

2010	1040	US	Client Information	1
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Tax Return Appointment

Date:

Time:

Location:

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

CLIENT INFORMATION

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

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Client Information (continued)

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Please add, change or delete information for 2010.

CLIENT INFORMATION

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

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2010	1040	US	Dependents	2
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Please add, change or delete information for 2010.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

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

DEPENDENTS

Were there any changes in dependents?

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

Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

INCOME

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

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

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

PURCHASES, SALES AND DEBT

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

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

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

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

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

Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?

Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?

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

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

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2011 taxable income and withholdings to be different from 2010?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

Please enter all pertinent 2010 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	18		
1=electronic payment of balance due	34		
1=electronic payment of estimated tax	36		

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

2010 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009	1			
1st quarter payment (due 4/15/10)	2	3		13
2nd quarter payment (due 6/15/10)	4	5		14
3rd quarter payment (due 9/15/10)	6	7		15
4th quarter payment (due 1/17/11)	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension (not later than 4/18/11)	10	11		

State

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009	101			
1st quarter payment (due 4/15/10)	102	103		113
2nd quarter payment (due 6/15/10)	104	105		114
3rd quarter payment (due 9/15/10)	106	107		115
4th quarter payment (due 1/17/11)	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension (not later than 4/18/11)	110	111		

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

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

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

7.1

Please enter all pertinent 2010 information.

APPLICATION OF 2010 OVERPAYMENT (7.1)

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

Other (please explain): _____

2011 ESTIMATED TAX INFORMATION

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

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

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

If "yes" explain any differences: _____

7.1

2010	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2009 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/10	2009 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE									
		1	2	810	196			3	4		
	800										

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2009 Winnings
				Federal (Box 2)	State (Box 14)	
	800	1	3	6	9	

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

	2010 Amount	Ts	2009 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

10, 13.1, 13.2

2010	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2010 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)	2	52		
Medicare premiums paid (SSA-1099)	13	63		
Tier 1 RR retirement benefits (RRB-1099, box 5) ..	3	53		
1=lump-sum election for SS benefits	12	62		
Alimony received	5	55		
Taxable scholarships and fellowships	8	58		
Jury duty pay	28	78		
Household employee income not on W-2	9	59		
Excess minister's allowance	24	74		
Alaska permanent fund dividends	21	71		
Income from rental of personal property	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld	14	64		
State income tax withheld	15	65		
Local income tax withheld	16	66		

	14.1
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State & Local Tax Refunds / Unemployment Compensation

14.2

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

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

2010 1099-G Amount

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2010 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2009 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	ATAA payments (Box 5).....	25	
	Taxable energy grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program.....	24	
	Market gain (Box 9).....	26	
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2010 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2009 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	ATAA payments (Box 5).....	25	
	Taxable energy grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program.....	24	
	Market gain (Box 9).....	26	
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

14.2

2010	1040	US	Education Distributions (ESA's and QTP's)	14.3
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**Please enter all pertinent 2010 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

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

		2010 Amount	2009 Amount
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
2010 contributions to this ESA.....	142		
Value of this account at 12/31/10 (plus outstanding rollovers)...	144		
Basis in this ESA as of 12/31/09.....	165		
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
2010 contributions to this ESA.....	142		
Value of this account at 12/31/10 (plus outstanding rollovers)...	144		
Basis in this ESA as of 12/31/09.....	165		
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
2010 contributions to this ESA.....	142		
Value of this account at 12/31/10 (plus outstanding rollovers)...	144		
Basis in this ESA as of 12/31/09.....	165		

2010	1040	US	Business Income (Schedule C)	No. <input style="width:40px;" type="text"/>	16
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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040...	803	
City, state, ZIP code, if different from Form 1040	804	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
1=W-2 earnings as statutory employee.....	13		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		

INCOME

		2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51		
Returns and allowances.....	52		
Other income:			
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		
_____	54		

COST OF GOODS SOLD

Inventory at beginning of the year.....	14		
Purchases.....	15		
Cost of items for personal use.....	16		
Cost of labor.....	17		
Materials and supplies.....	18		
Other costs:			
_____	19		
_____	19		
_____	19		
_____	19		
_____	19		
_____	19		
_____	19		
_____	19		
Inventory at end of the year.....	20		

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

EXPENSES

	2010 Amount	2009 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals and entertainment in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

