you engage in any bartering transactions? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any work outside of the U.S. or pay any foreign taxes? .....	<input type="checkbox"/>	<input type="checkbox"/>

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$13,000 to any individual during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you assist in the purchase of any asset (auto, home) for any individual during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you forgive any indebtedness to any individual, trust or entity during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

Did you retire or change jobs in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking any distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
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Sale of Your Home:

Did you sell your home in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes? .....	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years? .....	<input type="checkbox"/>	<input type="checkbox"/>

At the time of the sale, the residence was owned by the:  Taxpayer  Spouse  Both

Additional Information:

For any trust you created or that you are trustee, have any beneficiaries died during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2010 Amount Contributed



# Personal Information, Dependent(s) and Wages

**Taxpayer:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

Daytime/Work Telephone Number \_\_\_\_\_ Evening/Home Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Secondary Email Address \_\_\_\_\_

**Spouse:**

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

**Present Mailing Address:**

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Foreign Country \_\_\_\_\_

May the IRS or other taxing authority discuss the return with the preparer?  Yes  No

Is the taxpayer claimed as a dependent on someone else's tax return?  Yes  No

Are you considered legally blind per IRS regulations?  Yes  No

Do you want to contribute to the Presidential Election Campaign Fund?  Yes  No

**Dependent Information:**

Did dependent have income over \$3,650?  Yes  No

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return \_\_\_\_\_

Please list the years that a release of claim to exemption is given for a dependent child not living with you . . . . . \_\_\_\_\_

**Wages and Salaries:** Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



# Electronic Filing

**Electronic Filing:** Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. The IRS has implemented an electronic filing mandate requiring certain preparers to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do you want to elect not to electronically file your federal return? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to elect not to electronically file your state return? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes and filing more than one state return, does election apply to all states? .....	<input type="checkbox"/>	<input type="checkbox"/>

**The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.**

Would you like to use a randomly generated PIN?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer .....	<input type="checkbox"/>	<input type="checkbox"/>
Spouse .....	<input type="checkbox"/>	<input type="checkbox"/>

If No, please enter a 5-digit self-selected PIN:

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_





# U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, please provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, please provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

**Joint:**

Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

**Taxpayer:**

Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

**Spouse:**

Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

**Bond purchases for someone other than the taxpayer or spouse:**

Taxpayer name \_\_\_\_\_  
Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of purchase

Taxpayer name \_\_\_\_\_  
Co-owner name \_\_\_\_\_  
Beneficiary name \_\_\_\_\_

Amount of purchase







# Foreign Bank and Financial Accounts

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

## General Information:

TSJ \_\_\_\_\_  
 Title of filer \_\_\_\_\_  
 Enter all countries where you have foreign bank accounts \_\_\_\_\_

## Foreign Identification:

Passport \_\_\_\_\_  Yes  No  
 If not passport, enter description \_\_\_\_\_  
 Number \_\_\_\_\_  
 Country of issue \_\_\_\_\_

## Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 - No financial interest    2A - Joint ownership - spouse is joint owner    2B - Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

## Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?  Yes  No  
 If Yes, enter name of foreign country \_\_\_\_\_  
 Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it?



# Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							

Note: For other amounts not listed, please attach a copy of your brokerage statement.



# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

TSJ \_\_\_\_\_  
 Employer ID number \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state and ZIP code \_\_\_\_\_  
 Method of inventory \_\_\_\_\_  
 Method of accounting \_\_\_\_\_

### Business Questions for 2010:

Did you dispose of this business?  Yes  No  
 If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)  
 Was there a change in determining quantities, costs or valuations between opening and closing inventory?  Yes  No  
 Were you involved in the operations of this business on a regular, continuous and substantial basis?  Yes  No

	2010 Amount	2009 Amount
Health insurance premiums paid for yourself and your dependents		

### Income:

	2010 Amount	2009 Amount
Gross receipts or sales		
Less returns and allowances		

### Cost of Goods Sold:

	2010 Amount	2009 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2010 Amount	2009 Amount
Ending inventory		

### Other Income:

Description	2010 Amount	2009 Amount





# Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2010:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

