

Miscellaneous Information

Name: _____

SSN: _____

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2010 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2010?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008?
<input type="checkbox"/>	<input type="checkbox"/>	5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6, was the First-Time Homebuyer Credit taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you purchase a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you purchase a new vehicle between February 16, 2009 and January 1, 2010? If yes, please provide the amount of state, local, and excise tax you paid in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you make any gifts to any one person in 2010 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

To itemize deductions, bring receipts and documentation for these types of expenses:

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2010
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: _____

Miscellaneous Information

Name:

SSN:

Information to bring to your appointment:

Driver's license & social security card (for identity verification)

Copy of your 2009 income tax return (for comparison and review for all includible information)

Preprinted IRS label received

Original W-2s and other statements of income received from employers

1099s and other statements reporting interest/dividend/miscellaneous income

Records of other income received (tips, self-employment, SSI, combined bank reporting statements)

Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: _____

Preparer Notes

Miscellaneous Notes (These will update to next year.)

Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
City	State	ZIP	
County		School District	
Foreign Address		Foreign City	
Foreign State/Province		Foreign Postal Code	Foreign Country
Taxpayer Date of Birth		Spouse Date of Birth	
Occupation		Occupation	
Daytime phone:	Ext:	Daytime phone:	Ext:
Evening phone:	Ext:	Evening phone:	Ext:
Cell:		Cell:	
E-mail		E-mail	
<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military		<input type="checkbox"/> Full time student <input type="checkbox"/> Blind <input type="checkbox"/> Active military	
Do you want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>		Does your spouse want \$3 to go to the Presidential Election Camp Fund? <input type="checkbox"/>	
Date and time of this year's appointment		Economic Recovery Payment Amount	

Income Taxes Paid

Federal		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made						

Resident State		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made						

Local		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
	Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.
Additional payments made						

Dependents

Name:					SSN:				
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950?			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950?			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950?			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
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SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950?			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
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Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									
First name/MI			Last name			Suffix			
SSN/ITIN		Relationship			Number of months lived with you				
DOB		Is this dependent a minor child with income over \$950?			2010		2009		
Child Care Credit - qualifying expenses incurred and paid in 2010									
Child Care Credit - portion of qualifying expenses provided by employer									
Education Credits - current year qualifying expenses if in first 4 years of college									
Education Credits - current year qualifying expenses if NOT in first 4 years of college									

Child & Dependent Care

Name:

SSN:

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care Provider's Phone

Amount Paid in 2010

Amount Paid in 2009

Wages and Salaries

Please attach all W-2(s).

Name:

SSN:

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2010		2009		Federal tax	2010		2009	
		State wages	2010		2009		State tax	2010		2009	
		Locality	2010		2009		Local tax	2010		2009	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2010		2009		Federal tax	2010		2009	
		State wages	2010		2009		State tax	2010		2009	
		Locality	2010		2009		Local tax	2010		2009	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2010		2009		Federal tax	2010		2009	
		State wages	2010		2009		State tax	2010		2009	
		Locality	2010		2009		Local tax	2010		2009	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2010		2009		Federal tax	2010		2009	
		State wages	2010		2009		State tax	2010		2009	
		Locality	2010		2009		Local tax	2010		2009	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2010		2009		Federal tax	2010		2009	
		State wages	2010		2009		State tax	2010		2009	
		Locality	2010		2009		Local tax	2010		2009	

TS		Federal I.D. No.		Company Name							
		State I.D. No.									
		Federal wages	2010		2009		Federal tax	2010		2009	
		State wages	2010		2009		State tax	2010		2009	
		Locality	2010		2009		Local tax	2010		2009	

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Activity type				You disposed of this property during 2010 <input type="checkbox"/>
You started or acquired this business during 2010 <input type="checkbox"/>			Statutory employee OR qualified joint venture <input type="checkbox"/>	

Income	2010	2009	2010	2009
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2010	2009	2010	2009
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (list):	
Insurance (other than health)				
Mortgage interest (paid to banks etc.)				
Other interest				
Legal & professional services				
Office expenses				
Pension and profit sharing plans				
Rent or lease (vehicles, machinery, and equipment)				
Rent (other business property)				
Repairs and maintenance			Other (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2010	2009	2010	2009
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

Information on your vehicle		2010	2009		
Date placed in service			Available when off duty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business miles			Another vehicle available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commuting miles			You have evidence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other miles			It is written	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Profit or Loss From Business

Schedule C General Information

Name:

SSN:

TS		Principal business or profession	Business code
Employer I.D. number			
Business name			
Business address			

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of Cost or Market Other Change of inventory method Yes No

Activity type You disposed of this property during 2010

You started or acquired this business during 2010 Statutory employee OR qualified joint venture

