

| | | | | |
|-------------|-------------|-----------|---------------------------|----------|
| 2010 | 1040 | US | Client Information | 1 |
|-------------|-------------|-----------|---------------------------|----------|

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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

| | | | |
|-----------------|--|--|--|
| Filing Status | Filing status (table) | | <p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> |
| | 1=married filing separate and lived with spouse | | |
| | Year spouse died, if qualifying widow(er) (2008 or 2009) | | |
| Taxpayer | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation | | |
| | Date of birth (m/d/y) | | |
| | Date of death (m/d/y) | | |
| 1=blind | | | |
| Spouse | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation | | |
| | Date of birth (m/d/y) | | |
| | Date of death (m/d/y) | | |
| 1=blind | | | |
| Address | In care of | | |
| | Street address | | |
| | Apartment number | | |
| | City | | |
| | State | | |
| Foreign Address | ZIP code | | |
| | Region | | |
| | Postal code | | |
| | Country | | |

2010

1040

US

Client Information (continued)

1 p2

Please add, change or delete information for 2010.

CLIENT INFORMATION

| | | | |
|------------------------------------|-----------------------------|--|--|
| Taxpayer Contact Information | Home phone | | Daytime Phone 1 = Work 2 = Home 3 = Mobile |
| | Work phone | | |
| | Work extension | | |
| | Daytime phone (table) | | |
| | Mobile phone | | |
| | Pager number | | |
| | Fax number | | |
| | E-mail address | | |
| Spouse Contact Information | Home phone | | |
| | Work phone | | |
| | Work extension | | |
| | Daytime phone (table) | | |
| | Mobile phone | | |
| | Pager number | | |
| | Fax number | | |
| | E-mail address | | |

1 p2

| | | | | |
|-------------|-------------|-----------|-------------------|----------|
| 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | PERSONAL INFORMATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | DEPENDENTS |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | INCOME |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | PURCHASES, SALES AND DEBT |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | |
|--|--|--|
| 1=direct deposit of federal tax refund into bank account | | |
| 1=electronic payment of balance due | | |
| 1=electronic payment of estimated tax | | |

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2010 ESTIMATED TAX / 1040-ES (6)

| Federal | Amount Paid | Date Paid | TS | 2010 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2009 | | | | |
| 1st quarter payment (due 4/15/10) | | | | |
| 2nd quarter payment (due 6/15/10) | | | | |
| 3rd quarter payment (due 9/15/10) | | | | |
| 4th quarter payment (due 1/17/11) | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension (not later than 4/18/11) | | | | |

| State | Amount Paid | Date Paid | TS | 2010 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2009 | | | | |
| 1st quarter payment (due 4/15/10) | | | | |
| 2nd quarter payment (due 6/15/10) | | | | |
| 3rd quarter payment (due 9/15/10) | | | | |
| 4th quarter payment (due 1/17/11) | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension (not later than 4/18/11) | | | | |

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

| | |
|---------------------------------------|--|
| 1 = Checking or savings (default) | 6 = Coverdell savings account (ESA) |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other |
| 3 = Spouse's IRA (next year limits) | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA) | 9 = Spouse's IRA (current year limits) |
| 5 = Archer MSA | 10 = Series I treasury bonds |

2010

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2010 information.

APPLICATION OF 2010 OVERPAYMENT (7.1)

If you have an overpayment of 2010 taxes, do you want the excess refunded? or applied to 2011 estimate? ...

Other (please explain): _____

2011 ESTIMATED TAX INFORMATION

Do you expect your 2011 taxable income to be different from 2010? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2011 withholding to be different from 2010? Yes No

If "yes" explain any differences: _____

7.1

| | | | | |
|-------------|-------------|-----------|---|-----------------------|
| 2010 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2009 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/10 | 2009 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | Federal (Box 4) | State (Box 10) | | |
| | | 1=IRA/SEP/SIMPLE | | | | | | | |
| | | 1=spouse | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld | | 2009 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|---------------|
| | | | | Federal (Box 2) | State (Box 14) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | | | | |
|--|--------------------|----------|----------|--------------------|
| | 2010 Amount | T | S | 2009 Amount |
| Total gambling losses | | | | |
| Winnings not reported on Form W-2G | | | | |

10, 13.1, 13.2

2010

1040

US

Miscellaneous Income

14.1

Please enter all pertinent 2010 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

| | 2010 Amount | | 2009 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) .. | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