### If you are an employer who provides vehicles for use by employees:

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service ..... (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?  Yes  No

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

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





# Business Use of Home

6D

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2010	2009

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Individual Retirement Account (IRA):

TS \_\_\_\_\_
Name of payer \_\_\_\_\_

IRA Questions for 2010:

Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2010 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2010?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2010
Outstanding rollovers on December 31, 2010
IRA distributions received during 2010
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2010 for the 2010 tax return
Contributions in 2011 for the 2010 tax return
Amount for 2010 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2010 tax year

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2010 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2009 Gross Distributions

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Contributions to:

Simplified employee pension plan
Defined benefit plan
Defined contribution plan
SIMPLE plan





# Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: \_\_\_\_\_

Property and Equipment: Please attach a list if more space is needed

**Acquisitions:**

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

**Dispositions:**

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

**Percentage Depletion Information:**

Production Type	Royalty Income	
	2010 Amount	2009 Amount





Activity Name: \_\_\_\_\_

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . \_\_\_\_\_ %

	2010 Amount	2009 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses .....

Amount received for meals and entertainment .....

2010 Amount	2009 Amount

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business \_\_\_\_\_ %

Description of vehicle .....

Date vehicle was placed in service (Mo/Da/Yr) .....

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No

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

	2010	2009
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Interest .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



**Activity Name:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

2010

Square footage of home used exclusively for business .....

Total square footage of home .....

Were improvements made to the home and/or home office since the time you began using the home for business? . . .  Yes  No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Farm Income

Proprietor's Name: \_\_\_\_\_

Principal Crop or Activity: \_\_\_\_\_

TSJ \_\_\_\_\_  
Employer identification number \_\_\_\_\_  
Method of accounting \_\_\_\_\_

### Farm Questions for 2010:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you dispose of this farm? \_\_\_\_\_  
If Yes, what was the disposition date? \_\_\_\_\_ (Mo/Da/Yr)

2010 Amount	2009 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2010		2009	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

### Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

### Income:

Sales of livestock, produce, grains, etc. you raised \_\_\_\_\_  
 Total cooperative distributions (Forms 1099-PATR) \_\_\_\_\_  
 Taxable cooperative distributions \_\_\_\_\_  
 Total agricultural program payments \_\_\_\_\_  
 Taxable agriculture program payments \_\_\_\_\_  
 Total Commodity Credit Corporation (CCC) loans \_\_\_\_\_  
 Total crop insurance proceeds and certain disaster payments received in 2010 \_\_\_\_\_  
 Taxable crop insurance proceeds received \_\_\_\_\_  
 Crop insurance proceeds deferred from prior year \_\_\_\_\_  
 Custom hire (machine work) income \_\_\_\_\_  
 Federal gasoline tax or fuel tax credit or refund \_\_\_\_\_  
 State gasoline tax or fuel tax credit or refund \_\_\_\_\_

2010 Amount	2009 Amount

### Other Income:

Description	2010 Amount	2009 Amount





Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ ____		TSJ ____	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2010				
Social security benefits received				
Social security benefits repaid in 2010				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2010				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				
Economic recovery payment received in 2010				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2010 Amount	2009 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2010 Amount	2009 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

Table with 3 columns: TS, 2010 Amount, 2009 Amount

Health Savings Accounts (HSAs)

Table with 4 columns: TS, Description, 2010 Amount, 2009 Amount

Form with questions: 'Were all distributions from your HSA for unreimbursed medical expenses?', 'Did you or your spouse enroll in Medicare?' and enrollment dates.

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

Table with 4 columns: TSJ, Nature and Source, 2010 Amount, 2009 Amount



Medical and Dental Expenses:

Prescription medicines and drugs .....

Total medical insurance premiums paid (Do not include medicare premiums paid) .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

Cobra assistance premiums in 2010 .....

