

This Client Organizer is designed to help you gather tax information needed to prepare your 2010 personal income tax return. We have pre-printed certain information from your 2009 personal income tax return to help you complete the organizer with minimal time and effort.

Behind this letter, we have included a consent form you may sign and return to our office with your completed Client Organizer and tax forms.

We are now able to offer your Client Organizer in a web-based format. If you are a current client and would prefer a personalized electronic organizer, please call our office and request one to be sent to you. You will be able to access this same document through a secure link that will be e-mailed to you and then after completion, our office will retrieve your organizer and begin work on your return(s).

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**-**-****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact our office. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to our office immediately.

Enter 2010 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We also will need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, miscellaneous income, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest and taxes.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

In order to meet the filing deadline for your 2010 income tax return, your completed Client Organizer and other supporting information needs to be received by our office no later than March 20, 2011. Any information received after this date may require an extension of time to be filed for your return.

We are in the process of updating our records to include your e-mail address in your personal profile. Please include your e-mail address and any updated information in your organizer. Thank you for the opportunity to serve you.

Sincerely,

Baldwin CPAs, PLLC



CONSENT TO DISCLOSE TAX RETURN INFORMATION

Dear Client,

Several years ago the IRS included provisions to the tax codes that are designed to protect the confidentiality of your personal tax information and to ensure that you are aware of anyone who may be using your information.

Federal law requires that this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent remains in place as long as you engage Baldwin CPAs to complete your tax returns.

Check here

[] I authorize Baldwin CPAs to use the information I provide during the preparation of my tax return to determine whether they have appropriate solutions for me in brokerage, insurance or other advisory products. This authorization remains in place as long as I engage Baldwin CPAs to complete my tax returns.

Taxpayer: (print full name or company name) _____

Signature: _____

Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1- 800-366-4484, or by email at complaints@tigta.treas.gov.

Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

[1]

[2]

Taxpayer		Spouse	
Social security number	_____ [3]	_____	[4]
First name	_____ [5]	_____	[6]
Last name	_____ [7]	_____	[8]
Occupation	_____ [9]	_____	[10]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [11]	_____	[13]
Mark if legally blind	_____ [14]	_____	[15]
Mark if dependent of another taxpayer	_____ [16]	_____	[17]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [18]	_____	
Date of birth	_____ [21]	_____	[22]
Date of death	_____ [23]	_____	[24]
Work/daytime telephone number/ext number	_____ [25] _____ [26]	_____ [27] _____	[28]
Home/evening telephone number	_____ [29]	_____	[30]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [31]		

Present Mailing Address

Address _____ [35]
 Apartment number _____ [36]
 City, state postal code, zip code _____ [37] _____ [38] _____ [39]
 In care of addressee _____ [40]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

Months***

Care expenses paid for dependent

[illegible]

Name of child who lived with you but is not your dependent [42]

Social security number of qualifying person _____ [43]

Dependent Codes

*Basic	1 = Child who lived with you	**Other	1 = Student (Age 19 - 23)
	2 = Child who did not live with you		2 = Disabled dependent
	3 = Other dependent		3 = Dependent who is both a student and disabled
	4 = Claimed under pre-1985 agreement		
	5 = Qualifying child for Earned Income Credit only		
	6 = Children who lived with you, but do not qualify for Earned Income Credit		
	7 = Children who lived with you, but do not qualify for Child Tax Credit		
	8 = Children who lived with you, but do not qualify for Child Tax Credit or Earned Income Credit		
**Months	77 = Reported on odd year return		
	88 = Reported on even year return		
	99 = Not reported on return		

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

Taxpayer

Spouse

Car telephone number

[11]

[19]

Fax telephone number

[12]

[20]

Mobile telephone number

[13]

[21]

Pager number

[14]

[22]

Other:

[15]

[23]

Telephone number

[16]

[24]

Extension

[17]

[25]

Preferred method of contact

Email, Work phone, Home phone, Fax, Mobile phone, Car phone

[18]

[26]

NOTES/QUESTIONS:

If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in fields below.
Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:

Financial institution routing transit number _____ [1]
 Name of financial institution _____ [2]
 Your account number _____ [3]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [4]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [5]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [6]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [7] or Percent (xxx.xx) _____ [8]

Secondary account #1:

