

Additional Information

ORG5

FOR NEW CLIENTS TO SCOTT BOYAR, CPA, PLLC:

* PLEASE PRINT OUT THE PAGES YOU NEED FOR YOUR PERSONAL TAX RETURN

* FILL THEM OUT AS COMPLETELY AS YOU CAN.

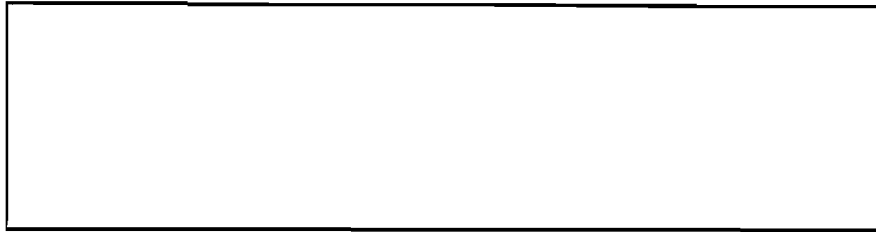
* THEN CALL MY OFFICE FOR AN APPOINTMENT--704-527-2725

* BRING A COPY OF YOUR PRIOR YEAR TAX RETURN TO THE APPOINTMENT

* PAYMENT FOR TAX PREPARATION IS DUE UPON DELIVERY OF THE TAX RETURN

* WE ACCEPT MASTER AND VISA CARDS AS WELL AS CHECKS

I LOOK FORWARD TO MEETING & WORKING WITH YOU



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2010 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2010 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2009 information is included for your reference. You do not need to make any 2009 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer yes to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2009 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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Taxpayer Information				Spouse Information			
Last name		_____		Last name		_____	
First name		_____		First name		_____	
Middle Initial	_____	Suffix	_____	Middle Initial	_____	Suffix	_____
Social security number		_____		Social security number		_____	
Date of birth		_____		Date of birth		_____	
Occupation		_____		Occupation		_____	
Work phone	_____	Ext ..	_____	Work phone	_____	Ext ..	_____
Cell phone		_____		Cell phone		_____	
E-mail address		_____		E-mail address		_____	
Address				Apartment number			
City		_____		State		ZIP Code	
Home phone		_____		Fax number		_____	

Dependent Information					
First name	MI	Social Security Number	Date of Birth	Months Lived with Taxpayer	Child Care Expense
Last name	Suffix	Relationship			
-----		-----			
-----		-----			
-----		-----			
-----		-----			

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid
-----	-----		
-----	-----		
-----	-----		
-----	-----		

Education Tuition and Fees				
Student First Name	MI	Suffix	Student Last Name	Social Security Number
-----			-----	
-----			-----	
-----			-----	

Attach all Form 1098-Ts and a list of your qualified education expenses.

Student Loan Interest Paid
 Enter total 2010 qualified student loan interest

General Questions

ORG3

PERSONAL INFORMATION

- 1 Did your marital status change during 2010?
2 Do you want to allow your tax preparer to discuss this year's return with the IRS?
3 Do you or your spouse plan to retire in 2011?
4 Were you or your spouse permanently and totally disabled in 2010?
5 Enter date of death for taxpayer or spouse (if during 2010 or 2011):
6 Were you or your spouse a member of the U.S. Armed Forces during 2010?

DEPENDENT INFORMATION

- 7a Do you have dependents who must file?
b If yes, do you want us to prepare the return(s)?
8a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$1,900?
b If yes, do you want to include your child's income on your return?
9 Are any of your dependents not U.S. citizens or residents?
10 Did you provide over half the support for any other person during 2010?
11 Did you incur adoption expenses during 2010?

IRA, PENSION AND EDUCATION SAVINGS PLANS

- 12 Did you receive payments from a pension or profit-sharing plan?
13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?
14a Did you convert all or part of a regular IRA into a Roth IRA?
b Did you roll over all or part of a qualified plan into a Roth IRA?
15 Did you contribute to a Coverdell Education Savings Account?

ITEMS RELATED TO INCOME/LOSSES

- 16 Did you receive any disability payments in 2010?
17 Did you receive tip income not reported to your employer?
18a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2010?
b Did you enter into a binding contract to purchase a new home by April 30, 2010?
c If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?
d Are you planning to purchase a home soon?
19 Did you incur any casualty or theft losses during 2010?
20 Did you incur any non-business bad debts?

PRIOR YEAR TAX RETURNS

- 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS AND TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23 Did you have foreign income or pay any foreign taxes in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24a At any time during the tax year, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2010? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 26 Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 Did you or your spouse elect continuation of COBRA coverage after your employment was involuntarily terminated? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 31 Did you receive an economic stimulus payment in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>You may have received this payment in 2010 if you did not receive a payment in 2009 and you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November or December 2008, or January 2009. Report the amount here _____</small> | | |
| 32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2010? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you start paying mortgage insurance premiums in 2010? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you purchase a motor vehicle or boat during 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, attach documentation showing sales tax paid.</small> | | |
| 35 Did you purchase a hybrid vehicle in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, enter year, make, model, and date purchased: _____</small> | | |
| 36 Did you donate a vehicle in 2010? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 What was the sales tax rate in your locality in 2010? _____ % State ID _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Did you or your spouse make gifts of over \$13,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, please attach details.</small> | | |
| 41 Did you or your spouse participate in a medical savings account in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)</small> | | |
| 42 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Did you pay any individual for domestic services in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you, your spouse, or your dependents attend post-secondary school in 2010? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did a lender cancel any of your debt in 2010? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| <small>If yes, please attach information.</small> | | |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 48 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 50 If yes, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a voided check (not a deposit slip) if your bank account information has changed.

Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation

Employer Name	2009 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc

1099-R Payer Name	2009 Amount
_____	_____
_____	_____
_____	_____

Attach Form(s) SSA-1099 – Social Security/Railroad Benefits

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099	_____	_____
Railroad Retirement Benefits from Form RRB-1099	_____	_____
Medicare B premiums withheld	_____	_____
Medicare D premiums withheld	_____	_____

Attach Form(s) 1099-MISC – Miscellaneous Income

1099-MISC Payer Name

Attach Form(s) 1099-INT – Interest Income

1099-INT Payer Name	2009 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-DIV – Dividend Income

1099-DIV Payer Name	2009 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc
 Attach all stock sale transaction information, including initial cost information.

Other Government Forms to attach:
 Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

Other Income:
 Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
Retirement Plan Contributions		
Traditional IRA contributions made for 2010	_____	_____
Roth IRA contributions made for 2010	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions	_____	_____

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/> Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1 Social Security Benefits from Form SSA-1099		
2 Federal income tax withheld from Form SSA-1099		
3 Medicare B premiums withheld from Form SSA-1099		
4 Medicare D premiums withheld from Form SSA-1099		
5 Railroad Retirement Benefits from Form RRB-1099		
6 Federal income tax withheld from Form RRB-1099		
7 Medicare premiums withheld from Form RRB-1099		

FORM 1099-G

Attach all copies of 1099-G forms.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	☐	☐	☐
	Check if Joint	☐	☐	☐
	Payer's name			
1	Unemployment compensation			
a	Unemployment benefits you repaid in 2010			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2007 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld			
5	Alternative Trade Adjustment Assistance			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	☐	☐	☐
	State income tax withheld			
	Two-letter state abbreviation	—	—	—
	Two or three-letter local abbreviation	—	—	—
9	Market gain			

OTHER INCOME

Nature and Source	2010 Taxpayer	2010 Spouse	2009 Combined
1 Alimony received			
2 Scholarship/fellowship income not on Form W-2			
3 Recovery of bad debts previously deducted			
4 Jury duty pay			
5 Bartering income not reported elsewhere			
6 Income from the rental of personal property			
7 Other miscellaneous income items: Description:			

2010 Deductions

Medical and Dental Expenses	2010 Amount	2009 Amount
Prescription medications	_____	_____
Health insurance premiums	_____	_____
Doctors, dentists, etc	_____	_____
Hospitals, clinics, etc	_____	_____
Eyeglasses and contact lenses	_____	_____
Miles driven for medical purposes	_____	_____
Other medical and dental expenses:		
_____	_____	_____
_____	_____	_____

Taxes	2010 Amount	2009 Amount
Real estate taxes paid on principal residence	_____	_____
Real estate taxes paid on additional homes or land	_____	_____
Auto license registration fees based on the value of the vehicle	_____	_____
Other personal property taxes	_____	_____

Interest Expenses	2010 Amount	2009 Amount
Home mortgage interest paid – Attach Form(s) 1098.		
Lender's Name		
_____	_____	_____
_____	_____	_____
Points paid on loan to buy, build or improve main home		
Lender's Name	2009 Amount	
_____	_____	

Cash/Check/Credit Contributions	2010 Amount	2009 Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Noncash Charitable Contributions
 Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.

Miscellaneous Deductions	2010 Amount	2009 Amount
Union and professional dues	_____	_____
Professional subscriptions, books, supplies	_____	_____
Uniforms and protective clothing (including cleaning)	_____	_____
Job search costs	_____	_____
Taxpayer educator expenses	_____	_____
Spouse educator expenses	_____	_____
Tax return preparation fees	_____	_____
Safe deposit box rental	_____	_____
Gambling losses (to the extent of gambling income)	_____	_____
Other expenses (list):		
_____	_____	_____

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below only if the total noncash contributions are more than \$500.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

* Method for Fair Market Value	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

*** Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

**** Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2010	2009
Employee Business Expenses		
Note: If you have any travel, transportation, meals or entertainment expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a		
b		
c		
d		
e		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property? <input type="checkbox"/> Yes <input type="checkbox"/> No Treat all assets acquired after August 27, 2005 as qualified GO Zone property? <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? <input type="checkbox"/> Yes <input type="checkbox"/> No Was this property located in a Qualified Disaster Area? <input type="checkbox"/> Yes <input type="checkbox"/> No Check to code assets as Investment Expense <input type="checkbox"/> Use ORG50 to record dispositions. Use ORG51A to enter additional assets. Use ORG11a for investment expenses related to interest income. Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 Other expenses (list):		
a		
b		
c		
d		
e		
OTHER MISCELLANEOUS DEDUCTIONS	2010	2009
12 Amortizable bond premiums (acquired before 10/23/86)		
13 Gambling losses (to the extent of gambling income)		
14 Other miscellaneous deductions:		
a		
b		
c		
d		
e		

Employee Business Expenses

ORG17

Occupation in which expenses were incurred

Check box if spouse's employee expenses. If blank, taxpayer assumed

Check box if a fee-basis state or local government official

Check box if subject to Department of Transportation (DOT) hours of service limits

Treat all MACRS assets for activity as qualified Indian reservation property? Yes No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

Was this activity located in a Qualified Disaster Area Yes No

EXPENSES	2010	2009
1 Parking fees, tolls, and local transportation		
2 Travel expenses while away from home (excluding meals/entertainment expenses)		
3 Meals and entertainment expenses		
4 Business gifts		
5 Education		
6 Home office expenses (Preparer Use Only – complete ORG17A)		
7 Trade publications		
8 Depreciation expense other than vehicle (Preparer Use Only)		
9 Carryover of Section 179 expense from prior year		
10 Other:		

EMPLOYER REIMBURSEMENTS	2010	2009
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment		
12 Reimbursements for meals and entertainment		

QUALIFIED PERFORMING ARTIST	2010	2009
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2010	2009
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2010, please complete ORG51 – Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2010, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION	Vehicle 1	Vehicle 2
15 Description of vehicle		
16 Date placed in service		
17 Enter detail on lines 17a and 17b, or total on line 17c:		
a Ending mileage reading		
b Beginning mileage reading		
c Total miles for the year (line 17a less line 17b)		
18 Business miles		
19 Total commuting miles		
20 Average daily commuting miles		
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2
21 Do you qualify for standard mileage? (Preparer Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Is this a leased vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2
23 Gasoline, oil, repairs, insurance, etc		
24 Vehicle registration fee (excluding property tax)		
25 Vehicle lease or rental fee		
26 Inclusion amount (Preparer Use Only)		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2)		
28 Depreciation (Preparer Use Only)		
VEHICLE DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2
29 Cost or basis		
30 Is this an electric vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31 Is this qualified Indian reservation property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32 Type of vehicle (Preparer Use Only)		
33 Section 179 expense (Preparer Use Only)		
34 Qualified Property for Economic Stimulus? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? (Preparer Use Only)	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38 Percentage for Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39 Elect OUT of Special Depreciation Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? (Preparer Use)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41 Date sold		
42 Date acquired, if different from line 16		
43 Sales price		
44 Expense of sale		
45 Gain/loss basis, if different (Preparer Use Only)		
46 AMT gain/loss basis, if different (Preparer Use Only)		
VEHICLE QUESTIONS		
47 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
48 Is another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49 Do you have evidence to support the business use claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
50 If yes, is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Home Office Expense

ORG17A

for: ORG17
copy: 1

GENERAL INFORMATION	2010	2009
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage)		
2 Area used only partly for day care (square footage)		
3 Total area of home (square footage)		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year		
b Number of days used for day care each week		
c Number of days closed for holidays, vacations, etc		
d Number of hours used for daycare each day		
5 Total wages from this business		
6 Enter the percent of wages above that are from the business use of this home		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only)		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2010		2009	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only)				
10 Mortgage interest/points on Form 1098				
11 Interest not on Form 1098				
12 Points not of Form 1098				
13 Real estate taxes				
14 Qualified mortgage insurance				
15 Other insurance				
16 Rent				
17 Repairs and maintenance				
18 Utilities				
19 Other expenses (e.g., rent)				
20 Carryover of operating expenses				
21 Excess casualty losses (Preparer Use Only)				
22 Depreciation of your home (Preparer Use Only)				
23 Carryover of excess casualty losses and depreciation				

DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
	Addition/Improvement			
25	Enter the land value included in cost for residence			

Sale of Your Home

ORG22

GENERAL INFORMATION

Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2010).

	Yes	No
1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it?	<input type="checkbox"/>	<input type="checkbox"/>
c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange?	<input type="checkbox"/>	<input type="checkbox"/>
d Did you claim the First-Time Homebuyer Credit when you purchased this home?	<input type="checkbox"/>	<input type="checkbox"/>
2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you receive a Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.)		
a You	<input type="checkbox"/>	<input type="checkbox"/>
b Your spouse	<input type="checkbox"/>	<input type="checkbox"/>
6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997?	<input type="checkbox"/>	<input type="checkbox"/>
b Was the home used as investment or rental property after December 31, 2008?	<input type="checkbox"/>	<input type="checkbox"/>
7 a Will you be receiving periodic payments of principal or interest from this sale?	<input type="checkbox"/>	<input type="checkbox"/>
b If Yes, what is the amount of the financial instrument? _____		

8 Address of former home sold _____

9 a Date former home was sold _____

 b Date former home was bought _____

10 Sales price of the home sold _____

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a _____	
b _____	
c _____	
d _____	

Business Income and Expenses

ORG19

GENERAL INFORMATION

1 Check ownership Taxpayer Spouse Joint

2 Business name _____

3a Business street address _____

 b 1 City, State and Zip Code, or _____

 2 Foreign country _____

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (Preparer Use Only) _____

7 Was this business fully disposed of in a fully taxable transaction during 2010? Yes No

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of Other (explain) _____
 cost or
 market

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?
 (If yes, attach explanation) Yes No

11 Did you materially participate in the operation of this business during 2010? Yes No

12 Did you start or acquire this business during 2010? Yes No

13 At-risk determination:

 a Is all of the investment in this activity at risk? Yes No

 b Is some of the investment in this activity not at risk? Yes No

14 Did you have unallowed passive losses in 2009? Yes No

15a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

 b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

 c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

 d Was this business located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2010	2009
16 Gross receipts or sales		
17 Returns and allowances		
18 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2010	2009
19 Inventory at beginning of year		
20 Purchases		
21 Items withdrawn for personal use		
22 Cost of labor (do not include your salary)		
23 Materials and supplies		
24 Other costs		
25 Inventory at end of year		

Business Income and Expenses (continued)

ORG19

EXPENSES	2010	2009
Business name _____		
26 Advertising		
27 Car and truck expenses (complete ORG18)		
28 Commissions and fees		
29 Contract labor		
30 Depletion		
31 Depreciation and Section 179 deduction (Preparer Use Only)		
32 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
33 Insurance (other than health)		
34 Self-employed health insurance attributable to this business		
35 Interest:		
a Mortgage (paid to banks, etc)		
b Other		
36 Legal and professional services		
37 Office expenses		
38 Pension and profit-sharing plans		
39 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property		
40 Repairs and maintenance		
41 Supplies (not included in cost of goods sold)		
42 Taxes and licenses		
43 Travel, meals, and entertainment:		
a Travel		
b Meals and entertainment subject to 50% limit		
c Meals subject to 80% limit		
d Meals and entertainment not subject to limit		
44 Utilities		
45 Gross wages		
46 Other expenses:		

47 Expenses for business use of your home (Preparer Use Only)		
Complete ORG20 for Business Use of Home.		
48 Qualified pension plan start-up costs		

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property type: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 Foreign Country: _____

1 Check property owner Taxpayer Spouse Joint Yes No

2 Enter the ownership percentage (if not 100%) _____
 If not 100%, are you reporting 100% of the income and expenses? Yes No

3 Check this box if some of this investment was not at-risk Yes No

4 Is this a rental property? (If yes, answer questions 5 through 7; if no, skip to question 8.) Yes No

5 Did you have personal use of this rental property? Yes No
 If yes, enter number of days: Rented _____ Personal use _____ Owned _____

6 Does this rental have multiple living units and you live in one of the units? Yes No
 If yes, enter percentage of rental use _____

7 Did you actively participate in this property's management during 2010? Yes No

8 Did you materially participate in this property's management during 2010? Yes No

9 Do you want to treat this property as non-passive? Yes No

10 Did you dispose of this property in a fully taxable transaction? Yes No

11 Did this property have unallowed passive losses in 2009? Yes No

12 Do you want to treat this property as commercial property? Yes No

13a Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? Regular Extension No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? Yes No

d Was this activity located in a Qualified Disaster Area? Yes No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2010	2009
14 Rents received		
15 Royalties received		

EXPENSES	2010	2009
16 Advertising		
17a Automobile (complete ORG18 for autos)		
b Travel		
18 Cleaning and maintenance		
19 Commissions		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs		
26 Supplies		
27a Real estate taxes		
b Other taxes		
28 Utilities		
29 Other expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name <hr style="border-top: 1px dashed black;"/> Provider Phone	Provider Address	ID Number <hr style="border-top: 1px dashed black;"/> Check box if provider is a business	Amount Paid
1 ----- -----	----- -----	<input type="checkbox"/>	----- -----
2 ----- -----	----- -----	<input type="checkbox"/>	----- -----
3 ----- -----	----- -----	<input type="checkbox"/>	----- -----
4 ----- -----	----- -----	<input type="checkbox"/>	----- -----

EXPENSES	2010	2009
-----------------	-------------	-------------

1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2010 but not incurred in 2010		
3 Total expenses incurred in 2010 but not paid in 2010		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION	Taxpayer	Spouse
--	-----------------	---------------

5 If taxpayer or spouse was a full-time student or disabled, answer the following questions: a Enter the number of months that taxpayer/spouse did not work and was a full-time student or disabled		
b Enter earned income if the taxpayer/spouse who was a student or disabled did work		

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified education expense.

Student's First Name Student's Last Name Social Security Number	Middle Initial Suffix	Student is qualified for:			
			Yes	No	
-----	-----	American Opportunity Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	Lifetime Learning Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	Tuition and Fees Deduction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	American Opportunity Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	Lifetime Learning Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	Tuition and Fees Deduction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	American Opportunity Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	Lifetime Learning Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
-----	-----	Tuition and Fees Deduction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

EDUCATOR EXPENSES

	2010	2009
1 a Taxpayer educator expenses		
b Spouse educator expenses		

STUDENT LOAN INTEREST PAID

	2010	2009
2 Enter the total interest you paid in 2010 on qualified student loans		

FORM 1099-Q

State Code	Name of Payer or Program	Check if Spouse	Gross Distribution Box 1	Earnings Box 2	Type Box 5
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

Tax Payments

ORG40

2010 ESTIMATED TAX PAYMENTS								
	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	Qtr 1 due by 04/15/10							
2	Qtr 2 due by 06/15/10							
3	Qtr 3 due by 09/15/10							
4	Qtr 4 due by 01/18/11							
5a	Additional payments							
b	Additional payments							
c	Additional payments							
d	Additional payments							

OTHER TAX PAYMENTS			
	Federal	State	Local
6	2009 overpayment applied to 2010		
7	Balance due paid with 2009 return		
8a	2009 Quarter 4 payments paid in 2010		
b	2009 extension payments paid in 2010		
9	Other taxes paid in 2010 for prior years (include explanation)		

2011 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2011, please enter the increase or decrease below.

Income

10	Wages	Taxpayer	
		Spouse	
11	Self-Employment Income	Taxpayer	
		Spouse	
12	Capital Gains (sale of stock, real estate, etc)		
13	Other Income:		
	Description		

Deductions

14	Allowable Itemized Deductions		
15	Other deductions (such as alimony paid, early withdrawal penalties, etc):		
	Description		
16	Federal Withholding		
17	Number of personal exemptions expected for 2011		

ADDITIONAL INFORMATION

18	Check to use your 2010 tax amount for your 2011 estimate	<input type="checkbox"/>
19	If you have an overpayment of 2010 taxes, check the box to indicate how you want your overpayment applied.	
a	Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b	Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20	Amount to apply if not entire overpayment	
21	Number of installments for estimated tax (1 - 4)	

State Information Worksheet

ORG60

GENERAL INFORMATION

	Taxpayer	Spouse
1 Enter your state of residence	_____	_____
2 Check the appropriate box if:	Taxpayer	Spouse
a Full year resident	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
5 Check if disabled	<input type="checkbox"/>	<input type="checkbox"/>

STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

MISCELLANEOUS QUESTIONS

8 Did you file a state return for 2009?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return?	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded	<input type="checkbox"/>	b Apply to 2011 estimates
		<input type="checkbox"/>
		c Apply to 2011 taxes
		<input type="checkbox"/>
12 Additional state information: _____		