<hr/>	90	
<hr/>	90	
<hr/>	90	
<hr/>	90	
<hr/>	90	
<hr/>	90	

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

2010	1040	US	Rental & Royalty Income (Schedule E)	No. <input style="width:40px;" type="text"/>	18
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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Kind of property.....	800	
Location of property.....	801	

Percentage of ownership if not 100% (.xxxx)	500	
Percentage of tenant occupancy if not 100% (.xxxx)	503	
1=spouse, 2=joint	33	
1=nonpassive activity, 2=passive royalty	39	
1=did not actively participate.....	38	
1=real estate professional.....	32	
1=rental other than real estate	71	
1=investment	48	
1=single member limited liability company.....	418	

INCOME

	2010 Amount	2009 Amount
Rents received (Form 1099-MISC, box 1)	2	
Royalties received (Form 1099-MISC, box 2)	3	

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

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

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2010 Amount	2009 Amount
Production type (preparer use only).....	42	
Cost depletion.....	43	
Percentage depletion rate or amount.....	502	
State cost depletion, if different (-1 if none).....	76	
State % depletion rate or amount, if different (-1 if none).....	506	

VACATION HOME

Number of days rented at fair market value.....	34	
Number of days personal use.....	35	
Number of days owned (if optional method elected).....	53	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising.....	204	
Association dues.....	216	
Auto and travel (not entered elsewhere).....	205	
Cleaning and maintenance.....	206	
Commissions.....	207	
Gardening.....	218	
Insurance.....	208	
Legal and professional fees.....	210	
Licenses and permits.....	223	
Management fees.....	219	
Miscellaneous.....	224	
Mortgage interest (paid to banks, etc.).....	209	
Qualified mortgage insurance premiums.....	262	
Excess mortgage interest.....	267	
Other interest (not entered elsewhere).....	229	
Painting and decorating.....	220	
Pest control.....	221	
Plumbing and electrical.....	217	
Repairs.....	211	
Supplies.....	212	
Taxes - real estate.....	213	
Taxes - other (not entered elsewhere).....	225	
Telephone.....	222	
Utilities.....	214	
Wages and salaries.....	215	

Other:

_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

2010	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:40px;" type="text"/>	19
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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	800	
Employer ID number	801	

Agricultural activity code	1		
Accounting method: 1=cash, 2=accrual	2		
1=spouse, 2=joint	5		
1=farm rental (Form 4835)	84		
1=crop insurance proceeds election	64		
1=did not "materially participate" (Schedule F only)	65		
1=did not actively participate (Form 4835 only)	85		
1=real estate professional (Form 4835 only)	3		
1=single member limited liability company	418		
% of ownership if not 100% (.xxxx) (Form 4835 only)	504		

FARM INCOME

	2010 Amount	2009 Amount
Cash method:		
Sales of livestock, etc. bought for resale	6	
Cost or basis of livestock, etc. bought for resale	7	
Sales of livestock, etc. you raised	8	

Accrual method:		
Sales of livestock, produce, grains, etc.	17	
Inventory of livestock, etc. at beginning of year	23	
Cost of livestock, etc. purchased	24	
Inventory of livestock, etc. at end of year	25	

Other farm income:		
Total cooperative distributions	9	
Taxable cooperative distributions	10	
Total agricultural program payments (other than CRP)	11	
Taxable agricultural program payments (other than CRP)	12	
Total conservation reserve program payments	141	
Taxable conservation reserve program payments	142	
Commodity credit loans reported under election	13	
Total commodity credit loans forfeited or repaid	73	
Taxable commodity credit loans forfeited or repaid	74	
Total crop insurance proceeds received in 2010	14	
Taxable crop insurance proceeds received in 2010	75	
Taxable crop insurance proceeds deferred from 2009	76	
Custom hire (machine work) income	15	

Other income:		
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	

2010	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2010 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	800	801	802	161

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

2010	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2010 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number
	800	801

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US

Vehicle Expenses

No.

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

GENERAL INFORMATION

	2010 Amount	2009 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months your job required a vehicle (if not 12 months).....	333	

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....	36	
Business mileage.....	37	
Commuting mileage (for the tax year).....	38	
Average daily round-trip commute.....	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

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

TRADITIONAL IRA CONTRIBUTIONS

	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered.....	5	55		
2010 payments from 1/1/11 to 4/15/11.....	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....	11	61		
Defined benefit contributions you expect to make.....	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....	12	62		
Plan contribution rate if not .25 (.xxxx).....	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...	44	94		
Individual 401k: SE designated Roth contributions (1=max.)....	144	194		

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....	22	72		
Employer matching rate if not .03 (.xxxx).....	502	552		
1=nonelective contributions (2%).....	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)....	16	66		
Long-term care premiums.....	26	76		
Student loan interest paid (1098-E, box 1).....	23	73		
Educator expenses (kindergarten thru grade 12)...	28	78		
Jury duty pay given to employer.....	43	93		
Expenses from rental of personal property.....	37	87		
Other adjustments to income:				
_____	19	69		
_____	19	69		
_____	19	69		

Alimony paid:

	Taxpayer	Spouse
Recipient's first name....	39.____	89.____
Recipient's last name....	40.____	90.____
Recipient's SSN.....	41.____	91.____
Amount paid	18.____	68.____
	2009 amt:	2009 amt:

2010	1040	US	Itemized Deductions	25
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**Please enter all pertinent 2010 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

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

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Medical miles driven.....	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

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

State income taxes - 1/10 payment on 2009 state estimate.....	11		
State income taxes - paid with 2009 state extension.....	12		
State income taxes - paid with 2009 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/10 payment on 2009 city/local estimate.....	211		
City/local income taxes - paid with 2009 city/local extension.....	212		
City/local income taxes - paid with 2009 city/local return.....	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....	91		
Use taxes paid on 2010 purchases.....	92		
Use taxes paid with 2009 state return.....	96		
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description.....	801.____		
Vehicle #1 purchase price.....	348.____		
Vehicle #1 sales tax paid.....	347.____		
Vehicle #1 other qualified taxes/fees paid.....	350.____		
Sales tax on autos not included above.....	349		
Sales tax on boats, aircraft, other special items.....	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
_____	15		
Real estate taxes - property held for investment.....	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..	18		
Foreign income taxes.....	19		
Other taxes:			
_____	20		
_____	20		
_____	20		

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US

Itemized Deductions (continued)

25 p2

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

INTEREST PAID

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

	2010 Amount	TS	2009 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name	85.____		
Payee's SSN or FEIN	86.____		
Payee's street address	87.____		
Payee's city, state, ZIP	88.____		
Amount paid	22.____		

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39		

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

Investment interest (interest on margin accounts):

_____	24		
_____	24		

Passive interest

_____	27		
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Certain home mortgage interest included above (6251)

_____	30		
-------	----	--	--

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

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

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

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
Volunteer expenses (out-of-pocket)	31		
Number of charitable miles	53		

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

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		
Volunteer expenses (out-of-pocket)	40		
Number of charitable miles	54		

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US

Itemized Deductions (continued)

25 p3

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

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2010 Amount

TS

2009 Amount

Four horizontal lines for entering 50% limitation amounts.

Table with 4 rows and 3 columns (Year, TS, Amount) for 50% limitation.

30% limitation (see above):

Four horizontal lines for entering 30% limitation amounts.

Table with 4 rows and 3 columns (Year, TS, Amount) for 30% limitation.

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

Four horizontal lines for entering 30% capital gain property amounts.

Table with 4 rows and 3 columns (Year, TS, Amount) for 30% capital gain property.

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

Four horizontal lines for entering 20% capital gain property amounts.

Table with 4 rows and 3 columns (Year, TS, Amount) for 20% capital gain property.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 1 row and 3 columns (Year, TS, Amount) for Union and professional dues.

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

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 5 rows and 3 columns (Year, TS, Amount) for other unreimbursed employee expenses.

Investment expense:

Five horizontal lines for entering investment expenses.

Table with 5 rows and 3 columns (Year, TS, Amount) for investment expenses.

Tax return preparation fee

Table with 1 row and 3 columns (Year, TS, Amount) for tax return preparation fee.

Safe deposit box rental

Table with 1 row and 3 columns (Year, TS, Amount) for safe deposit box rental.

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

Five horizontal lines for entering miscellaneous deductions.

Table with 5 rows and 3 columns (Year, TS, Amount) for miscellaneous deductions.