Financial institution routing transit number _____ [23]
 Name of financial institution _____ [24]
 Your account number _____ [25]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [26]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [27]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [28]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #2:

Financial institution routing transit number _____ [29]
 Name of financial institution _____ [30]
 Your account number _____ [31]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [32]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [33]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [34]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [13] or Percent (xxx.xx) _____ [14]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information.
Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [15] or Percent (xxx.xx) _____ [16]
 Owner's name (First Last) _____ [36] _____ [37]
 Co-owner or beneficiary (First Last) _____ [38] _____ [39]
 Mark if the name listed above is a beneficiary _____ [40]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [19] or Percent (xxx.xx) _____ [20]
 Owner's name (First Last) _____ [41] _____ [42]
 Co-owner or beneficiary (First Last) _____ [43] _____ [44]
 Mark if the name listed above is a beneficiary _____ [45]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund

____[5]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount

____[6]

Enter the minimum refund amount here

____[7]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____[8]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

____[3]

Spouse self-selected Personal Identification Number (PIN)

____[4]

NOTES/QUESTIONS:

If you have an overpayment of 2010 taxes, do you want the excess:

Refunded

[43]

Applied to 2011 estimated tax liability

[44]

Do you expect a considerable change in your 2011 income? (Y, N)

[45]

If yes, please explain any differences:

[46]

[47]

[48]

[49]

Do you expect a considerable change in your deductions for 2011? (Y, N)

[50]

If yes, please explain any differences:

[51]

[52]

[53]

[54]

Do you expect a considerable change in the amount of your 2011 withholding? (Y, N)

[55]

If yes, please explain any differences:

[56]

[57]

[58]

[59]

Do you expect a change in the number of dependents claimed for 2011? (Y, N)

[60]

If yes, please explain any differences:

[61]

[62]

[63]

[64]

2010 Federal Estimated Tax Payments

2009 overpayment applied to 2010 estimates

+ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

[4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount
1st quarter payment	4/15/10	[5]	+ [6]	
2nd quarter payment	6/15/10	[7]	+ [8]	
3rd quarter payment	9/15/10	[9]	+ [10]	
4th quarter payment	1/18/11	[11]	+ [12]	
Additional payment		[13]	+ [14]	

NOTES/QUESTIONS:

2010 State Estimated Tax Payments

6

Taxpayer/Spouse/Joint (T, S, J)

[1]

State postal code

[2]

Amount paid with 2009 return

+ [3]

2009 overpayment applied to '10 estimates

+ [4]

Treat calculated amounts as paid

[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment [9]	+ [10]	
2nd quarter payment [11]	+ [12]	
3rd quarter payment [13]	+ [14]	
4th quarter payment [15]	+ [16]	
Additional payment [17]	+ [18]	

2010 City Estimated Tax Payments

City #1		City #2	
City name [28]		City name [50]	
Amount paid with 2009 return + [31]		Amount paid with 2009 return + [53]	
2009 overpayment applied to '10 estimates + [32]		2009 overpayment applied to '10 estimates + [54]	
Treat calculated amounts as paid [36]		Treat calculated amounts as paid [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

City #3		City #4	
City name [72]		City name [94]	
Amount paid with 2009 return + [75]		Amount paid with 2009 return + [97]	
2009 overpayment applied to '10 estimates + [76]		2009 overpayment applied to '10 estimates + [98]	
Treat calculated amounts as paid [80]		Treat calculated amounts as paid [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Calculated Amount

1st quarter payment _____

2nd quarter payment _____

3rd quarter payment _____

4th quarter payment _____

Wages and Salaries #1

Please provide all copies of Form W-2.

2010 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard) _____ [5]
 Mark if this is your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [20]
 SS tips (**Box 7**) + _____ [22]
 Allocated tips (**Box 8**) + _____ [24]
 Advanced EIC (**Box 9**) + _____ [26]
 Dependent care benefits (**Box 10**) + _____ [28]
Box 13 -
 Statutory employee _____ [30]
 Retirement plan _____ [31]
 Third-party sick pay _____ [32]
 State postal code (**Box 15**) _____ [33]
 State wages (**Box 16**) (If different than federal wages) + _____ [35]
 State tax withheld (**Box 17**) + _____ [37]
 Local wages (**Box 18**) + _____ [39]
 Local tax withheld (**Box 19**) _____ [41]
 Name of locality (**Box 20**) _____ [44]

Control Totals +**Wages and Salaries #2**

Please provide all copies of Form W-2.

