### **Miscellaneous Information**

Name:			SSN:
s	No		General Information
		1.	Were there any changes to your filing status or number of dependents during 2010?
		2.	Can you or your spouse be claimed as a dependent by someone else?
		3.	Did you incur any childcare expenses?
		4.	Did you have a change in residence or job location during the year?
		5.	Did you move during 2010? From where? Date of move
		6.	Did you reside in more than one state during 2010? If yes, which states?
		7.	Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8.	Would you like a copy of your tax return sent to you via email?
		9.	Did you receive an Economic Recovery Payment in 2010 from social security
_			benefits, supplemental security income, or pension benefits?
es	No		Income Information
		1.	Have you received all W-2s from all employers? How many W-2s are attached?
			Did you use your vehicle on the job other than for commuting to work? Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value.
			Did you work out of town at any time during the year? Did you earn income from a state other than the state in which you live? If yes, what state and how much?
		6.	Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
			Did you receive any disability income during the year? \$ . Attach 1099-R. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9.	Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10.	Did you have any income from, or pay taxes to, a foreign country?
		11.	Did you engage in any bartering transactions during 2010?
		12.	Did you surrender any U.S. Savings Bonds during 2010?
		13.	Did you receive any state or local income tax refunds from prior years?
		14.	Do you or your spouse have any IRA accounts?
		15.	Did you recharacterize any IRAs this year?
		16.	Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
			Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
			Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19.	Did you receive any type of prize, award, or gambling winnings during 2010? Did you receive any of the following: Unemployment Income, Combat Pay, Jury
		0.4	Duty and/or Alimony, or Maintenance Received? If so, what and how much?
			Did you receive any income not shown in this organizer? If so, please list.
		22.	Does anyone owe you money that has become uncollectible?

### **Miscellaneous Information**

Page 2

Na	ame:	SSN:
Yes	No	Business Information
		<ol> <li>Did you start a new business or purchase any rental property during 2010?</li> <li>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.</li> <li>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.</li> </ol>
		4. Did you own rental property? What percentage of time did you spend managing your rentals?
		5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?
Yes	No	Other Information
		1. Were any tuition costs paid during 2010 (even if classes were attended in another year)?
		2. Did anyone in your household attend higher education classes in 2010?
		3. Did you incur a loss due to damaged or stolen property?
		4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008?
		5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home.
		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.
		7. If yes to question 6, was the First-Time Homebuyer Credit taken on the home?
		<ol> <li>B. Did you purchase a home that you used as a principal residence?</li> <li>If yes, please provide closing documentation.</li> <li>Did you purchase a new vehicle between February 16, 2009 and January 1, 2010?</li> <li>If yes, please provide the amount of state, local, and excise tax you paid in 2010.</li> </ol>
		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?
		11. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?
То	item	ize deductions, bring receipts and documentation for these types of expenses:
	Pres	scriptions, first-aid
	Stat	te/local income taxes
	Mor	rtgage interest
	Тах	preparation fees
	Gam	mbling losses (up to amount of winnings)
	Cas	sh donations to charity (provide all receipts)
	Med	dical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
	Rea	al estate and personal property taxes paid in 2010
	Unre	reimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
	Fair	r market value of property donated to charity
	Purc	chase price of new goods donated or used in volunteer work
(	Comm	nents:
·		
-		
-		

### **Miscellaneous Information**

		Page 3
Na	ame: SSN:	
Info	ormation 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:	
-		
-		
•		
•		
Pro	parer Notes	
110		
	Miscellaneous Notes (These will update to next year.)	

			P€	ersonal	Dat	a					
Taxpayer Name							SSN				
Spouse's Name							SSN				
Address							Apt no.				
City				State		ZIP					
County				Scho	ool Distr	ict					
Foreign Address						Foreig City	n				
Foreign State/Province			Foreio Posta	gn I Code		Foreig Count					
Taxpayer Date of Birth					oouse ate of Bi	rth					
Occupation				O	ccupatio	n					
Daytime phone:		Ext:		Da	aytime p	hone:			E	Ext:	
Evening phone:		Ext:		E	vening p	hone:			E	Ext:	
Cell:				с	ell:						
E-mail				E-	mail						
Full time studen	t Blind	d Acti	ve milita	,		time student		Blind		Active m	ilitary
Do you want \$3 to go	to the Presidentia	al Election Camp F	Fund?		oes youi amp Fur	spouse want	\$3 to go	to the Presi	dential E	Election	
Date and time of this year's appointment					Fco	nomic Recove	ry Paym	ent Amount			
Income Taxes Pa	aid				LCO		iy i ayin				
Federal				10 estimate date due	2010	) est amount	Amo	unt paid	Da	ite paid	Check no.
2009 Refund			Apri	il 15, 2010							
2009 Refund applied t	o 2010		Jun	e 15, 2010							
2009 Balance Due			Sep	ot. 15, 2010							
			Jan	. 18, 2011							
	Amount paid	Date paid	Check no.	Amount	paid	Date paid	Check no.	Amount	paid	Date paid	Check no.
Additional payments made											
Resident State				10 estimate date due	2010	) est amount	Amo	unt paid	Da	ite paid	Check no.
2009 Refund			Apri	il 15, 2010							
2009 Refund applied t	o 2010		Jun	e 15, 2010							
2009 Balance Due			Sep	ot. 15, 2010							
				. 18, 2011							
	Amount paid	Date paid	Check no.	Amount	paid	Date paid	Check no.	Amount	paid	Date paid	Check no.
Additional payments made											
Local				10 estimate date due	2010	) est amount	Amo	unt paid	Da	te paid	Check no.
2009 Refund April 15, 20			il 15, 2010								
2009 Refund applied to 2010 June 1			e 15, 2010								
2009 Balance Due			Sep	ot. 15, 2010							
				. 18, 2011							
	Amount paid	Date paid	Check no.	Amount	paid	Date paid	Check no.	Amount	paid	Date paid	Check no.
Additional payments made											

Name:					SSN	l:	
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	
Local	ty <b>2010</b>		2009	Local tax	2010	2009	
Federal		Company					
TS I.D. No. State I.D. No.		Name					
Federal wages	2010		2009	Federal tax	2010	2009	
State wages	2010		2009	State tax	2010	2009	
Local	ty 2010	l	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	
Local	ty 2010		2009	Local tax	2010	2009	
Federal		Company					
TS I.D. No. State I.D. No.		Name					
Federal wages	2010		2000	Federal tax	2010	2000	
State wages	2010		2009 2009	State tax	2010 2010	2009	
			2009	Local tax	2010	2009	
	2010		2003	Loour ux	2010	2003	
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	
Local	ty 2010		2009	Local tax	2010	2009	
TS Federal I.D. No.		Company Name					
State I.D. No.		INdille					
Federal wages	2010		2009	Federal tax	2010	2009	
State wages	2010		2009	State tax	2010	2009	
Locali			2009	Local tax	2010	2009	
2004	.,			2003. 144		2000	

Wages and Salaries Please attach all W-2(s). 2010

	Interest Income Please attach all 1099(s) relating to interest income.							
N	ame: SSN:							
тѕј	Name and SSN of payer Address of payer	2010	2009					
-								
-								
<u> </u>								
<u> </u>								

## **Dividend Income** Please attach all 1099(s) relating to dividend income.

Na	Name: SSN:								
					Federal Income Tax	Foreign Tax Paid	Othe		
TSJ	Name of payer	Ordinary	Qualified	Capital Gains	Тах	Paid	Description	Amount	

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Please attach additional sheets if necessary.

# Supplemental Income and Loss Part II - Income or Loss From Fiduciary

N	ame:	SSN	l:	
Attac <b>TS</b>	h all Form 1041 Schedules K-1 received for 2010 Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?
		number		Alluoneu

# Supplemental Income and Loss Part II - Income or Loss From Partnerships

Na	ame:	SSN:			
Attac TS	h all Form 1065 Schedules K-1 received for 2010 Name:	Employer identification number	Any changes in this investment?	Is K-1 Attached?	

# Supplemental Income and Loss Part II - Income or Loss From S Corporations

N	ame:	SSN	1:	
	h all Form 1120S Schedules K-1 received for 2010	Employer identification number	Any changes in this investment?	Is K-1 Attached?
TS	Name:	number	in this investment?	Attached?
<u> </u>				
-				
<u> </u>				
<u> </u>				
<u> </u>				

### **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, 2	2009 and befo	ore 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						

### **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					
тѕј	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)

N	ame:		SSN:			
Form 8908 - Energy Efficient Home Credit						
	TSJ					
1a	1a Total number of qualified energy efficient homes meeting the 50% standard that were sold during the year					
2a	2a Total number of qualified energy efficient manufactured homes meeting the 30% standard that were sold during the tax year					
<sup>3</sup> Energy efficient home credit from partnerships and S corporations						
Form 8910 - Alternative Motor Vehicle Credit						
	TSJ	Vehicle 1	Vehicle 2	Vehicle 3		
Yea	r of vehicle					
Mak	e of vehicle					
Мос	lel of vehicle					
Date vehicle was placed in service						
Мах	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						