Information on your vehicle	2010	2009	
Date placed in service			Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Information	2010	2009
Family Health Coverage		

Income	2010	2009
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2010	2009
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ **SSN:** _____

TSJ Property address _____

City _____ State _____ Zip _____

Property type: _____ Activity type: _____

Some investment is not at risk Property was 100% disposed of in 2010 Property is a Single Member Limited Liability Company

If property is used for personal purposes at least 10% or 14 days, enter personal % _____

If multi-dwelling unit and taxpayer occupies part, enter % occupied by taxpayer _____

Is this your main home or second home? Yes

Income:	2010	2009
Rental income		
Royalties from oil, gas mineral, copyright or patent		

Expenses:	2010 Direct Expenses	2009 Direct Expenses	2010 Indirect Expenses	2009 Indirect Expenses
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
<input type="checkbox"/> Above amount includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other expenses: (list)				

Other Information:

Ownership percentage				
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Form 1099-G Unemployment Compensation

Name:

SSN:

TSJ Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

Payer's phone:

Account number:

	2010	2009		2010	2009
Unemployment compensation			State <input type="text"/>	State I.D. <input type="text"/>	
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ Payer's Federal I.D. Number:

Payer's name:

Payer's address:

City, State, Zip:

Payer's phone:

Account number:

	2010	2009		2010	2009
Unemployment compensation			State <input type="text"/>	State I.D. <input type="text"/>	
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

Form 1099-MISC

Please attach all 1099-M(s)

Name:

SSN:

TS For Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

	2010	2009		2010	2009
Rents			State <input type="checkbox"/>	State I.D.	
Royalties			State tax withheld		
Other income			State income		
Description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State <input type="checkbox"/>	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

TS For Payer's Federal ID number:

Payer's name:

Address:

City, State, Zip

	2010	2009		2010	2009
Rents			State <input type="checkbox"/>	State I.D.	
Royalties			State tax withheld		
Other income			State income		
Description			Name of locality		
Federal tax withheld			Local tax withheld		
Fishing boat proceeds			Local income		
Medical & health care payments			State <input type="checkbox"/>	State I.D.	
Non-employee compensation			State tax withheld		
Substitute payments			State income		
<input type="checkbox"/> Payer made direct sales			Name of locality		
Crop insurance proceeds			Local tax withheld		
Excess golden parachute			Local income		
Gross attorney proceeds					

Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

Name:	SSN:
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TS	Payer's name:					Payer's Federal ID Number:				
Address:										
City, State, Zip							2010	2009		
		2010	2009	State	State I.D.					
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld						
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution						
Gross distribution				Local income tax withheld						
Taxable amount				Name of locality						
Total distribution				Local distribution						
Capital gain				State	State I.D.					
Federal income tax withheld				State income tax withheld						
Employee contributions or insurance premiums				State distribution						
Distribution code(s)				Local income tax withheld						
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Name of locality						
Your percentage of total distribution				Local distribution						

TS	Payer's name:					Payer's Federal ID Number:				
Address:										
City, State, Zip							2010	2009		
		2010	2009	State	State I.D.					
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld						
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution						
Gross distribution				Local income tax withheld						
Taxable amount				Name of locality						
Total distribution				Local distribution						
Capital gain				State	State I.D.					
Federal income tax withheld				State income tax withheld						
Employee contributions or insurance premiums				State distribution						
Distribution code(s)				Local income tax withheld						
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Name of locality						
Your percentage of total distribution				Local distribution						

Social Security Benefit Statement

		2010	2009			2010	2009			2010	2009
TS	Net benefits			Medicare premiums				Income tax withheld			
TS	Net benefits			Medicare premiums				Income tax withheld			

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ **SSN:** _____

Part I - General Information

Taxpayer's foreign address

Foreign city _____ ST _____

Postal code _____ Country _____

Country code _____ Occupation _____

Employer's name

Employer: US address

City _____ ST _____ Zip _____

Employer: Foreign address

City _____ ST _____

Postal code _____ Country _____

Employer is: (check any that apply) A foreign entity A U.S. company Self

A foreign affiliate of a U.S. company Other (specify): _____

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice? Yes No

If Yes, give the type of exclusion and the tax year for which the revocation was effective.