TSJ	2010 Amount	2009 Amount

Taxpayer long-term care insurance premiums paid .....

Spouse long-term care insurance premiums paid .....

2010 Amount	2009 Amount

Other Medical Expenses:

TSJ	Description	2010 Amount	2009 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2010 Amount	2009 Amount

Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2010. Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2010 Amount	2009 Amount

Other Taxes Paid:

TSJ	Description	2010 Amount	2009 Amount

If you purchased or sold your home in 2010, did you include any taxes from your closing statement in the amounts above?  Yes  No



Mortgage Questions for 2010:

		<b>Yes</b>	<b>No</b>
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . . . . _____			
Did you purchase a new home or sell your former home during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.			
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2010 Amount	2009 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2010 Amount	2009 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2010 Amount	2009 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2010 Amount, 2009 Amount. Multiple empty rows for data entry.

Table with 4 columns: TSJ, Conservation Real Property, 2010 Amount, 2009 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2010 Miles, 2009 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2010 Amount, 2009 Amount. Multiple empty rows for data entry.

Noncash Contributions Totaling More Than \$500:

TSJ \_\_\_\_\_
Description of the donated property \_\_\_\_\_

Donee organization name \_\_\_\_\_

Donee organization address \_\_\_\_\_

Date the property was acquired by the taxpayer (Mo/Da/Yr) \_\_\_\_\_

Date the property was donated (Mo/Da/Yr) \_\_\_\_\_

Cost or basis of the donated property [ ]

Fair market value of the donated property [ ]

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain \_\_\_\_\_

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2010 Amount, 2009 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2010 Amount, 2009 Amount

Casualty or Theft Loss:

TSJ
Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
Business use
Income producing
Employee Use
Personal use due to Hurricane Katrina
Personal use attributable to a federally declared disaster
Personal use attributable to Midwestern disaster area
Personal use attributable to Kansas disaster area

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)

- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



# Employee Business Expenses

TS: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Business Expenses:** Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

	2010 Amount	2009 Amount
Parking fees and tolls .....		
Local transportation .....		
Travel expenses .....		
Meals and entertainment .....		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

**Reimbursements:** Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2010 Amount	2009 Amount
Amount received for other expenses .....		
Amount received for meals and entertainment .....		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?  Yes  No

### Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A \_\_\_\_\_ %

Description of vehicle \_\_\_\_\_  
Date vehicle was placed in service \_\_\_\_\_ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?  Yes  No  
Was your vehicle available for personal use during off-duty hours?  Yes  No

	2010	2009
Total miles .....		
Total business miles .....		
Average daily commuting miles .....		
Total commuting miles for the year .....		
Gasoline and oil .....		
Repairs .....		
Insurance .....		
Taxes .....		
Value of employer provided vehicle .....		
Temporary vehicle rentals .....		
Fair market value of leased vehicle .....		
Vehicle leases .....		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



# Child/Dependent Care Expenses & Education Expenses

## Child/Dependent Care Expenses:

### General Information:

TSJ .....

Were you or your spouse a full time student or disabled?  Yes  No  
Did you pay an individual for services performed in your home?  Yes  No

Expenses incurred in 2009 but paid in 2010 .....  
Employer-provided dependent care benefits that were forfeited in 2010 .....  
2009 carryover used in grace period .....

### Child/Dependent Care Providers:

**Provider 1:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010 .....		
Expenses incurred and not paid in 2010 .....		

**Provider 2:**

Name .....  
Street address .....  
City, state and ZIP code .....  
Social security number OR .....  
Employer identification number .....  
Telephone number (California only) .....

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010 .....		
Expenses incurred and not paid in 2010 .....		

### Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2010 Expenses Incurred	2009 Expenses Incurred

### Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

**Please enclose copies of all Forms 1098-T**

First Name and Initial	Last Name	Social Security Number	Grade	2010 Qualified Expenses



General Information:

TSJ .....

Employer identification number .....

Did you pay any one household employee cash wages of \$1,700 or more in 2010? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes .....

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) .....