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US

Itemized Deductions (continued)

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

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

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

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

	2010 Amount	TS	2009 Amount
Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured	494		

LOAN INFORMATION

Loan #1

Lender's name	820		
Form (see table)	416		
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2010	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2010	411		
Grandfather debt balance - beginning of year	413		

Loan #2

Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2010	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2010	431		
Grandfather debt balance - beginning of year	433		

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

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2010	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No. <input style="width:40px;" type="text"/>	30
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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040	800	
Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official	8	

EMPLOYEE BUSINESS EXPENSES

	2010 Amount	2009 Amount
Meal and entertainment expenses	44	
Reimbursements for meals and entertainment not on W-2, box 1	45	
1=Department of Transportation (80% meal allowance)	50	
Local transportation (bus, taxi, train, etc.)	7	
Travel expenses while away from home overnight	9	
Reimbursements not included on Form W-2, box 1	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

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

VEHICLE INFORMATION

	2010 Amount	2009 Amount
1=vehicle used primarily by more than 5% owner.....	11	
1=vehicle is available for off-duty personal use.....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	

VEHICLE 1

Description of vehicle.....	801	
Date placed in service (m/d/y).....	15	
Total mileage (for the tax year).....	16	
Business mileage.....	17	
Commuting mileage (for the tax year).....	19	
Average daily round-trip commute.....	18	
Number of months of vehicle business use (if not 12).....	80	
Parking fees and tolls (business portion only).....	70	
Actual expenses:		
Gasoline, lube, oil.....	51	
Repairs.....	52	
Tires.....	53	
Insurance.....	54	
Miscellaneous.....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	

VEHICLE 2

Description of vehicle.....	802	
Date placed in service (m/d/y).....	29	
Total mileage (for the tax year).....	30	
Business mileage.....	31	
Commuting mileage (for the tax year).....	33	
Average daily round-trip commute.....	32	
Number of months of vehicle business use (if not 12).....	112	
Parking fees and tolls (business portion only).....	71	
Actual expenses:		
Gasoline, lube, oil.....	61	
Repairs.....	62	
Tires.....	63	
Insurance.....	64	
Miscellaneous.....	36	
Auto license (other than personal property taxes).....	65	
Personal property taxes (based on car's value).....	66	
Interest (car loan) (for Schedule C, E and F).....	67	
Vehicle rent or lease payments.....	37	
Inclusion amount (enter as positive).....	34	
Value of employer-provided vehicle on Form W-2 (2106).....	38	

2010	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
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Please enter all pertinent 2010 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2010 Amount		2009 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2010 . . .	3	53		
Employer-provided benefits forfeited in 2010	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2010	20	2009 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2010	20	2009 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name	17	
	Last name	18	
	Date of birth (m/d/y)	22	
	Social security number	19	
	Qualified dependent care expenses incurred and paid in 2010	20	2009 amt:
	1=disabled	23	
	1=spouse, 2=joint	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider	10	
	Street address	11	
	City, state, ZIP code	12	
	Identification number (SSN or EIN)	13	
	Amount paid to care provider in 2010	14	2009 amt:
	1=spouse, 2=joint	15	

No. <input style="width:40px;" type="text"/>	Name of provider	10	
	Street address	11	
	City, state, ZIP code	12	
	Identification number (SSN or EIN)	13	
	Amount paid to care provider in 2010	14	2009 amt:
	1=spouse, 2=joint	15	

2010	1040	US	Education Credits / Tuition Deduction	38
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Please complete the information below if you paid qualified education expenses in 2010 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR EDUCATION CREDITS OR TUITION DED.

		2010 Amount		2009 Amount	
No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=American opportunity credit, 2=lifetime learning credit		15		
	Number of years hope credit claimed		23		
	Number of years American opportunity credit claimed		35		
	Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no ..		32		
	Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere)		16		
	Books and supplies required to be purchased from institution ...		27		
	Books and supplies not entered above		28		
	Amount of prior year refund or assistance *		20		

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=American opportunity credit, 2=lifetime learning credit		15		
	Number of years hope credit claimed		23		
	Number of years American opportunity credit claimed		35		
	Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no ..		32		
	Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere)		16		
	Books and supplies required to be purchased from institution ...		27		
	Books and supplies not entered above		28		
	Amount of prior year refund or assistance *		20		

No. <input style="width: 40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse	17		
		First name	12		
		Last name	13		
		Social security number	14		
	1=American opportunity credit, 2=lifetime learning credit		15		
	Number of years hope credit claimed		23		
	Number of years American opportunity credit claimed		35		
	Student completed 1st 4 years of post-secondary edu. before 2010: 1=yes, 2=no ..		32		
	Qualified tuition and fees paid in 2010 (net of refund or assistance and not entered elsewhere)		16		
	Books and supplies required to be purchased from institution ...		27		
	Books and supplies not entered above		28		
	Amount of prior year refund or assistance *		20		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.