2010 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Employer name _____ [3]
 Were these wages earned for service as: (1 = Minister, 2 = Military, 4 = National Guard) _____ [5]
 Mark if this your current employer _____ [6]
 Federal wages and salaries (**Box 1**) + _____ [10]
 Federal tax withheld (**Box 2**) + _____ [12]
 Social security wages (**Box 3**) (If different than federal wages) + _____ [14]
 Social security tax withheld (**Box 4**) + _____ [16]
 Medicare wages (**Box 5**) (If different than federal wages) + _____ [18]
 Medicare tax withheld (**Box 6**) + _____ [20]
 SS tips (**Box 7**) + _____ [22]
 Allocated tips (**Box 8**) + _____ [24]
 Advanced EIC (**Box 9**) + _____ [26]
 Dependent care benefits (**Box 10**) + _____ [28]
Box 13 -
 Statutory employee _____ [30]
 Retirement plan _____ [31]
 Third-party sick pay _____ [32]
 State postal code (**Box 15**) _____ [33]
 State wages (**Box 16**) (If different than federal wages) + _____ [35]
 State tax withheld (**Box 17**) + _____ [37]
 Local wages (**Box 18**) + _____ [39]
 Local tax withheld (**Box 19**) _____ [41]
 Name of locality (**Box 20**) _____ [44]

Control Totals +

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J Code	Type Code (**See codes below)	Interest (1) Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts						
	2	Payer						
		Amounts						
	3	Payer						
		Amounts						
	4	Payer						
		Amounts						
	5	Payer						
		Amounts						
	6	Payer						
		Amounts						
	7	Payer						
		Amounts						
	8	Payer						
		Amounts						
	9	Payer						
		Amounts						
	10	Payer						
		Amounts						

**Interest Codes			
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment	
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond	

Control Totals +

Dividend Income

11

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer Amounts	+								
	2	Payer Amounts	+								
	3	Payer Amounts	+								
	4	Payer Amounts	+								
	5	Payer Amounts	+								
	6	Payer Amounts	+								
	7	Payer Amounts	+								
	8	Payer Amounts	+								
	9	Payer Amounts	+								
	10	Payer Amounts	+								

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Form ID: B2

Pension, Annuity, and IRA Distributions #1

15

Please provide all Forms 1099-R.

2010 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

Control Totals +**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2010 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

Control Totals +**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2010 Information**Prior Year Information**

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (Box 1) + _____ [7]
 Taxable amount received (Box 2a) + _____ [9]
 Federal withholding (Box 4) + _____ [11]
 Distribution code (Box 7) _____ [13]
 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____ [14]
 State withholding (Box 10) + _____ [15]
 Local withholding (Box 13) + _____ [17]
 Amount of rollover + _____ [19]
 Mark if distribution was due to a pre-retirement age disability _____ [21]
 Mark if distribution was from an inherited IRA _____ [22]

Control Totals +

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)
State postal code____ [1]
____ [2]**Social Security Benefits****2010 Information****Prior Year Information**

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2010 (Box 3 minus Box 4) (**Box 5**)

+ _____ [8]

Voluntary Federal Income Tax Withheld (**Box 6**)

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Tier 1 Railroad Benefits**2010 Information****Prior Year Information**

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2010 (**Box 5**)

+ _____ [22]

Federal Income Tax Withheld (**Box 10**)

+ _____ [25]

Medicare Premium Total (**Box 11**)

+ _____ [27]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2010 or receive any prior year benefits in 2010. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

____ [36]

____ [37]

____ [38]

____ [39]

____ [40]

NOTES/QUESTIONS:

The American Recovery and Reinvestment Act of 2009 provided for a one-time payment of \$250 to retirees, disabled individuals, Social Security beneficiaries and SSI recipients receiving benefits from the Social Security Administration, Railroad Retirement beneficiaries, and veterans receiving disability compensation and pension benefits from the U.S. Department of Veterans' Affairs, which most qualifying persons received in 2009.

Only report an economic recovery payment received in 2010 in the field(s) below, DO NOT enter any amount received in 2009.