Federal income tax withheld .....

Advance earned income credit (EIC) payments .....

State disability plan payments subject to social security taxes .....

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) .....

Table with 2 columns: 2010 Amount, 2009 Amount. Rows correspond to Social Security, Medicare, and Income Taxes items.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Total cash wages subject to FUTA tax .....

Michigan cash wages subject to FUTA tax .....

Table with 2 columns: 2010 Amount, 2009 Amount. Rows correspond to FUTA tax items.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2011

Table with 6 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2009 Amount.



Refund Application:

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

Refunded .....  Yes  No  
 Applied to your 2011 estimated tax liability .....  Yes  No

Federal Estimated Tax Payments:

2010 1st Quarter Estimate ..... (Due 04-15-2010)  
 2010 2nd Quarter Estimate ..... (Due 06-15-2010)  
 2010 3rd Quarter Estimate ..... (Due 09-15-2010)  
 2010 4th Quarter Estimate ..... (Due 01-18-2011)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate .....

Tax Planning Information for Tax Year 2011:

Do you expect any of the following to occur in 2011?

	Yes	No
A change in your marital status .....	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding .....	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions .....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.




State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 1st Quarter Estimate .....  
 2010 2nd Quarter Estimate .....  
 2010 3rd Quarter Estimate .....  
 2010 4th Quarter Estimate .....

2009 overpayment applied to 2010 estimate .....

Balance of prior year(s)' tax paid in 2010 plus  
 amount paid with 2009 extensions .....

Estimated tax payments for 2009 paid in 2010 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 1st Quarter Estimate .....  
 2010 2nd Quarter Estimate .....  
 2010 3rd Quarter Estimate .....  
 2010 4th Quarter Estimate .....

2009 overpayment applied to 2010 estimate .....

Balance of prior year(s)' tax paid in 2010 plus  
 amount paid with 2009 extensions .....

Estimated tax payments for 2009 paid in 2010 .....

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 1st Quarter Estimate .....  
 2010 2nd Quarter Estimate .....  
 2010 3rd Quarter Estimate .....  
 2010 4th Quarter Estimate .....

2009 overpayment applied to 2010 estimate .....

Balance of prior year(s)' tax paid in 2010 plus  
 amount paid with 2009 extensions .....

Estimated tax payments for 2009 paid in 2010 .....





**NOTE: Only complete Forms 34 and/or 35 if in 2010:**

- You made gifts of cash or marketable securities to an individual that exceeded \$13,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

**Gift 1:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			

**Gift 2:**

Person giving the gift .....	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift .....	_____		
Address of person .....	_____		
Your relationship to the person (e.g., son, granddaughter or friend) .....	_____		
Age of the person .....	_____		
Date(s) of gift(s) .....	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock) .....	_____		
Cost basis of assets gifted if other than cash .....			
Value of assets gifted if other than cash .....			



**NOTE: Complete this form only if you have made gifts in or to a trust during the year.**

**For each gift made in trust during the year, please provide the following information:**

Name of trust receiving the gift . . . . . \_\_\_\_\_

Name of the trustee . . . . . \_\_\_\_\_

Address of the trustee . . . . . \_\_\_\_\_

Trust identification number . . . . . \_\_\_\_\_

Name of the beneficiary of the trust . . . . . \_\_\_\_\_

Your relationship to the beneficiary  
(e.g., son, granddaughter or friend) . . . . . \_\_\_\_\_

Age of the beneficiary . . . . . \_\_\_\_\_

Date(s) of gift(s) . . . . . (Mo/Da/Yr) \_\_\_\_\_

Description and amount of assets gifted  
(e.g., \$13,000 in cash or 500 shares of ABC stock) . . . . . \_\_\_\_\_

Cost basis of assets gifted if other than cash . . . . .

Value of assets gifted if other than cash . . . . .

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

\_\_\_\_\_

**Please include a copy of the following:**

**A copy of the trust document(s) unless previously furnished to us.**

**A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.**

