

2010

1040

US

Tax Organizer

Please enter all pertinent 2010 information. If you have attached a government form for an item, check the box and do not enter a 2010 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2010 Amount | 2009 Amount |
|-------------------------|-------------|
| Attach Forms W-2 | _____ |
| | _____ |
| | _____ |
| | _____ |

INTEREST INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|-------|
| Attach Forms 1099-INT | _____ |
| | _____ |
| | _____ |
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DIVIDEND INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

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|------------------------------|-------|
| Attach Forms 1099-DIV | _____ |
| | _____ |
| | _____ |
| | _____ |

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|---------------------------------------|-------|
| Attach Forms 1099-R & W-2G | _____ |
| | _____ |
| | _____ |
| | _____ |
| Winnings not reported on W-2G..... | _____ |
| Total gambling losses..... | _____ |

OTHER GOVERNMENT FORMS - INCOME

| | |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history)..... |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income..... |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) |
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... |

| | |
|--------------------------|-------|
| Attach Forms 1099 | _____ |
| | _____ |
| | _____ |
| Attach Forms 1099 | _____ |

Taxpayer:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation..... |

| | |
|--------------------------|-------|
| Attach Forms 1099 | _____ |
|--------------------------|-------|

Spouse:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation..... |

| | |
|--------------------------|-------|
| Attach Forms 1099 | _____ |
|--------------------------|-------|

MISCELLANEOUS INCOME

Taxpayer: Alimony received.....

Spouse: Alimony received.....

Other: _____

| |
|-------|
| _____ |
| _____ |
| _____ |

2010

1040

US

Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....
 Spouse: Traditional IRA contributions (1=maximum).....
 Roth IRA contributions (1=maximum).....
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum).....

| 2010 Amount | 2009 Amount |
|-------------|-------------|
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OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest.....
 Form 1098-T - Tuition and related expenses.....

| | |
|--------------------------|--|
| Attach Forms 1098 | |
|--------------------------|--|

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Expenses from rental of personal property.....
 Other adjustments to income:

| | |
|--|--|
| | |
| | |
| | |

 Alimony paid - Recipient name & SSN.....

| | |
|--|--|
| | |
| | |
| | |
| | |

Spouse:
 Self-employed health insurance premiums.....
 Educator expenses.....
 Expenses from rental of personal property.....
 Other adjustments to income:

| | |
|--|--|
| | |
| | |
| | |

 Alimony paid - Recipient name & SSN.....

| | |
|--|--|
| | |
| | |
| | |
| | |

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs.....
 Doctors, dentists and nurses.....
 Hospitals and nursing homes.....
 Insurance premiums.....
 Long-term care premiums - taxpayer.....
 Long-term care premiums - spouse.....
 Insurance reimbursement.....
 Out-of-pocket lodging and transportation expenses.....
 Number of medical miles.....
 Other: _____

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TAXES PAID

State income taxes - 1/10 payment on 2009 state estimate.....
 State income taxes - paid with 2009 state extension.....
 State income taxes - paid with 2009 state return.....
 State income taxes - paid for prior years and/or to other states.....

| | |
|--|--|
| | |
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| | |

TAXES PAID (continued)

City/local income taxes - 1/10 payment on 2009 city/local estimate...
City/local income taxes - paid with 2009 city/local extension...
City/local income taxes - paid with 2009 city/local return...
State and local sales taxes (except autos and special items)...
Sales taxes paid on vehicles, boats, and aircraft...
Use taxes paid on 2010 purchases...
Use taxes paid on 2009 state return...
[] Taxes paid in 2010 on new motor vehicles purchased 2/17/09 - 12/31/09...
Sales tax on autos not included above...
Sales taxes paid on boats, aircraft, and other special items...
Real estate taxes - principal residence...
Real estate taxes - property held for investment...
Foreign income taxes...
[] Personal property taxes (including automobile fees in some states)...

Table with 2 columns: 2010 Amount, 2009 Amount. Contains rows for various taxes and instructions like 'Attach Vehicle/Tax Information' and 'Attach Tax Notice'.

