

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.

# Table of Contents

ORG1

Description	Page
Cover Sheet .....	ORG0
Topic Index .....	ORG2
General Questions .....	ORG3
Business/Investment Questions .....	ORG4
Additional Information .....	ORG5
Basic Taxpayer Information .....	ORG6
W-2, W-2G, 1099-R Income .....	ORG7
1099-MISC Income .....	ORG8
Social Security Benefits/Form 1099-G/Other Income .....	ORG10
Interest and Dividend Income .....	ORG11
Seller Financed Interest/Child's Interest and Dividends .....	ORG12
Medical and Tax Expenses .....	ORG13
Interest Paid and Cash Contributions .....	ORG14
Non-Cash Charitable Contributions .....	ORG14A
Miscellaneous Itemized Deductions .....	ORG15
Moving Expenses .....	ORG16
Employee Business Expenses .....	ORG17
Employee Home Office Expense .....	ORG17A
Car and Truck Expenses .....	ORG18
Business Income and Expenses .....	ORG19
Business Use of Home .....	ORG20
Sales of Stocks and Securities .....	ORG21
Sale of Your Home .....	ORG22
Installment Sales Income .....	ORG23
Sales of Business Property .....	ORG24
Rental and Royalty Income and Expenses .....	ORG25
Farm Rental Income and Expenses .....	ORG26
Farm Income and Expenses .....	ORG27
Adjustments to Income .....	ORG28
Dependent Care Expenses .....	ORG35
Education .....	ORG36
Tax Payments .....	ORG40
Household Employment Taxes .....	ORG41
K-1 Partnership – Partner's Questions .....	ORG45
K-1 S-Corporation – Shareholder's Questions .....	ORG46
K-1 Estate & Trust – Beneficiary's Questions .....	ORG47
K-1 Partnership Supplemental Business Expense .....	ORG48
Transferred Assets .....	ORG50
Additional Assets .....	ORG51
State Information Worksheet .....	ORG60

## Topic Index

ORG2

Alimony paid .....	ORG28	Keogh plan contributions .....	ORG28
Alimony received .....	ORG10	Medical and dental expenses .....	ORG13
Annuity payments received .....	ORG7	Miscellaneous income reported on 1099-MISC .....	ORG8
Business income and expenses .....	ORG19	Miscellaneous income not from 1099-MISC .....	ORG10
Car and truck expenses .....	ORG18	Miscellaneous itemized deductions .....	ORG15
Casualties and thefts .....	ORG3	Moving expenses .....	ORG16
Charitable contributions .....	ORG14	Office in home expenses .....	ORG20
Child and dependent care expenses .....	ORG35	Partnership income .....	ORG45
Dependent information .....	ORG6	Pension payments received .....	ORG7
Depreciable property — additions .....	ORG51	Personal information .....	ORG6
Depreciable property — deletions .....	ORG50	Railroad retirement benefits .....	ORG10
Dividend income .....	ORG11	Rental income and expenses .....	ORG25
Education .....	ORG36	Royalty income and expenses .....	ORG25
Employee business expense .....	ORG17	S corporation income .....	ORG46
Estate income .....	ORG47	Sale of home .....	ORG22
Estimated and other tax payments .....	ORG40	Sales of business property .....	ORG24
Farm income and expenses .....	ORG27	Sales of stock, securities .....	ORG21
Farm rental income and expenses .....	ORG26	Self-employed health insurance .....	ORG19
Gambling and lottery winnings .....	ORG7	SEP plan contributions .....	ORG28
Household employees .....	ORG41	SIMPLE plan contributions .....	ORG28
Installment sales .....	ORG23	Social security benefits .....	ORG10
Interest income .....	ORG11	State and local tax refunds .....	ORG10
Interest paid (mortgage, etc) .....	ORG14	Taxes paid .....	ORG13
Investment interest expense .....	ORG14	Trust income .....	ORG47
IRA contributions .....	ORG28	Unemployment compensation .....	ORG10
IRA distributions and rollovers .....	ORG7	Wages and salaries .....	ORG7

# General Questions

ORG3

PERSONAL INFORMATION		
	Yes	No
1 Did your marital status change during 2010? ..... If <b>yes</b> , explain .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy. Designee's Name .... ▶ _____ Phone Number ..... ▶ _____ Personal Identification Number (5 digit PIN) .... ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you or your spouse plan to retire in 2011? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Were you or your spouse permanently and totally disabled in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter date of death for taxpayer or spouse (if during 2010 or 2011): Taxpayer: _____ Spouse: _____		
6 Were you or your spouse a member of the U.S. Armed Forces during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION		
	Yes	No
7a Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you provide over half the support for any other person during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you incur adoption expenses during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS		
	Yes	No
12 Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
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? .....	<input type="checkbox"/>	<input type="checkbox"/>
14a Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES		
	Yes	No
16 Did you receive any disability payments in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
18a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2010? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did you enter into a binding contract to purchase a new home by April 30, 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any casualty or theft losses during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS		
	Yes	No
21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... If <b>yes</b> , enclose agent's report or notice of change.	<input type="checkbox"/>	<input type="checkbox"/>
22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**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"/> |
| 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 ..... |                          |                          |
| 32 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2010? If <b>yes</b> , please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Did you start paying mortgage insurance premiums in 2010? If <b>yes</b> , 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"/> |
| If <b>yes</b> , attach documentation showing sales tax paid.   |                          |                          |
| 35 Did you purchase a hybrid vehicle in 2010? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , enter year, make, model, and date purchased: .....   |                          |                          |
| 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"/> |
| If <b>yes</b> , please attach details.   |                          |                          |
| 41 Did you or your spouse participate in a medical savings account in 2010? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)   |                          |                          |
| 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"/> |
| If <b>yes</b> , please attach information.   |                          |                          |