	Taxpayer	Spouse	Prior Year Information
Economic recovery payment received in 2010 (Do not enter more than \$250 per person)	+ _____ [19]	+ _____ [20]	

	2010 Information		Prior Year Information
	Taxpayer	Spouse	
State and local income tax refunds	+ _____ [1]		
Alimony received	+ _____ [3]	+ _____ [4]	
Unemployment compensation	+ _____ [8]	+ _____ [9]	
Unemployment compensation federal withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation state withholding	+ _____ [8]	+ _____ [9]	
Unemployment compensation repaid	+ _____ [11]	+ _____ [12]	
Alaska Permanent Fund dividends	+ _____ [16]	+ _____ [17]	

	Self-Employment Income ? (Y, N)		2010 Information	Prior Year Information
T/S/J				
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [14]	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	
—	—	_____	+	

☐ **Preparer use only**

2010 Information

Prior Year Information

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [10]
 Business address, if different from home address on Organizer Form ID:1040
 Address _____ [13]
 City/State/Zip _____ [14] _____ [15] _____ [16]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [17]
 If other: _____ [19]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [20]
 If other enter explanation: _____ [22]

 Enter an explanation if there was a change in determining your inventory: _____ [23]

 Did you "materially participate" in this business? (Y, N) _____ [24]
 If not, number of hours you did significantly participate _____ [26]
 Mark if you began or acquired this business in 2010 _____ [28]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [29]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [31]
 Medical insurance premiums paid by this activity + _____ [33]
 Long-term care premiums paid by this activity + _____ [35]
 Amount of wages received as a statutory employee + _____ [38]

Business Income

2010 Information

Prior Year Information

Gross receipts or sales + _____ [43]
 Returns and allowances + _____ [45]
 Other income: _____ [47]

Cost of Goods Sold

2010 Information

Prior Year Information

Beginning inventory + _____ [49]
 Purchases + _____ [51]
 Labor: _____ [53]

 Materials + _____ [55]
 Other costs: _____ [57]

 Ending inventory + _____ [59]

Control Totals +

Schedule C - Expenses**Preparer use only**

Principal business or profession _____

2010 Information**Prior Year Information**

Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs:		
_____	+ _____ [18]	_____
_____	+ _____	_____
Insurance (Other than health):		
_____	+ _____ [20]	_____
_____	+ _____	_____
Interest:		
Mortgage (Paid to banks, etc.)	+ _____ [22]	_____
Other:		
_____	+ _____ [24]	_____
_____	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [28]	_____
Pension and profit sharing:		
_____	+ _____ [30]	_____
_____	+ _____	_____
Rent or lease:		
Vehicles, machinery, and equipment	+ _____ [32]	_____
Other business property	+ _____ [34]	_____
Repairs and maintenance	+ _____ [36]	_____
Supplies	+ _____ [38]	_____
Taxes and licenses:		
_____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Travel, meals, and entertainment:		
Travel	+ _____ [42]	_____
Meals and entertainment	+ _____ [44]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [46]	_____
Utilities	+ _____ [50]	_____
Wages (Less employment credit):		
_____	+ _____ [52]	_____
_____	+ _____	_____
Other expenses:		
_____	+ _____ [54]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Preparer use only Carryovers	Regular	AMT
Operating	+ _____ [64]	+ _____ [65]
Schedule D - Short-term	+ _____ [66]	+ _____ [67]
Schedule D - Long-term	+ _____ [68]	+ _____ [69]
Schedule D - 28% rate	+ _____ [70]	+ _____ [71]
Form 4797 - Part I	+ _____ [72]	+ _____ [73]
Form 4797 - Part II	+ _____ [74]	+ _____ [75]
Section 179	+ _____ [78]	

Control Totals +

Rent and Royalty Property - General Information☐ **Preparer use only****2010 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]

Description: _____ [3]

_____ [4]

_____ [5]

State postal code _____ [6]

Type of activity (1 = Rental real estate, 2 = Substantially nondepreciable property, 3 = Royalty) _____ [7]

Percentage of ownership if not 100% _____ [9]

Business use percentage, if not 100% (Not vacation home percentage) _____ [11]

Rent and Royalty Income**2010 Information****Prior Year Information**

Gross rents received + _____ [18]

Gross royalties received + _____ [20]

Rent and Royalty Expenses**2010 Information****Percent if not 100%****Prior Year Information**

Advertising + _____ [22] _____ [23]