14.1

2010

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2010 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2010 1099-G Amount

| | | | |
|--|--|--|--|
| No. <input type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Unemployment compensation: | | |
| | Total received (Box 1) | | |
| | 2010 Overpayment repaid..... | | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) | | |
| | 1=city or local income tax refund | | |
| | Tax year for box 2 if not 2009 (Box 3)..... | | |
| | Federal income tax withheld (Box 4)..... | | |
| | ATAA payments (Box 5)..... | | |
| | Taxable energy grants: | | |
| | Federal taxable amount (Box 6) | | |
| | State taxable amount, if different..... | | |
| | Farm amounts: | | |
| Agriculture payments (Box 7)..... | | | |
| 1=agriculture payments are from conservation reserve program | | | |
| Market gain (Box 9)..... | | | |
| Number of farm | | | |
| 1=box 2 is trade or business income (Box 8)..... | | | |
| State income tax withheld (Box 11)..... | | | |

| | | | |
|--|--|--|--|
| No. <input type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Unemployment compensation: | | |
| | Total received (Box 1) | | |
| | 2010 Overpayment repaid..... | | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) | | |
| | 1=city or local income tax refund | | |
| | Tax year for box 2 if not 2009 (Box 3)..... | | |
| | Federal income tax withheld (Box 4)..... | | |
| | ATAA payments (Box 5)..... | | |
| | Taxable energy grants: | | |
| | Federal taxable amount (Box 6) | | |
| | State taxable amount, if different..... | | |
| | Farm amounts: | | |
| Agriculture payments (Box 7)..... | | | |
| 1=agriculture payments are from conservation reserve program | | | |
| Market gain (Box 9)..... | | | |
| Number of farm | | | |
| 1=box 2 is trade or business income (Box 8)..... | | | |
| State income tax withheld (Box 11)..... | | | |

14.2

| | | | | |
|-------------|-------------|-----------|--|-------------|
| 2010 | 1040 | US | Education Distributions (ESA's and QTP's) | 14.3 |
|-------------|-------------|-----------|--|-------------|

**Please enter all pertinent 2010 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

| | | 2010 Amount | 2009 Amount |
|---|---|-------------|-------------|
| No. <input style="width: 40px;" type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | |
| | ESA's only: | | |
| 2010 contributions to this ESA..... | | | |
| Value of this account at 12/31/10 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31/09..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | |
| | ESA's only: | | |
| 2010 contributions to this ESA..... | | | |
| Value of this account at 12/31/10 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31/09..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | |
| | ESA's only: | | |
| 2010 contributions to this ESA..... | | | |
| Value of this account at 12/31/10 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31/09..... | | | |

2010

1040

US

Business Income (Schedule C)

No.

16

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..... | | |

16

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:

| | | |
|-------|--|--|
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |

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

2010

1040

US

Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

| | |
|---------------------------|----------------------|
| Kind of property..... | <input type="text"/> |
| Location of property..... | <input type="text"/> |

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

INCOME

| | 2010 Amount | 2009 Amount |
|---|----------------------|----------------------|
| Rents received (Form 1099-MISC, box 1)..... | <input type="text"/> | <input type="text"/> |
| Royalties received (Form 1099-MISC, box 2)..... | <input type="text"/> | <input 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 type="text"/> | <input type="text"/> |
| Association dues..... | <input type="text"/> | <input type="text"/> |
| Auto and travel (not entered elsewhere)..... | <input type="text"/> | <input type="text"/> |
| Cleaning and maintenance..... | <input type="text"/> | <input type="text"/> |
| Commissions..... | <input type="text"/> | <input type="text"/> |
| Gardening..... | <input type="text"/> | <input type="text"/> |
| Insurance..... | <input type="text"/> | <input type="text"/> |
| Legal and professional fees..... | <input type="text"/> | <input type="text"/> |
| Licenses and permits..... | <input type="text"/> | <input type="text"/> |
| Management fees..... | <input type="text"/> | <input type="text"/> |
| Miscellaneous..... | <input type="text"/> | <input type="text"/> |
| Mortgage interest (paid to banks, etc.)..... | <input type="text"/> | <input type="text"/> |
| Qualified mortgage insurance premiums..... | <input type="text"/> | <input type="text"/> |
| Excess mortgage interest..... | <input type="text"/> | <input type="text"/> |
| Other interest (not entered elsewhere)..... | <input type="text"/> | <input type="text"/> |
| Painting and decorating..... | <input type="text"/> | <input type="text"/> |
| Pest control..... | <input type="text"/> | <input type="text"/> |
| Plumbing and electrical..... | <input type="text"/> | <input type="text"/> |
| Repairs..... | <input type="text"/> | <input type="text"/> |
| Supplies..... | <input type="text"/> | <input type="text"/> |
| Taxes - real estate..... | <input type="text"/> | <input type="text"/> |
| Taxes - other (not entered elsewhere)..... | <input type="text"/> | <input type="text"/> |
| Telephone..... | <input type="text"/> | <input type="text"/> |
| Utilities..... | <input type="text"/> | <input type="text"/> |
| Wages and salaries..... | <input type="text"/> | <input type="text"/> |
| Other: | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

18

2010

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

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:

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

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

20.1,20.2

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2010 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|-------------|-------------|-----------|--|------------------|

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

ESTATE OR TRUST INFORMATION (20.3)

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REMIC INFORMATION (20.4)

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

20.3,20.4

2010

1040

US

Adjustments to Income

24

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

TRADITIONAL IRA CONTRIBUTIONS

| | 2010 Amount | | 2009 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)..... | | | | |
| Contributions made to date | | | | |
| 1=covered by plan, 2=not covered..... | | | | |
| 2010 payments from 1/1/11 to 4/15/11..... | | | | |

ROTH IRA CONTRIBUTIONS

| | 2010 Amount | 2009 Amount |
|---|-------------|-------------|
| Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older)..... | | |
| Contributions made to date | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | 2010 Amount | 2009 Amount |
|---|-------------|-------------|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | | |
| Defined benefit contributions you expect to make. | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | | |
| Plan contribution rate if not .25 (.xxxx) | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | | |
| Individual 401k: SE designated Roth contributions (1=max.) | | |
| SIMPLE contributions: | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | | |
| Employer matching rate if not .03 (.xxxx) | | |
| 1=nonelective contributions (2%) | | |
| Contributions made to date | | |

ADJUSTMENTS TO INCOME

| | | |
|--|--|--|
| Self-employed health insurance: | | |
| Total premiums (excluding long-term care).... | | |
| Long-term care premiums | | |
| Student loan interest paid (1098-E, box 1) | | |
| Educator expenses (kindergarten thru grade 12) | | |
| Jury duty pay given to employer | | |
| Expenses from rental of personal property | | |
| Other adjustments to income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

| Alimony paid: | Taxpayer | Spouse |
|----------------------------------|-----------|-----------|
| Recipient's first name | | |
| Recipient's last name | | |
| Recipient's SSN | | |
| Amount paid | 2009 amt: | 2009 amt: |

24

2010

1040

US

Itemized Deductions

25

Please enter all pertinent 2010 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2010 Amount | TS | 2009 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

TAXES PAID (State and local withholding and 2010 estimates are automatic.)

| | | | |
|--|--|--|--|
| 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 state | | | |
| 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 | | | |

SALES AND USE TAXES PAID

| | | | |
|--|--|--|--|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2010 purchases | | | |
| Use taxes paid with 2009 state return | | | |
| Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 * | | | |
| Vehicle #1 description | | | |
| Vehicle #1 purchase price | | | |
| Vehicle #1 sales tax paid | | | |
| Vehicle #1 other qualified taxes/fees paid | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

OTHER TAXES PAID

| | | | |
|---|--|--|--|
| Real estate taxes - principal residence: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Real estate taxes - property held for investment | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) .. | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| _____ | | | |
| _____ | | | |

25

2010

1040

US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2010 Amount

TS

2009 Amount

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for home mortgage interest reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, and amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for mortgage insurance premiums, investment interest, passive interest, and certain home mortgage interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

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).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2010 Amount, 2009 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

25 p2

2010

1040

US

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. 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.

50% limitation (see above):

2010 Amount

TS

2009 Amount

Three horizontal lines for entering 2010 amounts.

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

30% limitation (see above):

Three horizontal lines for entering 2010 amounts.

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

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 2010 amounts.

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

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 2010 amounts.

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

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

25 p3

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2010 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
2. Total home acquisition debt exceeded \$1,000,000 at any time during 2010 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2010 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

| | 2010 Amount | TS | 2009 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | | | |

LOAN INFORMATION

Loan #1

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2010 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2010 | | | |
| Grandfather debt balance - beginning of year | | | |

Loan #2

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2010 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2010 | | | |
| Grandfather debt balance - beginning of year | | | |

Form

1 = Schedule A (default)
 2 = Business use of home
 3 = Schedule E

| | | | | |
|-------------|-------------|-----------|---------------------------------------|-------------|
| 2010 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|-------------|-------------|-----------|---------------------------------------|-------------|

**Please enter all pertinent 2010 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2010, a high deductible health plan is one with an annual deductible that is not less than \$1,200 for self-only coverage or \$2,400 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$5,950 for self-only coverage or \$11,900 for family coverage.

| | 2010 Amount | | 2009 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1= self-only coverage, 2= family coverage..... | | | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)..... | | | | |
| Contributions included above that were made after you became eligible for Medicare..... | | | | |
| Contributions made to date..... | | | | |

HSA DISTRIBUTIONS

| | | | | |
|--|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1)... | | | | |
| Distributions included above that were rolled over to another HSA..... | | | | |
| Total unreimbursed qualified medical expenses... | | | | |

| | |
|--|-------------|
| | 32.1 |
|--|-------------|

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2010 | 1040 | US | Child and Dependent Care Expenses (Form 2441) | 33.1,33.2 |
|-------------|-------------|-----------|--|------------------|

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 | | | |

| | | | | |
|-------------|-------------|-----------|--|-----------|
| 2010 | 1040 | US | Education Credits / Tuition Deduction | 38 |
|-------------|-------------|-----------|--|-----------|

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.