**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.

# Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2010? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you have records, as described below, to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented. Information must include: <b>1</b> Amount; <b>2</b> Time and place; <b>3</b> Date; <b>4</b> Business purpose; <b>5</b> Description of gift(s); and <b>6</b> Business relationship of recipient.		
13 Did you purchase special fuels for non-highway use? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
14 Was Form 8903 (Domestic Production Activities Deduction) included in your 2009 federal income tax return? .....	<input type="checkbox"/>	<input type="checkbox"/>

# Basic Taxpayer Information

ORG6

## PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name .....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... _____ Suffix ..... _____	MI ..... _____ Suffix ..... _____
Social security number .....	_____	_____
Occupation .....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address .....	_____	_____
Birthdate <b>or</b> age as of 1-1-2011 ...	MM/DD/YYYY ..... _____	MM/DD/YYYY ..... _____
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Street address ... _____	Apartment number ..... _____
City ..... _____ State ..... _____	ZIP code ..... _____
Home phone ..... _____	Foreign country ..... _____
Fax ..... _____	Foreign phone ..... _____

## FILING STATUS

**1** Single  
 **2** Married filing jointly  
 **3** Married filing separately  
     Check this box if you **did not** live with spouse at any time during the year ..... ▶   
     Check this box if you are eligible to claim spouse's exemption ..... ▶   
     Check this box if your spouse itemizes deductions ..... ▶   
 **4** Head of household  
     If the qualifying person is a child but not your dependent, enter  
     Child's name ..... Child's social security number .....  
 **5** Qualifying widow(er)  
     Check the box for the year the spouse died ..... ▶ 2008  2009

## DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2010 Child Care Expense	
				+Months in U.S.	*Not Citizen
			[ ]		
			[ ]		
			[ ]		
			[ ]		

**\*\* For the Dependent Code, enter the following:**  
 L = dependent child who lived with you  
 N = dependent child who didn't live with you due to divorce or separation  
 O = other dependent  
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)  
**+** Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.  
**\*** Check this box if dependent child is not a U.S. citizen or resident alien

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

Attach all copies of your W-2 forms here.

<b>1</b>	Employer's name .....	Check if not applicable for 2010 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		_____
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance .....		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		_____
	c Check SE tax on: (a) housing or parsonage allowance .....	(b) W-2 wages .....	(c) both .....
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

  

<b>2</b>	Employer's name .....	Check if not applicable for 2010 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		_____
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4a Clergy: Enter your designated housing or parsonage allowance .....		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		_____
	c Check SE tax on: (a) housing or parsonage allowance .....	(b) W-2 wages .....	(c) both .....
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

Attach all copies of your 1099-R forms here.

<b>1</b>	Payer's name .....	Check if not applicable for 2010 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2a If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	3 Health insurance premiums deductible on Schedule A .....		_____
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		_____

  

<b>2</b>	Payer's name .....	Check if not applicable for 2010 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2a If a <b>partial</b> rollover, enter the amount rolled over .....		_____
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		_____
	3 Health insurance premiums deductible on Schedule A .....		_____
	4a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		_____

**W-2G – GAMBLING OR LOTTERY WINNINGS**

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

**W-2 Amounts**

**ORG7A**

<b>WAGES, SALARIES, TIPS, AND OTHER COMPENSATION</b>			
<b>Box</b>	<b>Description</b>	<b>2010</b>	<b>2009</b>
<b>c</b>	Employer's name (from ORG7) .....		
<b>1</b>	Wages, tips, etc .....		
<b>2</b>	Federal income tax withheld .....		
<b>3</b>	Social security wages .....		
<b>4</b>	Social security tax .....		
<b>5</b>	Medicare wages/tips .....		
<b>6</b>	Medicare tax withheld .....		
<b>13b</b>	Check if retirement plan participant .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Social security tips .....		
<b>8</b>	Allocated tips .....		
	Unreported tips less than \$20 per month .....		
	Unreported tips \$20 or more per month .....		
<b>9</b>	Advance EIC payment .....		
<b>10</b>	Dependent care .....		
<b>11</b>	Nonqualified plans .....		
<b>13a</b>	Check if statutory employee .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13c</b>	Check if third-party sick pay .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Box 12</b> W-2 Code	<b>2010 Box 12</b> Amount	<b>2009 Box 12</b> Amount		<b>2010</b>	<b>2009</b>
			If Box 12 code is:		
			A: Attributable to RR Tier 2 tax .....		
			M: Attributable to RR Tier 2 tax .....		
			R: Taxpayer MSA .....		
			Spouse MSA .....		
			G: Not government employer .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>2010 Box 14</b> Description or Code	<b>2010 Box 14</b> Amount	<b>2009 Box 14</b> Description or Code	<b>2009 Box 14</b> Amount

<b>Box 15</b> State	<b>2010 Box 16</b> Wages, tips, etc	<b>2010 Box 17</b> Income tax	<b>2009 Box 16</b> Wages, tips, etc	<b>2009 Box 17</b> Income tax

<b>Box 20</b> Locality	<b>2010 Box 18</b> Wages, tips, etc	<b>2010 Box 19</b> Income tax	<b>2009 Box 18</b> Wages, tips, etc	<b>2009 Box 19</b> Income tax



1099-MISC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2010 ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name .....			
	Payer's federal identification number <b>or</b> .....			
	Payer's social security number .....			
1	Rents .....			
2	Royalties .....			
3	Other income .....			
4	Federal income tax withheld .....			
5	Fishing boat proceeds .....			
6	Medical/health care payments .....			
7	Nonemployee compensation .....			
8	Substitute payments .....			
10	Crop insurance proceeds .....			
13	Excess golden parachute payments .....			
14	Gross proceeds paid to an attorney .....			
15a	Section 409A deferrals .....			
15b	Section 409A income .....			
16	State tax withheld – 1st state .....			
17	State name – two letters – 1st state .....			
	Payer's state number – 1st state .....			
18	State income – 1st state .....			
16	State tax withheld – 2nd state .....			
17	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state .....			
18	State income – 2nd state .....			

**Social Security Benefits/Form 1099-G/Other Income**

ORG10

**SOCIAL SECURITY BENEFITS**

<input checked="" type="checkbox"/> <b>Attach all copies of SSA and RRB forms.</b>	<b>Taxpayer</b>	<b>Spouse</b>
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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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:			
_____			
_____			
_____			



# 1099-INT Amounts

ORG11A

Box	Form 1099-INT	2010	2009
	<b>Payer Name</b> .....		
<b>2</b>	Early withdrawal penalty .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign taxes paid .....		
<b>7</b>	Foreign country .....		
	State taxes withheld .....		
	State ID .....		
<b>9</b>	Private activity bond interest .....		
	Percent of private activity bond amount included in total interest .....		
	Types of adjustments:*		
	<input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> U		
	Amount of adjustment .....		

\*Type of adjustment:

N = Nominee distribution

O = Original issue discount (OID) adjustment

B = Amortizable bond premium (ABP) adjustment

A = Accrued interest adjustment

H = Other adjustment

U = U.S. Savings bond interest previously reported

**1099-DIV Amounts**

**ORG11B**

Box	Form 1099-DIV	2010	2009
	<b>Payer Name</b> .....		
<b>2b</b>	Unrecaptured Section 1250 gain .....		
<b>2c</b>	Section 1202 gain .....		
<b>2d</b>	Collectibles (28%) gain .....		
<b>3</b>	Nondividend distributions (Nontaxable distributions) .....		
<b>4</b>	Federal taxes withheld .....		
<b>5</b>	Investment expenses .....		
<b>6</b>	Foreign tax paid .....		
<b>7</b>	Foreign country .....		
	State taxes withheld .....		
	State ID .....		
	U.S. government interest in dividends .....		
	Exempt-interest dividends (not included in box 1) .....		
	Private activity bond amount included above .....		
	Percent of private activity bond included above .....		
	Margin interest paid in 2010 .....		
	Types of adjustments: Nominee <input type="checkbox"/> Other <input type="checkbox"/> ESOP <input type="checkbox"/>		
	Amount of adjustment .....		

## Seller-Financed Interest/Child's Interest and Dividends

ORG12

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

\*X Check if you did not receive interest from this payer in 2010.

CHILD'S INTEREST AND DIVIDENDS (greater than \$950)			
---	--	--	--

*X	Child's Name	2010	2009
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		
	First name _____ MI ____ Last name _____ Suffix ____ SSN _____ Child's taxable interest ..... Child's tax-exempt interest ..... Child's ordinary dividends ..... Child's capital gain distributions .....		

\*X Check if this child did not receive interest or dividend income in 2010.

## Medical and Tax Expenses

**ORG13**

<b>MEDICAL AND DENTAL EXPENSES</b>	<b>2010</b>	<b>2009</b>
<b>1</b> Prescription medications .....		
<b>2</b> Health insurance premiums (enter Medicare B on ORG10) .....		
<b>3</b> Qualified long-term care premiums		
<b>a</b> Taxpayer's gross long-term care premiums .....		
<b>b</b> Spouse's gross long-term care premiums .....		
<b>c</b> Dependent's gross long-term care premiums .....		
<b>4</b> Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity .....		
<b>5a</b> Insurance reimbursement .....		
<b>b</b> Medical (MSA) or health (HSA) savings account distributions .....		
<b>6</b> Doctors, dentists, etc .....		
<b>7</b> Hospitals, clinics, etc .....		
<b>8</b> Lab and X-ray fees .....		
<b>9</b> Expenses for qualified long-term care .....		
<b>10</b> Eyeglasses and contact lenses .....		
<b>11</b> Medical equipment and supplies .....		
<b>12</b> Miles driven for medical purposes .....		
<b>13</b> Ambulance fees and other medical transportation costs .....		
<b>14</b> Lodging .....		
<b>15</b> Other medical and dental expenses:		
<b>a</b> _____ .....		
<b>b</b> _____ .....		
<b>c</b> _____ .....		
<b>d</b> _____ .....		
<b>e</b> _____ .....		
<b>f</b> _____ .....		
<b>g</b> _____ .....		
<b>h</b> _____ .....		
<b>i</b> _____ .....		
<b>j</b> _____ .....		
<b>TAXES</b>	<b>2010</b>	<b>2009</b>
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
<b>16</b> Real estate taxes paid on principal residence .....		
<b>17</b> Real estate taxes paid on additional homes or land .....		
<b>18</b> Auto registration fees based on the value of the vehicle .....		
<b>19</b> Other personal property taxes .....		
<b>20</b> Other taxes:		
_____ .....		
_____ .....		