Auto + _____ [25] _____ [26]

Travel + _____ [28] _____ [29]

Cleaning and maintenance + _____ [31] _____ [32]

Commissions: _____ [34] _____ [36]

_____ + _____

Insurance: _____ [37] _____ [39]

_____ + _____

_____ + _____

Legal and professional fees + _____ [40] _____ [41]

Management fees _____ [43] _____ [45]

_____ + _____

_____ + _____

Mortgage interest paid to banks, etc (Form 1098) + _____ [46] _____ [47]

Other mortgage interest + _____ [49] _____ [51]

Qualified mortgage insurance premiums + _____ [52] _____ [53]

Other interest: _____ [55] _____ [57]

_____ + _____

_____ + _____

Repairs + _____ [58] _____ [59]

Supplies + _____ [61] _____ [62]

Taxes: _____ [64] _____ [66]

_____ + _____

_____ + _____

_____ + _____

Utilities + _____ [67] _____ [68]

Depreciation + _____ [70] _____ [71]

Depletion + _____ [73] _____ [74]

Other expenses: _____ [79] _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Refinancing points paid this year:

Description _____ [81]

Total points paid/Current amort (Prep use only) + _____

Date of Refinance _____ Total # Payments _____ Reported on 1098 in 2010 _____

Control Totals +

☐ **Preparer use only**

Description _____

Vacation Home Information**2010 Information****Prior Year Information**

Number of days home was used personally _____ [6]

Number of days home was rented _____ [8]

Number of day home owned, if not 365 _____ [10]

Carryover of disallowed operating expenses into 2010 + _____ [20]

Carryover of disallowed depreciation expenses into 2010 + _____ [21]

Passive and Other Information

Preparer use only			
Carryovers	Regular		AMT
Operating	+ _____ [28]	+	_____ [29]
Schedule D - Short-term	+ _____ [30]	+	_____ [31]
Schedule D - Long-term	+ _____ [32]	+	_____ [33]
Schedule D - 28% rate	+ _____ [34]	+	_____ [35]
Form 4797 - Part I	+ _____ [36]	+	_____ [37]
Form 4797 - Part II	+ _____ [38]	+	_____ [39]
Comm revitalization	+ _____ [40]	+	_____ [41]
Section 179	+ _____ [42]		

NOTES/QUESTIONS:

Prior Year Information

Cash or Accrual Income Items

Prior Year Information

$$+ \quad [44]$$

Cash and Accrual Income Items

Prior Year Information

+

Form ID: F-1

Prior Year Information

$$+ \quad [8]$$
$$+ \quad \underline{\hspace{2cm}} \quad [10]$$
$$+ \quad \underline{\hspace{2cm}} \quad [12]$$
$$+ \underline{\hspace{10em}} [14]$$
$$+ \quad [16]$$
$$+ \quad \underline{\hspace{1.5cm}} \quad [18]$$

+ _____ [20]

+ [22]

+ _____ [24]

+ _____ [26]

$$+ \frac{1}{2} \frac{d^2 \mathcal{L}}{d\alpha^2} \Big|_{\alpha=0} [28]$$

+ _____ [30]

+ _____ [32]

+ [34]

+ _____ [36]

+ _____ [38]

+ _____ [40]

+ _____ [42]

+ _____ [44]

+ _____ [46]

+ _____ [48]

$$+ \underline{\hspace{2cm}}$$
$$+ \underline{\hspace{2cm}}$$

+

+

+ _____ [50]

$$+ \quad [52]$$

+ _____ [54]

+

+

+

+

+

+

+

+

+

$$+$$
$$+ \quad [56]$$

Preparer use only			
Carryovers		Regular	AMT
Operating	+	[64]	+
Schedule D - Short-term	+	[66]	+
Schedule D - Long-term	+	[68]	+
Schedule D - 28% rate	+	[70]	+
Form 4797 - Part I	+	[72]	+
Form 4797 - Part II	+	[74]	+
Section 179	+	[76]	

Taxpayer

Spouse

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

___[1]

___[2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If

yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

___[3]

___[4]

Enter the total traditional IRA contributions made for use in 2010

+ _____[5]

+ _____[6]

Taxpayer

Spouse

Enter the nondeductible contribution amount made for use in 2010

+ _____[11]

+ _____[12]

Enter the nondeductible contribution amount made in 2011 for use in 2010

+ _____[13]

+ _____[14]

Traditional IRA basis

+ _____[15]

+ _____[16]

Value of all your traditional IRA's on December 31, 2010:

+ _____[17]

+ _____[18]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Roth IRA

Please provide copies of any 1998 through 2009 Form 8606 not prepared by this office

Taxpayer

Spouse

Mark if you want to contribute the maximum Roth IRA contribution

___[27]

___[28]

Enter the total Roth IRA contributions made for use in 2010

+ _____[29]

+ _____[30]

Enter the total amount of Roth IRA conversion recharacterizations for 2010

+ _____[39]

+ _____[40]

Enter the total contribution Roth IRA basis on December 31, 2009

+ _____[49]

+ _____[50]

Enter the total Roth IRA contribution recharacterizations for 2010

+ _____[51]

+ _____[52]

Enter the Roth conversion IRA basis on December 31, 2009

+ _____[53]

+ _____[54]

Value of all your Roth IRA's on December 31, 2010:

+ _____[55]

+ _____[56]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2010 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

TS	Qualified loan interest you paid ^[1]	2010 Information	Prior Year Information
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____

Education Credits and Tuition and Fees Deduction

Complete this form if you paid qualified education expenses for higher education costs in 2010.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

TS	Ed Exp Code*	Student's SSN ^[6]	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____
—	—	_____	_____	_____	+	_____

Important: You cannot claim the following for the same student in the same year:

- American opportunity credit and Lifetime learning credit

- Tuition and fees deduction and either the American opportunity credit or the Lifetime learning credit

To qualify for the American opportunity credit, the student must:

- be enrolled at least half-time
- be in a program leading to degree, certificate, or recognized credential
- not have completed first 4 years of post-secondary education
- have no felony drug convictions on record

*Education Expense Code
1 = American opportunity credit
2 = Lifetime learning credit
3 = Tuition and fees deduction

NOTES/QUESTIONS:

Schedule A - Medical and Dental Expenses

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T/S/J

2010 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Nurses, Hospital and nursing homes, Lab fees and x-rays, Medical and surgical supplies, Hearing aids, Guide dogs, Eyeglasses and contact lenses, and Insurance reimbursements received

[1]	_____	+	_____ [2]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
Medical insurance premiums you paid*:			
[4]	_____	+	_____ [5]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
Long-term care premiums you paid*:			
[7]	_____	+	_____ [8]
—	_____	+	_____
Prescription medicines and drugs:			
[10]	_____	+	_____ [11]
—	_____	+	_____
—	_____	+	_____
[13]	Miles driven for medical items		_____ [14]
	*Not entered elsewhere		

Schedule A - Tax Expenses

T/S/J

2010 Information

Prior Year Information

State/local income taxes paid:

[18]	_____	+	_____ [19]
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
—	_____	+	_____
2009 state and local income taxes paid in 2010:			
[21]	_____	+	_____ [22]
—	_____	+	_____
—	_____	+	_____
Real estate taxes paid on:			
[24]	_____	+	_____ [25]
—	_____	+	_____
—	_____	+	_____
Personal property taxes:			
[27]	_____	+	_____ [28]
—	_____	+	_____
Other taxes, such as: foreign taxes and State disability taxes			
[30]	_____	+	_____ [31]
—	_____	+	_____
—	_____	+	_____
Sales tax paid on major purchases:			
[38]	_____	+	_____ [39]
—	_____	+	_____
Sales tax paid on actual expenses:			
[41]	_____	+	_____ [42]
—	_____	+	_____
—	_____	+	_____

T/S/J

Date

Purchase Price
(Before Taxes)Sales/Excise Tax
Paid in 2010

Description of new motor vehicle purchased between 2/17/09 - 12/31/09:

[33]	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

Control Totals +

Form ID: A1

Interest Expenses

T/S/J	2010 Information	Type*	Percentage (XXX.XX)	Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	[2]	+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		
	+		+		

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home

1 = Not used to buy, build, improve home or investment

2 = Used to pay off previous mortgage

3 = Used to pay off previous mortgage, excess proceeds invested

4 = Taken out before 7/1/82 and secured by home used by taxpayer

T/S/J	Name	SSN	2010 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
			+	
Address				
			+	
Address				
			+	
Address				