INTEREST PAID

Home mortgage interest and points paid:
[]
Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):
Points not reported on Form 1098:
Mortgage insurance premiums on post 12/31/06 contracts...
Investment interest (interest on margin accounts):
Passive interest...

Table with 2 columns: 2010 Amount, 2009 Amount. Contains instructions like 'Attach Forms 1098'.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).
Volunteer expenses (out-of-pocket)...
Number of charitable miles...

Table with 2 columns: 2010 Amount, 2009 Amount.

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

Table with 2 columns: 2010 Amount, 2009 Amount.

MISCELLANEOUS DEDUCTIONS

Union and professional dues...
Tax return preparation fee...
Safe deposit box rental...
Investment expenses...
Estate tax, section 691(c)...
Unreimbursed employee expenses:
Other:

Table with 2 columns: 2010 Amount, 2009 Amount.

| | | | | |
|-------------|-------------|-----------|-------------------|----------|
| 2010 | 1040 | US | Dependents | 2 |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2010.

DEPENDENTS

| | Dependent | Dependent | |
|---------------------------------------|-----------|-----------|--|
| First name..... | | | <p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |

2010

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2010?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?

Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2010?

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?

Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

2010

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES

NO

RETIREMENT PLANS

- Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?

EDUCATION

- Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- Did you incur a loss because of damaged or stolen property?
- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)?
- If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)?
- Do you expect your 2011 taxable income and withholdings to be different from 2010?

MISCELLANEOUS

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2010

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

| YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your spouse receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010. |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010? |

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|--|--|
| Principal business/profession..... | |
| Principal business code..... | |
| Business name, if different from Form 1040..... | |
| Business address, if different from Form 1040... | |
| City, state, ZIP code, if different from Form 1040 | |
| Employer identification number..... | |
| Other accounting method..... | |

| | | |
|--|--|--|
| Accounting method: 1=cash, 2=accrual..... | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other..... | | |
| 1=change of inventory method..... | | |
| 1=spouse, 2=joint..... | | |
| 1=first Schedule C filed for this business..... | | |
| 1=W-2 earnings as statutory employee..... | | |
| 1=not subject to self-employment tax..... | | |
| 1=did not "materially participate"..... | | |
| 1=personal services is not a material income producing factor..... | | |
| 1=investment..... | | |
| 1=minister's Schedule C..... | | |
| 1=single member limited liability company..... | | |

INCOME

| | 2010 Amount | 2009 Amount |
|--|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7)..... | | |
| Returns and allowances..... | | |
| Other income: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | | |
|---|--|--|
| Inventory at beginning of the year..... | | |
| Purchases..... | | |
| Cost of items for personal use..... | | |
| Cost of labor..... | | |
| Materials and supplies..... | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year..... | | |

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2010 Amount | 2009 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Total meals and entertainment in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|---------------------------|---|
| Kind of property..... | <input style="width:95%;" type="text"/> |
| Location of property..... | <input style="width:95%;" type="text"/> |

| | | |
|--|---|--|
| Percentage of ownership if not 100% (.xxxx) | <input style="width:95%;" type="text"/> | |
| Percentage of tenant occupancy if not 100% (.xxxx) | <input style="width:95%;" type="text"/> | |
| 1=spouse, 2=joint | <input style="width:95%;" type="text"/> | |
| 1=nonpassive activity, 2=passive royalty | <input style="width:95%;" type="text"/> | |
| 1=did not actively participate | <input style="width:95%;" type="text"/> | |
| 1=real estate professional | <input style="width:95%;" type="text"/> | |
| 1=rental other than real estate | <input style="width:95%;" type="text"/> | |
| 1=investment | <input style="width:95%;" type="text"/> | |
| 1=single member limited liability company | <input style="width:95%;" type="text"/> | |

INCOME

| | 2010 Amount | 2009 Amount |
|--|---|---|
| Rents received (Form 1099-MISC, box 1) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Royalties received (Form 1099-MISC, box 2) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | | |
|---|---|---|
| Advertising | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Association dues | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Auto and travel (not entered elsewhere) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cleaning and maintenance | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Commissions | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Gardening | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Insurance | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Legal and professional fees | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Licenses and permits | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Management fees | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Miscellaneous | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Mortgage interest (paid to banks, etc.) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified mortgage insurance premiums | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Excess mortgage interest | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other interest (not entered elsewhere) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Painting and decorating | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Pest control | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Plumbing and electrical | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Repairs | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Supplies | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Taxes - real estate | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Taxes - other (not entered elsewhere) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Telephone | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Utilities | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Wages and salaries | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other: | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

| | 2010 Amount | 2009 Amount |
|--|-------------|-------------|
| Production type (preparer use only)..... | | |
| Cost depletion..... | | |
| Percentage depletion rate or amount..... | | |
| State cost depletion, if different (-1 if none)..... | | |
| State % depletion rate or amount, if different (-1 if none)..... | | |

VACATION HOME

| | | |
|--|--|--|
| Number of days rented at fair market value..... | | |
| Number of days personal use..... | | |
| Number of days owned (if optional method elected)..... | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

| | | |
|--|--|--|
| Advertising..... | | |
| Association dues..... | | |
| Auto and travel (not entered elsewhere)..... | | |
| Cleaning and maintenance..... | | |
| Commissions..... | | |
| Gardening..... | | |
| Insurance..... | | |
| Legal and professional fees..... | | |
| Licenses and permits..... | | |
| Management fees..... | | |
| Miscellaneous..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Qualified mortgage insurance premiums..... | | |
| Excess mortgage interest..... | | |
| Other interest (not entered elsewhere)..... | | |
| Painting and decorating..... | | |
| Pest control..... | | |
| Plumbing and electrical..... | | |
| Repairs..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Utilities..... | | |
| Wages and salaries..... | | |

Other:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|--------------------------|---|
| Principal product | <input style="width:90%;" type="text"/> |
| Employer ID number | <input style="width:90%;" type="text"/> |

| | | |
|--|---|--|
| Agricultural activity code | <input style="width:90%;" type="text"/> | |
| Accounting method: 1=cash, 2=accrual | <input style="width:90%;" type="text"/> | |
| 1=spouse, 2=joint | <input style="width:90%;" type="text"/> | |
| 1=farm rental (Form 4835) | <input style="width:90%;" type="text"/> | |
| 1=crop insurance proceeds election | <input style="width:90%;" type="text"/> | |
| 1=did not "materially participate" (Schedule F only) | <input style="width:90%;" type="text"/> | |
| 1=did not actively participate (Form 4835 only) | <input style="width:90%;" type="text"/> | |
| 1=real estate professional (Form 4835 only) | <input style="width:90%;" type="text"/> | |
| 1=single member limited liability company | <input style="width:90%;" type="text"/> | |
| % of ownership if not 100% (.xxxx) (Form 4835 only) | <input style="width:90%;" type="text"/> | |

FARM INCOME

| | 2010 Amount | 2009 Amount |
|--|---|---|
| Cash method: | | |
| Sales of livestock, etc. bought for resale | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Cost or basis of livestock, etc. bought for resale | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Sales of livestock, etc. you raised | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

| | | |
|---|---|---|
| Accrual method: | | |
| Sales of livestock, produce, grains, etc. | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Inventory of livestock, etc. at beginning of year | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Cost of livestock, etc. purchased | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Inventory of livestock, etc. at end of year | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

| | | |
|--|---|---|
| Other farm income: | | |
| Total cooperative distributions | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable cooperative distributions | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total agricultural program payments (other than CRP) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable agricultural program payments (other than CRP) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total conservation reserve program payments | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable conservation reserve program payments | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Commodity credit loans reported under election | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total commodity credit loans forfeited or repaid | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable commodity credit loans forfeited or repaid | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total crop insurance proceeds received in 2010 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable crop insurance proceeds received in 2010 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable crop insurance proceeds deferred from 2009 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Custom hire (machine work) income | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

| | | |
|---------------|---|---|
| Other income: | | |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| _____ | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