**Interest Paid and Cash Contributions**

ORG14

<b>HOME MORTGAGE INTEREST PAID</b>			
<b>Lender's Name</b>	<b>Check if NOT on Form 1098</b>	<b>2010</b>	<b>2009</b>
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

<b>POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME</b>		
<b>Lender's Name</b>	<b>Check if NOT on Form 1098</b>	<b>2010</b>
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<b>SELLER FINANCED MORTGAGE</b>		
<b>Individual's Name</b>	<b>Identifying Number</b>	<b>Address</b>
		-----
		-----

<b>OTHER POINTS</b>					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
<b>Lender's Name</b>	<b>Loan Over</b>	<b>Points Paid</b>	<b>Date of Loan</b>	<b>Loan Length (years)</b>	<b>2009 Points Deducted</b>
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

<b>INVESTMENT INTEREST</b>		
	<b>2010</b>	<b>2009</b>
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

**Interest Paid and Cash Contributions (continued)**

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2010	2009
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

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 <b>only</b> 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
<b>Employee Business Expenses</b>		
<b>Note:</b> If you have any travel, transportation, meals or entertainment expenses <b>or</b> your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for <b>all</b> 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 _____ .....		
<b>Other Expenses Subject to the 2% Limitation</b>		
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 <b>ORG50</b> to record dispositions.		
Use <b>ORG51A</b> to enter additional assets.		
Use <b>ORG11a</b> for investment expenses related to interest income.		
Use <b>ORG11b</b> 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 _____ .....		

# Moving Expenses

**ORG16**

If you sold your principal residence during 2010, also complete Sale of Your Home (ORG22).

## FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply .....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace .....

Number of miles from your old home to old workplace .....

Are you a member of the armed forces? ..... **Yes**  **No**

If **Yes**, did you move due to a permanent change of station? ..... **Yes**  **No**

If **Yes**, enter the allowances or reimbursements received from the government .....

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 .....

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals .....	
Lodging <b>not</b> including meals .....	

## SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply .....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace .....

Number of miles from your old home to old workplace .....

Are you a member of the armed forces? ..... **Yes**  **No**

If **Yes**, did you move due to a permanent change of station? ..... **Yes**  **No**

If **Yes**, enter the allowances or reimbursements received from the government .....

If **No**, enter the total amount your employer paid for your move. **Do not enter** amounts already reported in Form W-2 Box 12 .....

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Transportation expenses .....	
Storage expenses .....	
Expenses of moving from old to new home:	
Travel <b>not</b> including meals .....	
Lodging <b>not</b> including meals .....	

## 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 <b>(Preparer Use Only – complete ORG17A)</b> .....		
7 Trade publications .....		
8 Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
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 <b>Total miles</b> 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? <b>(Preparer Use Only)</b> .....	<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 <b>(Preparer Use Only)</b> .....		
27 Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2) .....		
28 Depreciation <b>(Preparer Use Only)</b> .....		
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 <b>(Preparer Use Only)</b> .....		
33 Section 179 expense <b>(Preparer Use Only)</b> .....		
34 Qualified Property for Economic Stimulus? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Qualified Property for Qualified Disaster Area? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Qualified Property for Kansas Disaster Zone <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Qualified property for GO Zone? <b>(Preparer Use Only)</b> .....	<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? <b>(Preparer Use)</b> .....	<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? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40 Elect 30% in place of 50% Allowance? <b>(Preparer Use)</b> .....	<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 <b>(Preparer Use Only)</b> .....		
46 AMT gain/loss basis, if different <b>(Preparer Use Only)</b> .....		
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 <b>yes</b> , 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:  
copy:

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 <b>(Preparer Use Only)</b> ..		
8 Any losses from this business shown on Schedule D or Form 4797 <b>(Preparer Use Only)</b> .....		

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 <b>(Preparer Use Only)</b> .....				
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 <b>(Preparer Use Only)</b> .....				
22 Depreciation of your home <b>(Preparer Use Only)</b> .....				
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 .....			

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
<b>a</b> Ending mileage reading .....			
<b>b</b> Beginning mileage reading .....			
<b>c Total miles</b> for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount <b>(Preparer Use Only)</b> .....			
12 Depreciation <b>(Preparer Use Only)</b> .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle <b>(Preparer Use)</b> .....			
20 Section 179 expense <b>(Preparer Use)</b> .....			
21 Qualified Property for Economic Stimulus? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property <b>(Preparer Use)</b> .....	<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	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Qualified Property for SDA? <b>(Preparer Use)</b> .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA <b>(Preparer Use)</b> .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold .....			
29 Date acquired, if different from line 2 .....			
30 Sales price .....			
31 Expense of sale .....			
32 Gain/loss basis, if different <b>(Preparer Use)</b> .....			
33 AMT gain/loss basis, if different <b>(Preparer Use)</b> .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# 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    
    cost or  
    market      Other (explain)  \_\_\_\_\_

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 _____		
<b>26</b> Advertising .....		
<b>27</b> Car and truck expenses (complete ORG18) .....		
<b>28</b> Commissions and fees .....		
<b>29</b> Contract labor .....		
<b>30</b> Depletion .....		
<b>31</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>32</b> Employee benefit programs:		
<b>a</b> Employee health insurance premiums .....		
<b>b</b> Other employee benefit programs .....		
<b>33</b> Insurance (other than health) .....		
<b>34</b> Self-employed health insurance attributable to this business .....		
<b>35</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>36</b> Legal and professional services .....		
<b>37</b> Office expenses .....		
<b>38</b> Pension and profit-sharing plans .....		
<b>39</b> Rent or lease:		
<b>a</b> Machinery and equipment (enter vehicle lease on ORG18) .....		
<b>b</b> Other business property .....		
<b>40</b> Repairs and maintenance .....		
<b>41</b> Supplies (not included in cost of goods sold) .....		
<b>42</b> Taxes and licenses .....		
<b>43</b> Travel, meals, and entertainment:		
<b>a</b> Travel .....		
<b>b</b> Meals and entertainment subject to 50% limit .....		
<b>c</b> Meals subject to 80% limit .....		
<b>d</b> Meals and entertainment not subject to limit .....		
<b>44</b> Utilities .....		
<b>45</b> Gross wages .....		
<b>46</b> Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>47</b> Expenses for business use of your home ( <b>Preparer Use Only</b> ) .....		
Complete ORG20 for Business Use of Home.		
<b>48</b> Qualified pension plan start-up costs .....		

## Business Use of Home

ORG20

for:  
copy:

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 If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
6 Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
7 Adjustment to 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
8 Casualty losses (Preparer Use Only) .....				
9 Total mortgage interest/points .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest <b>not</b> on Form 1098 .....				
12 Points <b>not</b> of Form 1098 .....				
13 Real estate taxes .....				
14 Excess mortgage interest (Preparer Use) .....				
15 Qualified mortgage insurance .....				
16 Other insurance .....				
17 Rent .....				
18 Repairs and maintenance .....				
19 Utilities .....				
20 Other expenses (e.g., rent) .....				
21 Carryover of operating expenses .....				
22 Excess casualty losses (Preparer Use Only) .....				
23 Depreciation of your home (Preparer Use Only) .....				
24 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 business, please complete the following information.

25	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 .....			
26	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 <b>AND</b> 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 <b>you</b> 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 <b>spouse</b> 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 <b>you</b> 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 <b>spouse</b> 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.)	<input type="checkbox"/>	<input type="checkbox"/>
a <b>You</b>	<input type="checkbox"/>	<input type="checkbox"/>
b Your <b>spouse</b>	<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 <b>Yes</b> , 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
<b>Original cost of home sold:</b>	
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)	
<b>Additions and increases to basis:</b>	
12 a Settlement fees or closing costs when home was purchased. <b>Do not</b> 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	
<b>Decreases to basis:</b>	
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 _____	

# Installment Sale Income

ORG23

Attach all closing documents if this is the year of sale.

Was the property sold in this installment sale a rental or used in a trade or business?  Yes  No  
Was the final installment received this year?  Yes  No

1 Description of property \_\_\_\_\_  
2a Date acquired \_\_\_\_\_ 2b Date sold \_\_\_\_\_  
c Check this box if ordinary gain from non-capital asset

## GROSS PROFIT INFORMATION (Complete for year of sale only.)

3 Selling price, including mortgages and other debts \_\_\_\_\_  
4 Mortgages and other debts buyer assumed or took property subject to \_\_\_\_\_  
5 Cost or other basis of property sold \_\_\_\_\_  
6 Depreciation allowed or allowable \_\_\_\_\_  
7 Commissions and other expenses of sale \_\_\_\_\_  
8 Was this property your main home?  Yes  No

## CURRENT TAXABLE PORTION

9 Gross profit percentage \_\_\_\_\_  
10a Payments received in current year \_\_\_\_\_  
b Interest received in current year \_\_\_\_\_

### Seller Financed Mortgage Information

11	Payer's Name	Address	SSN or EIN
	-----	-----	

12 Payments received in prior years (do not include interest) \_\_\_\_\_

## SALES TO RELATED PARTIES

13a Was the property sold to a related party after May 14, 1980?  Yes  No  
b If **yes**, was the property a marketable security?  Yes  No  
*If **yes**, complete the rest of this form. If **no**, complete for year of sale and for 2 years after the sale.  
If you received the final installment payment this year, do not complete the rest of this form.*  
c Give the name, address, and taxpayer identification number of related party \_\_\_\_\_

14 Did the related party, during this tax year, resell or dispose of the property?  Yes  No  
*If **no**, do not complete the rest of this form.*

Answer **yes** to no more than one of the following questions.

15a Was the second disposition more than two years after the first disposition (other than dispositions of marketable securities)?  Yes  No  
If **yes**, give date of disposition \_\_\_\_\_  
b Was the first disposition a sale or exchange of stock to the issuing corporation?  Yes  No  
c Was the second disposition an involuntary conversion where the threat of conversion occurred after the first disposition?  Yes  No  
d Did the second disposition occur after the death of the original seller or buyer?  Yes  No  
e Can it be established to the satisfaction of the IRS that tax avoidance was not a principal purpose for either disposition?  Yes  No  
If **yes**, give explanation \_\_\_\_\_

16 If you answered **no** to all questions 15a through 15e, enter sales price of the property sold by related party (attach Form 6252 for year of first sale) \_\_\_\_\_

## Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint

Attach all copies of 1099-S and 1099-B forms here.

**Note:** Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR**  
(Generally, report sales where you incurred a loss in this section except sale of raised cattle, horses and livestock sold at a gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS**  
(Ordinary gains and losses)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

**GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR**  
(Depreciable property used in trade/business or residential rental)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

# 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)		

# Farm Rental Income and Expenses

ORG26

## GENERAL INFORMATION

Name of this activity .....

1 Check ownership  Taxpayer  Spouse  Joint

2 Employer identification number .....

3 Was this farm fully disposed of in a fully taxable transaction during 2010?  Yes  No

4 Did you actively participate in the operation of this business during 2010?  Yes  No

5 Real estate professionals:  
Did you materially participate in the operation of this business during 2010?  Yes  No

6 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

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

8a 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 farm rental located in a Qualified Disaster Area?  Yes  No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

FARM RENTAL INCOME – BASED ON PRODUCTION	2010	2009
9 Income from production of livestock, produce, grains and crops .....		
10 Total distributions received from cooperatives .....		
11 Taxable amount of distributions from cooperatives .....		
12 Total agricultural program payments .....		
13 Taxable amount of agricultural program payments .....		
14 Commodity Credit Corporation (CCC) loans under election .....		
15 CCC loans forfeited/repaid with certificates .....		
16 Taxable amount of CCC loans forfeited/repaid .....		
17 Crop insurance proceeds/federal crop disaster payments received in 2010 .....		
18 Taxable crop insurance proceeds/federal crop disaster payments .....		
19 Crop insurance proceeds/federal crop disaster deferred from 2009 .....		
20 Other income – include federal/state gas tax credit/refund .....		

## Farm Rental Income and Expenses (continued)

ORG26

EXPENSES – FARM RENTAL PROPERTY	2010	2009
Name of this activity .....		
<b>21</b> Car and truck expense (complete ORG18) .....		
<b>22</b> Chemicals .....		
<b>23</b> Conservation expenses .....		
<b>24</b> Custom hire (machine work) .....		
<b>25</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>26</b> Employee benefit programs other than pension and profit-sharing plans .....		
<b>27</b> Feed .....		
<b>28</b> Fertilizers and lime .....		
<b>29</b> Freight and trucking .....		
<b>30</b> Gasoline, fuel, and oil .....		
<b>31</b> Insurance (other than health) .....		
<b>32</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>33</b> Gross wages .....		
<b>34</b> Pension and profit-sharing plans .....		
<b>35</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>36</b> Repairs and maintenance .....		
<b>37</b> Seeds and plants .....		
<b>38</b> Storage and warehousing .....		
<b>39</b> Supplies .....		
<b>40</b> Taxes .....		
<b>41</b> Utilities .....		
<b>42</b> Veterinary fees and medicine .....		
<b>43</b> Other expenses (specify):		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
<b>44</b> Qualified pension plan start-up costs .....		

# Farm Income and Expenses

ORG27

**GENERAL INFORMATION**

Name of this farm .....

1 Check ownership  Taxpayer  Spouse  Joint

2 Principal product .....

3 Employer identification number .....

4 Agricultural activity code **(Preparer Use Only)** .....

5 Accounting method  Cash  Accrual

	Yes	No
6 Was this farm fully disposed of in a fully taxable transaction during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you materially participate in the operation of this business during 2010? .....	<input type="checkbox"/>	<input type="checkbox"/>
8 At-risk determination:		
a Is all of the investment in this activity at risk? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Is some of the investment in this activity not at risk? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you have unallowed passive losses in 2009? .....	<input type="checkbox"/>	<input type="checkbox"/>
10a Treat all MACRS assets for this activity as qualified Indian reservation property? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....	Regular <input type="checkbox"/>	Extension <input type="checkbox"/> No <input type="checkbox"/>
c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....	<input type="checkbox"/>	<input type="checkbox"/>
d Was this farm located in a Qualified Disaster Area? .....	<input type="checkbox"/>	<input type="checkbox"/>

FARM INCOME – CASH METHOD	2010	2009
11 Sales of livestock, etc purchased for resale .....		
12 Cost/Basis of livestock, etc purchased for resale .....		
13 Sales of livestock, produce, grains, etc raised .....		
14a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
15a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15b .....		
16a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
17a Crop insurance proceeds/federal crop disaster payments received in 2010 .....		
b Taxable crop insurance proceeds/federal crop disaster payments .....		
c Crop insurance proceeds/federal crop disaster payments deferred from 2009 .....		
18 Custom hire (machine work) income .....		
19 Other income – include federal/state gas tax credit/refund .....		

FARM INCOME – ACCRUAL METHOD	2010	2009
20 Sales – livestock, produce, grain, other products .....		
21a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
22a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
23a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
24 Crop insurance proceeds and certain disaster payments .....		
25 Custom hire (machine work) income .....		
26 Other income include federal/state gas tax credit/refund .....		
27 Cost of Goods Sold:		
a Beginning inventory – livestock, produce, etc .....		
b Cost of livestock, produce, etc purchased .....		
c Ending inventory – livestock, produce, etc .....		
28 Check if you used the unit-livestock price method or farm-price method to value inventory .....	<input type="checkbox"/>	<input type="checkbox"/>

## Farm Income and Expenses (continued)

**ORG27**

Complete ORG51 for acquisitions and ORG50 for dispositions.

<b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>	<b>2010</b>	<b>2009</b>
Name of this farm .....		
<b>29</b> Car and truck expense (complete ORG18) .....		
<b>30</b> Chemicals .....		
<b>31</b> Conservation expenses .....		
<b>32</b> Custom hire (machine work) .....		
<b>33</b> Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>34</b> Employee benefit programs other than pension and profit-sharing plans .....		
<b>35</b> Feed .....		
<b>36</b> Fertilizers and lime .....		
<b>37</b> Freight and trucking .....		
<b>38</b> Gasoline, fuel and oil .....		
<b>39a</b> Insurance (other than health) .....		
<b>b</b> Self-employed health insurance attributable to this farm business .....		
<b>40</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc) .....		
<b>b</b> Other .....		
<b>41</b> Gross wages .....		
<b>42</b> Pension and profit-sharing plans .....		
<b>43</b> Rent or lease:		
<b>a</b> Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b> Other (land, animals, etc) .....		
<b>44</b> Repairs and maintenance .....		
<b>45</b> Seeds and plants purchased .....		
<b>46</b> Storage and warehousing .....		
<b>47</b> Supplies purchased .....		
<b>48</b> Taxes .....		
<b>49</b> Utilities .....		
<b>50</b> Veterinary, breeding and medicine .....		
<b>51</b> Other expenses (specify):		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
_____ .....		
<b>52</b> Qualified pension plan start-up costs .....		

## Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2010 .....		
2 Check if you were covered by a retirement plan at work .....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return .....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount .....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute .....		
If you (a) received traditional IRA distributions during 2010 <b>and</b> you have made <b>nondeductible</b> IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, <b>OR</b> (b) choose to make any <b>nondeductible</b> traditional IRA contributions for 2010, please provide this information:		
6 Enter the value of <b>all</b> of your IRAs on 12/31/2010 .....		
7 Enter the value of <b>all</b> recharacterizations after 12/31/2010 .....		
8 Enter the amount of any outstanding rollovers as of 1/1/2011 .....		
<b>If you received IRA distributions during 2010, please complete ORG7.</b>		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2010 .....		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return .....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount .....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute .....		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
<b>Money Purchase Plan Keogh and Multiple Plans:</b>		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2010 .....		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2010 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit Sharing Plan Keogh:</b>		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2010 .....		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2010 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit Plan Keogh:</b>		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2010 .....		
<b>SEP:</b>		
4 a Payments made and/or expected to be made to a SEP for 2010 .....		
b Check this box if you wish to contribute the maximum amount to your SEP for 2010 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Employed SIMPLE Plan:</b>		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2010 .....		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2010 .....		
<b>Individual 401(k):</b>		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2010 .....		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2010 .....		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2010 .....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2010 .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roth 401(k):</b>		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2010 .....		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2010 .....		
ALIMONY PAID		
1 Recipient's social security number .....	Alimony paid .....	
2 Recipient's social security number .....	Alimony paid .....	

## 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 <b>not</b> 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"/>
-----	-----	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
<b>1 a</b> Taxpayer educator expenses . . . . .		
<b>b</b> Spouse educator expenses . . . . .		

STUDENT LOAN INTEREST PAID	2010	2009
<b>2</b> 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) .....	

# Household Employment Taxes

ORG41

## GENERAL INFORMATION

**Attach copies of your state payroll returns and other payroll forms.**

- 1 Enter your employer identification number ..... \_\_\_\_\_
- Yes No
- 2 Did you pay **any one** household employee cash wages of \$1,700 or more in 2010? .....
- 3 Did you withhold federal income tax during 2010 for any household employee? .....
- 4 Did you pay total cash wages of \$1,000 or more to household employees **in any calendar quarter** of 2009 or 2010? .....

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 2 OR 3 ABOVE

	2010	2009
5 Enter total cash wages paid during 2010 that were:		
a Subject to social security taxes .....		
b Subject to Medicare taxes .....		
c Subject to FUTA taxes .....		
6 Enter federal income tax withheld during 2010 .....		
7 Enter any advance earned income credit (EIC) payments .....		

### COMPLETE IF YOU ANSWERED 'YES' TO QUESTION 4 ABOVE

Federal Unemployment Tax (FUTA) Questions:

Yes No

- 8 Did you pay unemployment contributions to only one state? .....
- 9 Did you pay all state unemployment contributions for 2010 by April 15, 2011? .....
- 10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? .....
- 11 Enter any unemployment compensation you paid for 2010:

State Name	State Reporting Number	Taxable Wages		Contributions Paid to State Unemployment Fund	
		2010	2009	2010	2009
a _____					
b _____					

12 Complete the following if you know your state experience rate:

- a State experience rate (e.g., enter 5.5 for 5.5%) .....
- b State experience rate period — starting date (e.g., 01/01/09) .....
- c State experience rate period — ending date (e.g., 12/31/09) .....

State A	State B
_____	_____

# K-1 Partnership – Partner's Questions

ORG45

**Attach all copies of K-1s from partnerships.**

<b>1</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number .... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number .... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number .... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number .... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number .... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	Name of partnership ..... _____ Partnership identification number _____ Tax shelter registration number .... _____ 1 Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this partnership? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

## K-1 S Corporation – Shareholder's Questions

ORG46

**Attach all copies of K-1s from S Corporations.**

<b>1</b>	Name of S Corporation . . . . _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Name of S Corporation . . . . _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Name of S Corporation . . . . _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Name of S Corporation . . . . _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Name of S Corporation . . . . _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	Name of S Corporation . . . . _____ S Corporation identification number _____ Tax shelter registration number .. _____ 1 Ownership . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint 2 Is this the final K-1 for this S Corporation? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

## K-1 Estate & Trust – Beneficiary's Questions

ORG47

<b>▶</b>	<input checked="" type="checkbox"/>	<b>Attach all copies of K-1's from estates and trusts.</b>
<b>1</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Name of estate or trust . . . . _____ <hr/> Estate or trust identification no. . . . _____ Tax shelter registration number . . . . _____ <hr/> 1 Beneficiary . . . . . <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <hr/> 2 Is this the final K-1 for this estate or trust? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

# K-1 Supplemental Business Expenses

ORG48

Partnership		
EXPENSES	2010	2009
Use <b>ORG18</b> to enter vehicle expenses.		
<b>1</b> Vehicle expenses .....		
<b>2</b> Vehicle rentals .....		
<b>3</b> Travel expenses while away from home (excluding meals/entertainment expenses) .....		
<b>4</b> Business gifts .....		
<b>5</b> Education .....		
<b>6</b> Office supplies and expenses .....		
<b>7</b> Telephone, fax, pager, etc .....		
<b>8</b> Trade publications .....		
<b>9</b> Depreciation and amortization ( <b>Preparer Use Only</b> ) .....		
Use <b>ORG50</b> to record dispositions. Use <b>ORG51</b> to enter additional assets.		
Treat all MACRS assets for 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 activity located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>10</b> Carryover of Section 179 expense from prior year .....		
<b>11</b> Meals and entertainment expenses .....		
<b>12</b> Other:  .....  .....  .....		
REIMBURSEMENTS	2010	2009
<b>13</b> Reimbursements for other than meals and entertainment .....		
<b>14</b> Reimbursements for meals and entertainment .....		



**Federal Carryover Data (continued)**

**ORG55**

<b>CREDIT CARRYOVERS</b>	
<b>14</b> General business credit .....	
<b>15a</b> Qualified adoption expenses carryforward from 2009 .....	
<b>b</b> Qualified adoption expenses carryforward from 2008 .....	
<b>c</b> Qualified adoption expenses carryforward from 2007 .....	
<b>d</b> Qualified adoption expenses carryforward from 2006 .....	
<b>e</b> Qualified adoption expenses carryforward from 2005 .....	
<b>16a</b> Mortgage interest credit from 2009 (Form 8396, line 19) .....	
<b>b</b> Mortgage interest credit from 2008 (Form 8396, line 16) .....	
<b>c</b> Mortgage interest credit from 2007 (Form 8396, line 18) .....	
<b>d</b> Certificate credit rate (Form 8396, line 2) .....	%
<b>e</b> Address of home claiming mortgage interest credit on Form 8396 if different from your personal address: _____ _____	
<b>17</b> District of Columbia first-time homebuyer credit from 2009 (Form 8859, line 12) .....	
<b>18</b> Minimum tax credit carryforward to 2010 (Form 8801, line 31) .....	
<b>19</b> Residential energy efficient property credit from 2009 (Form 5695, line 28) .....	

<b>OTHER CARRYOVERS</b>	
<b>20</b> Section 179 carryover from 2009 (Form 4562, line 13) .....	
<b>21</b> Excess 2009 foreign housing deduction carryover:	
<b>a</b> Amount from Form 2555, Taxpayer's copy – line 46 .....	
<b>b</b> Amount from Form 2555, Taxpayer's copy – line 48 .....	
<b>c</b> Amount from Form 2555, Spouse's copy – line 46 .....	
<b>d</b> Amount from Form 2555, Spouse's copy – line 48 .....	

<b>CHARITABLE CONTRIBUTION CARRYOVERS</b>				
<b>22</b> Carryover of charitable contributions from:	<b>Cash and Other Property</b>		<b>Capital Gain</b>	
	<b>(a) 50%</b>	<b>(b) 30%</b>	<b>(c) 30%</b>	<b>(d) 20%</b>
<b>a</b> 2009 .....				
<b>b</b> 2008 .....				
<b>c</b> 2007 .....				
<b>d</b> 2006 .....				
<b>e</b> 2005 .....				

# Foreign Tax Credit Carryovers from 2009

ORG56

FIRST FORM 1116				
<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
2007 .....				
2008 .....				
2009 .....				
Carryover to 2010 .....				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
2007 .....				
2008 .....				
2009 .....				
Carryover to 2010 .....				
SECOND FORM 1116				
<input type="checkbox"/> Passive category income <input type="checkbox"/> General category income <input type="checkbox"/> Re-sourced by treaty <input type="checkbox"/> Lump-sum distributions				
Regular Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
2007 .....				
2008 .....				
2009 .....				
Carryover to 2010 .....				
Alternative Minimum Tax	Foreign Taxes	Disallowed	Utilized	Carryover
2000 .....				
2001 .....				
2002 .....				
2003 .....				
2004 .....				
2005 .....				
2006 .....				
2007 .....				
2008 .....				
2009 .....				
Carryover to 2010 .....				

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
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: _____		
	<b>Taxpayer</b>	<b>Spouse</b>
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

		<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2009? .....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<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: _____			
_____			
_____			