T/S/J	Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -
	Payer's/Borrower's name [7]
	Street Address
	City/State/Zip code

Refinancing Points paid in 2010 -

Taxpayer/Spouse/Joint (T, S, J) [11]

Description

Total points paid

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points paid in 2010 (Preparer use only)

Date of refinance

Total number of payments

Reported on Form 1098 in 2010

Taxpayer/Spouse/Joint (T, S, J)

Description

Total points paid

Percentage of principal exceeding original mortgage (For AMT adjustment)

Points paid in 2010 (Preparer use only)

Date of refinance

Total number of payments

Reported on Form 1098 in 2010

T/S/J 2010 Information

Investment interest expense, other than on K-1s:

[14]	+	[15]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Control Totals +

Charitable Contributions

T/S/J

2010 Information

Prior Year Information

Contributions made by cash or check

[2] _____

+ _____ [3]
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____

[5] Volunteer miles driven

Noncash items, such as: Goodwill, Salvation Army

[8] _____

+ _____ [9]
 + _____
 + _____
 + _____
 + _____
 + _____
 + _____

Miscellaneous Deductions

T/S/J

2010 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

[11] _____

+ _____ [12]
 + _____
 + _____
 + _____
 + _____

Union dues:

[14] _____

+ _____ [15]
 + _____

[17] Tax preparation fees

Other expenses, subject to 2% AGI limitation, such as: Legal/accounting fees, IRA custodian fees

[20] _____

+ _____ [21]
 + _____
 + _____
 + _____

[23] Safe deposit box rental

Investment expenses, other than on K1s:

[26] _____

+ _____ [27]
 + _____
 + _____

Other expenses, not subject to the 2% AGI limitation:

[30] _____

+ _____ [31]
 + _____
 + _____
 + _____

Gambling losses: (Enter only if you have gambling income)

[33] _____

+ _____ [34]
 + _____

Control Totals +

Form ID: A3

Prior Year Information

$$+ \quad [31]$$
$$+ \quad [63]$$

Form ID: 2106

Noncash Contributions Exceeding \$500

54

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

NOTES/QUESTIONS:

Residential Energy Credit

The American Recovery and Reinvestment Act of 2009 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any 2009 Form 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)

____ [1]

Were the costs incurred made to your main home located in the United States? (Y, N)

____ [2]

Enter the total amount of costs for insulation material or system to reduce heat loss or gain

+ _____ [3]

Enter the total amount of costs for exterior windows

+ _____ [4]

Enter the total amount of costs for exterior doors

+ _____ [5]

Enter the total amount of costs for qualified metal roofs

+ _____ [6]

Enter the total amount of costs for energy-efficient building property

+ _____ [7]

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers

+ _____ [8]

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace

+ _____ [9]

Enter the total amount of costs for qualified solar electric property

+ _____ [11]

Enter the total amount of costs for qualified solar water heating property

+ _____ [12]

Enter the total amount of costs for qualified small wind energy property

+ _____ [13]

Enter the total amount of costs for qualified geothermal heat pump property

+ _____ [14]

Enter the total amount of costs for qualified fuel cell property

+ _____ [15]

Enter the total amount of kilowatt capacity of the qualified fuel cell property

_____ [16]

NOTES/QUESTIONS:

Kentucky General Information

Number of additional credits for National Guard members _____ [1]
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) _____ [2]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [3]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Contributions

Amount of political and charitable contributions you wish to make to:
Political Contributions

Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	Spouse _____ [4]	Taxpayer _____ [5]
---	---------------------	-----------------------

Charitable Contributions

Nature and Wildlife Fund	_____ [6]	
Child Victims' Trust Fund	_____ [7]	
Veterans' Program Trust Fund	_____ [8]	
Breast Cancer Research and Education Trust Fund	_____ [9]	

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:

From	_____ [10]	
To	_____ [11]	
State moved from	_____ [12]	
State moved to	_____ [13]	

Nonresident Information

Kentucky prior year income tax return was filed (Y, N) _____ [14]
 Mark if:

Commuted daily to Kentucky employment (VA resident)	_____ [15]	
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [16]	
Resident of state(s)	IL _____ [17] IN _____ [18] MI _____ [19] OH _____ [20] VA _____ [21] WV _____ [22] WI _____ [23]	

NOTES/QUESTIONS: