

| | | | |
|-------------|-------------|-----------|----------------------|
| 2010 | 1040 | US | Tax Organizer |
|-------------|-------------|-----------|----------------------|

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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 enter all pertinent 2010 information.

CLIENT INFORMATION

Taxpayer

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 | | |
| Home phone | | |
| Work phone | | |
| Work extension | | |
| Cell phone | | |
| E-mail address | | |

| | | |
|---------|----------------------------|--|
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |

DEPENDENTS

Dependent No.

Dependent No.

| | | |
|----------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

Dependent No.

Dependent No.

| | | |
|----------------------------------|--|--|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |

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Please enter all pertinent 2010 information. If you have attached a government form for an item, check the box and do not enter a 2010 amount.

WAGES, SALARIES AND TIPS

Employer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| 2010 Amount | 2009 Amount |
|-------------------------|-------------|
| Attach Forms W-2 | _____ |
| | _____ |
| | _____ |
| | _____ |

INTEREST INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|-------|
| Attach Forms 1099-INT | _____ |
| | _____ |
| | _____ |
| | _____ |

DIVIDEND INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|------------------------------|-------|
| Attach Forms 1099-DIV | _____ |
| | _____ |
| | _____ |
| | _____ |

PENSIONS, IRA AND GAMBLING INCOME

Payer name:

| | |
|--------------------------|-------|
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

| | |
|---------------------------------------|-------|
| Attach Forms 1099-R & W-2G | _____ |
| | _____ |
| | _____ |
| | _____ |
| Winnings not reported on W-2G..... | _____ |
| Total gambling losses..... | _____ |

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-S - Sales of real estate (also include closing statements)
- Form 1099-G - State tax refunds.....

| | |
|--------------------------|-------|
| Attach Forms 1099 | _____ |
| | _____ |
| | _____ |
| Attach Forms 1099 | _____ |

Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

| | |
|--------------------------|-------|
| Attach Forms 1099 | _____ |
|--------------------------|-------|

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

| | |
|--------------------------|-------|
| Attach Forms 1099 | _____ |
|--------------------------|-------|

MISCELLANEOUS INCOME

- Taxpayer: Alimony received.....
- Spouse: Alimony received.....
- Other: _____

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

2010 1040 US Tax Organizer

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)
 Spouse: Traditional IRA contributions (1=maximum)
 Roth IRA contributions (1=maximum)
 Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)

| 2010 Amount | 2009 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest
 Form 1098-T - Tuition and related expenses

| | |
|--------------------------|--|
| Attach Forms 1098 | |
|--------------------------|--|

ADJUSTMENTS TO INCOME

Taxpayer:
 Self-employed health insurance premiums
 Educator expenses
 Expenses from rental of personal property
 Other adjustments to income:

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

Alimony paid - Recipient name & SSN

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

Spouse:
 Self-employed health insurance premiums
 Educator expenses
 Expenses from rental of personal property
 Other adjustments to income:

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

Alimony paid - Recipient name & SSN

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

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs
 Doctors, dentists and nurses
 Hospitals and nursing homes
 Insurance premiums
 Long-term care premiums - taxpayer
 Long-term care premiums - spouse
 Insurance reimbursement
 Out-of-pocket lodging and transportation expenses
 Number of medical miles
 Other: _____

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

TAXES PAID

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 states

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

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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

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2010?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?

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?

INCOME

Did you receive unreported tip income of \$20 or more in any month?

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?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2010?

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

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?

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?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2011 taxable income and withholdings to be different from 2010? |
| <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |

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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 |

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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

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..... | | |

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:

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

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

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

GENERAL INFORMATION

| | |
|---------------------------|---|
| Kind of property..... | <input style="width:95%;" type="text"/> |
| Location of property..... | <input style="width:95%;" type="text"/> |

| | | |
|--|---|--|
| Percentage of ownership if not 100% (.xxxx) | <input style="width:95%;" type="text"/> | |
| Percentage of tenant occupancy if not 100% (.xxxx) | <input style="width:95%;" type="text"/> | |
| 1=spouse, 2=joint | <input style="width:95%;" type="text"/> | |
| 1=nonpassive activity, 2=passive royalty | <input style="width:95%;" type="text"/> | |
| 1=did not actively participate..... | <input style="width:95%;" type="text"/> | |
| 1=real estate professional..... | <input style="width:95%;" type="text"/> | |
| 1=rental other than real estate | <input style="width:95%;" type="text"/> | |
| 1=investment | <input style="width:95%;" type="text"/> | |
| 1=single member limited liability company..... | <input style="width:95%;" type="text"/> | |

INCOME

| | 2010 Amount | 2009 Amount |
|--|---|---|
| Rents received (Form 1099-MISC, box 1) | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Royalties received (Form 1099-MISC, box 2) | <input style="width:95%;" type="text"/> | <input style="width:95%;" 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 style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Association dues..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Auto and travel (not entered elsewhere)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cleaning and maintenance..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Commissions..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Gardening..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Insurance..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Legal and professional fees..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Licenses and permits..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Management fees..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Miscellaneous..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Mortgage interest (paid to banks, etc.)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified mortgage insurance premiums..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Excess mortgage interest..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other interest (not entered elsewhere)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Painting and decorating..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Pest control..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Plumbing and electrical..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Repairs..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Supplies..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Taxes - real estate..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Taxes - other (not entered elsewhere)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Telephone..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Utilities..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Wages and salaries..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other: | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

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

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:

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

**Please enter 2010 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

| | 2010 Amount | 2009 Amount |
|--|-------------|-------------|
| Form | | |
| Number of form (e.g., enter 2 for Schedule C number 2) | | |
| Business use area (square footage) | | |
| Total area of home (square footage) | | |
| Total hours facility used (for daycare facilities only) | | |
| Total hours available (if not 8,760) | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|---|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|---|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

2010

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

GENERAL INFORMATION

Occupation, if different from Form 1040.....

| | | |
|---|----------------------|--|
| Form | <input type="text"/> | |
| Number of form (1=first Schedule C, 2=second, etc.) | <input type="text"/> | |
| 1=spouse | <input type="text"/> | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> | |

EMPLOYEE BUSINESS EXPENSES

| | 2010 Amount | 2009 Amount |
|--|----------------------|----------------------|
| Meal and entertainment expenses | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1 | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance) | <input type="text"/> | |
| Local transportation (bus, taxi, train, etc.)..... | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| Other business expenses: | <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"/> |
| <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"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

VEHICLE INFORMATION

| | 2010 Amount | 2009 Amount |
|---|-------------|-------------|
| 1=vehicle used primarily by more than 5% owner..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |

VEHICLE 1

| | | |
|--|--|--|
| Description of vehicle..... | | |
| Date placed in service (m/d/y)..... | | |
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |
| Number of months of vehicle business use (if not 12)..... | | |
| Parking fees and tolls (business portion only)..... | | |
| Actual expenses: | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

VEHICLE 2

| | | |
|--|--|--|
| Description of vehicle..... | | |
| Date placed in service (m/d/y)..... | | |
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |
| Number of months of vehicle business use (if not 12)..... | | |
| Parking fees and tolls (business portion only)..... | | |
| Actual expenses: | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E and F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

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.

| DEPENDENT CARE EXPENSES (33.1) | 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 | | |

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.