

Miscellaneous Information

Name: _____

SSN: _____

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Were there any changes to your filing status or number of dependents during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	2. Can you or your spouse be claimed as a dependent by someone else?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur any childcare expenses?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you have a change in residence or job location during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you move during 2010? From where? _____ Date of move _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you reside in more than one state during 2010? If yes, which states? _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	8. Would you like a copy of your tax return sent to you via email?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you receive an Economic Recovery Payment in 2010 from social security benefits, supplemental security income, or pension benefits?

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you received all W-2s from all employers? How many W-2s are attached? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you use your vehicle on the job other than for commuting to work?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you work out of town at any time during the year?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
<input type="checkbox"/>	<input type="checkbox"/>	8. 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?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you have any income from, or pay taxes to, a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you engage in any bartering transactions during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did you surrender any U.S. Savings Bonds during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did you receive any state or local income tax refunds from prior years?
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	15. Did you recharacterize any IRAs this year?
<input type="checkbox"/>	<input type="checkbox"/>	16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
<input type="checkbox"/>	<input type="checkbox"/>	19. Did you receive any type of prize, award, or gambling winnings during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	21. Did you receive any income not shown in this organizer? If so, please list. _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Does anyone owe you money that has become uncollectible?

Comments: _____

Miscellaneous Information

Name:

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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

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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			
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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.	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.	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.	Check no.
Additional payments made						

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

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

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