FARM EXPENSES

| | 2010 Amount | 2009 Amount |
|---|-------------|-------------|
| Car and truck expenses (not entered elsewhere) | | |
| Chemicals | | |
| Conservation expenses | | |
| Custom hire (machine work) | | |
| Employee benefit programs | | |
| Feed purchased | | |
| Fertilizers and lime | | |
| Freight and trucking | | |
| Gasoline, fuel, and oil | | |
| Insurance (other than health) | | |
| Mortgage interest (paid to banks, etc.) | | |
| Other interest (not entered elsewhere) | | |
| Labor hired | | |
| Pension and profit sharing - contributions | | |
| Pension and profit sharing plans - admin. and education costs | | |
| Rent - vehicles, machinery, and equipment (not entered elsewhere) | | |
| Rent - other | | |
| Repairs and maintenance | | |
| Seeds and plants purchased | | |
| Storage and warehousing | | |
| Supplies purchased | | |
| Taxes (not entered elsewhere) | | |
| Utilities | | |
| Veterinary, breeding, and medicine | | |
| Capitalized preproductive period expenses (also enter below) | | |
| Other expenses: | | |
| _____ | | |
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NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2010 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
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S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
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**Please enter 2010 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

| | 2010 Amount | 2009 Amount |
|--|-------------|-------------|
| Form | | |
| Number of form (e.g., enter 2 for Schedule C number 2) | | |
| Business use area (square footage) | | |
| Total area of home (square footage) | | |
| Total hours facility used (for daycare facilities only) | | |
| Total hours available (if not 8,760) | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|---|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|---|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

| | 2010 Amount | | 2009 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2010 | | | | |
| Employer-provided benefits forfeited in 2010 | | | | |

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2010 | | 2009 amt: |
| | 1=disabled 1=spouse, 2=joint | | |

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2010 | | 2009 amt: |
| | 1=disabled 1=spouse, 2=joint | | |

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2010 | | 2009 amt: |
| | 1=disabled 1=spouse, 2=joint | | |

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider | | |
| | Street address | | |
| | City, state, ZIP code | | |
| | Identification number (SSN or EIN) | | |
| | Amount paid to care provider in 2010 | | 2009 amt: |
| | 1=spouse, 2=joint | | |

| | | | |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider | | |
| | Street address | | |
| | City, state, ZIP code | | |
| | Identification number (SSN or EIN) | | |
| | Amount paid to care provider in 2010 | | 2009 amt: |
| | 1=spouse, 2=joint | | |

Please complete the information below if you paid qualified education expenses in 2010 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

| | | 2010 Amount | 2009 Amount | |
|---|---|------------------------------|-------------|--|
| No. <input style="width: 40px;" type="text"/> | Student Info. | 1=taxpayer, 2=spouse | | |
| | | First name | | |
| | | Last name | | |
| | | Social security number | | |
| | 1=American opportunity credit, 2=lifetime learning credit | | | |
| | Number of years hope credit claimed | | | |
| | Number of years American opportunity credit claimed | | | |
| | Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. . | | | |
| | Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) | | | |
| | Books and supplies required to be purchased from institution ... | | | |
| Books and supplies not entered above | | | | |
| Amount of prior year refund or assistance * | | | | |

| | | | | |
|---|---|------------------------------|--|--|
| No. <input style="width: 40px;" type="text"/> | Student Info. | 1=taxpayer, 2=spouse | | |
| | | First name | | |
| | | Last name | | |
| | | Social security number | | |
| | 1=American opportunity credit, 2=lifetime learning credit | | | |
| | Number of years hope credit claimed | | | |
| | Number of years American opportunity credit claimed | | | |
| | Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. . | | | |
| | Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) | | | |
| | Books and supplies required to be purchased from institution ... | | | |
| Books and supplies not entered above | | | | |
| Amount of prior year refund or assistance * | | | | |

| | | | | |
|---|---|------------------------------|--|--|
| No. <input style="width: 40px;" type="text"/> | Student Info. | 1=taxpayer, 2=spouse | | |
| | | First name | | |
| | | Last name | | |
| | | Social security number | | |
| | 1=American opportunity credit, 2=lifetime learning credit | | | |
| | Number of years hope credit claimed | | | |
| | Number of years American opportunity credit claimed | | | |
| | Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no. . | | | |
| | Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere) | | | |
| | Books and supplies required to be purchased from institution ... | | | |
| Books and supplies not entered above | | | | |
| Amount of prior year refund or assistance * | | | | |

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.