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If Yes, enter city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address

City and country	Number of Days	

List your tax home(s) during your tax year and date(s) established

Home	Date Established	

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: _____ **SSN:** _____

Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Kind of living quarters in foreign country Purchased house Rented house or apartment Rented room
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year Yes No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year:

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad

State the type of visa under which you entered the foreign country

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation) Yes No

Did you maintain a home in the United States while living abroad? Yes No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address

Occupant Name	Relationship

Part III - Taxpayers Qualifying Under Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name:

SSN:

Foreign Earned Income	2010	2009
Total wages, salaries, bonuses, commissions, etc.		
Allowable share of income for personal services performed:		
In a business (including farming) or profession		
In a partnership (list name, address, and type of income):		
Noncash income:		
Home (lodging)		
Meals		
Car		
Other property or facility (specify)		
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other (specify)		
Other foreign earned income (specify):		
Meals and lodging on line 24 that are excludable		
For Taxpayers Claiming the Housing Exclusion and/or Deduction		
Qualified housing expenses for the tax year		
Location where housing expenses incurred & days in qualifying period that fall within your 2010 tax year		
Enter the number of days in qualifying period that fall within your 2010 tax year		
Enter employer-provided amounts		
For Taxpayers claiming the foreign earned income exclusion		
Enter the number of days in qualifying period that fall within your 2010 tax year		

Moving Expenses

Name:

SSN:

TSJ	Military move	2010	2009
<input type="checkbox"/>	<input type="checkbox"/>		
Enter the number of miles from your OLD home to your NEW workplace			
Enter the number of miles from your OLD home to your OLD workplace			
Transportation and storage of household goods and personal effects			
Travel and lodging incurred during move (do NOT include cost of meals)			
Amount of moving expenses reimbursed by your employer			

Foreign Moving Expenses

If you moved to a foreign country:	2010	2009
City and country in which your old workplace was located		
City and country in which your new workplace is located		

Self-Employed Health Insurance and Self-Employed Pensions

TSJ	2010	2009
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
Qualified long term care amount		
Enter your medicare wages from an S corporation		
Plan contribution rate as a decimal		
Enter your net profit from line 31, Schedule C; line 36, Schedule F; or box 14, code A, Schedule K-1		
Enter your allowable elective deferrals made during 2010		
Enter your catch-up contributions		

Noncash Charitable Contributions

TSJ	Donee I.D.	PROPERTY TYPE (if over \$5,000)	
Name of donee organization			
Address of donee organization			
City, State, & ZIP of donee organization			
Description of donated property			
Physical condition of donated property			Art valued more than \$20,000
Valuation method used			Art valued less than \$20,000
How was it acquired?			Collectibles
Date acquired			Qualified Conservation Contribution
Date contributed			Other Real Estate
Donor's cost or adjusted basis			Intellectual Property
Fair market value			Equipment
Bargain sale price			Securities
Average security price			Other

Other Income and Adjustments

Name:

SSN:

Income

	Taxpayer		Spouse	
	2010	2009	2010	2009
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2010				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2010				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2010	2009	GIFTS TO CHARITY (attach receipts)	2010	2009
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			JOB EXPENSES (list):		
			Unreimbursed employee expenses		
TAXES YOU PAID					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
New motor vehicle purchased after Feb 16, 2009 and before Jan 1, 2010					
Vehicle purchase price					
Total taxes paid in 2010			Tax preparation fees		
Tax on first \$49,500 of purchase price			OTHER EXPENSE (list):		
Personal property taxes					
Other taxes (list):					
INTEREST YOU PAID			MISCELLANEOUS DEDUCTIONS		
Home mort. int. & points on Form 1098			Other deductions not subject to 2% limit		
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

Mortgage Interest

Name:

SSN:

TSJ		For		Business name	Product		
Recipient/Lender Information:						2010	2009
Federal ID #					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

TSJ		For		Business name	Product		
Recipient/Lender Information:						2010	2009
Federal ID #					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

TSJ		For		Business name	Product		
Recipient/Lender Information:						2010	2009
Federal ID					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

TSJ		For		Business name	Product		
Recipient/Lender Information:						2010	2009
Federal ID #					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

TSJ		For		Business name	Product		
Recipient/Lender Information:						2010	2009
Federal ID #					Mortgage interest		
Name					Points paid		
Address					Refund overpaid interest		
City, State, Zip					Real Estate taxes paid		
Account Number					Mortgage insurance premiums		

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home	2010	2009
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Square feet of home used exclusively for business		
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Total square feet of home		
---------------------------	--	--

Use of Home for Daycare	2010	2009
--------------------------------	-------------	-------------

Area used part time for business		
----------------------------------	--	--

Total hours used for daycare		
------------------------------	--	--

Total hours available		
-----------------------	--	--

Did you live in the home all year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------	------------------------------	-----------------------------

If not, enter the dates you lived in the home	From:	To:	
---	-------	-----	--

Expenses			
-----------------	--	--	--

	Expenses directly related to business use only		Total Household expenses	
	2010	2009	2010	2009

Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
---	--	--	--	--

Deductible mortgage interest				
------------------------------	--	--	--	--

Real estate taxes				
-------------------	--	--	--	--

Excess mortgage interest				
--------------------------	--	--	--	--

Insurance				
-----------	--	--	--	--

Rent				
------	--	--	--	--

Repairs and maintenance				
-------------------------	--	--	--	--

Utilities				
-----------	--	--	--	--

Other expenses				
----------------	--	--	--	--

Cost of Home	2010	2009
---------------------	-------------	-------------

Enter the smaller of your home's adjusted basis or its fair market value		
---	--	--

Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No	Value of land		
---	---------------	--	--

Date placed in service		
------------------------	--	--

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

	2010	2009
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist		
<input type="checkbox"/> Fee-based state or local government official		
<input type="checkbox"/> Pastor		

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2010	2009	2010	2009
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2010				
Business miles included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes", is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

First-Time Homebuyer Credit

Name:

SSN:

Form 5405 - First-Time Homebuyer Credit

TSJ

Address of home qualifying for the credit
Street

City

State ZIP

Date the home was purchased

Yes

No

If date purchased is after April 30, 2010, and before Oct 1, 2010, was a binding contract signed before May 1, 2010, to purchase the home before July 1, 2010?

Are you (or your spouse if married) a member of the military or foreign service?

Was the home purchased from a related person?

Are you choosing to claim the credit on the return for the year before the home was purchased?

Credit

Purchase price of the home

If someone other than a spouse held an interest in the home, enter only the taxpayer's share of the credit

Purchase of the home qualifies for the credit as:

First-time homebuyer

Long-time resident

Disposition or Change in Use of Main Home for Which the Credit Was Claimed

Date the home was disposed of or ceased to be your main home

Are you (or your spouse if married) a member of the military or foreign service

Yes

Select the box below that applies to you

 I sold the home to an unrelated person and had a gain on the sale I sold the home to an unrelated person and did not have a gain on the sale I sold the home to a related person I converted the home to a rental or business or I still own the home but it is no longer my main home I transferred the home to spouse (or ex-spouse as part of my divorce) settlement

Ex-spouse's full name

 My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years The taxpayer who claimed the credit died in 2010

First-time Homebuyer Credit Claimed for 2008 or 2009

Year home purchased

Amount of the credit you claimed on Form 5405 for 2008 or 2009

Gain on the sale of your main home

Amount to repay in 2010 if you are choosing to repay more than is required

Residential Energy Credits

Name:

SSN:

TSJ

Were improvement or costs made to your main home located in the US?

Yes

No

Qualified energy efficient improvements

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior windows including skylights

Exterior doors

Metal roof with appropriate pigmented coatings designed to reduce heat gain

Residential energy property costs

Energy efficient building property

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

Residential Energy Efficient Property Credit

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified fuel cell property costs

Kilowatt capacity of property on line 18

Amount of unused credit from 2009 Form 5695, line 28

Energy Credits

Name:

SSN:

8834 - Qualified Electric Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Cost of vehicle			
Business/investment use percentage			
Section 179 expense deduction			
Qualified plug-in electric vehicle from pass-through entities			
Credits from passive activities			

8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Tentative Credit			
Business/Investment use percentage			
Qualified 8936 Credit from pass-through entities			

Energy Credits (continued)

Name:

SSN:

Form 8908 - Energy Efficient Home Credit

TSJ

1a	Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year	
2a	Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year	
3	Energy efficient home credit from partnerships and S corporations	

Form 8910 - Alternative Motor Vehicle Credit

TSJ

Vehicle 1

Vehicle 2

Vehicle 3

	Vehicle 1	Vehicle 2	Vehicle 3
Year of vehicle			
Make of vehicle			
Model of vehicle			
Date vehicle was placed in service			
Maximum credit allowable			
Cost of converting vehicle to plug-in electric drive motor			
Section 179 expense deduction			
Business/investment use percentage			
Alternative motor vehicle credits from partnerships and S corporations			

Credit for Small Employer Health Insurance Premiums

Name:

SSN:

Total amount of any state premium subsidies paid and any state tax credit available	
Credit for small employer health insurance premiums from partnerships, s corporations, cooperatives, estates, and trusts	
Credit for small employer health insurance premiums above from passive activities	
Credit for small employer health insurance premiums allowed for 2010 from a passive activity	

Provide a list of eligible employees, their hours of service, wages paid, the amount of health insurance premiums paid by you, and the state average premium. (Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.)

Detail Worksheet

Name:

SSN:

Title

Description

2010

2009

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you have another vehicle available for personal use? Yes No

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

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2010

2009

a Business miles

b Commuting

c Other

Expenses:

2010

2009

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %