

LARRY'S INCOME TAX & BKPG SVC INC  
3623 FLORIDA AVE  
KENNER LA 70065

HUSBAND AND WIFE EXAMPLE  
123 HAPPY LN  
Kenner LA 70065

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2010  
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2010 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, you may use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2010 tax return. We appreciate the opportunity to serve you.

Courtesy of  
LARRY'S INCOME TAX & BKPG SVC INC  
3623 FLORIDA AVE  
KENNER LA 70065  
larryjaubert@hotmail.com  
(504)443-3557

2010  
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?
- Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?
- Y N 3. Would you like to have a paper copy of your tax return?
- Y N 4. Did your marital status change during the year?
- Y N 5. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 6. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).
- Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).
- Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 11. Did you incur child care or dependent care expenses?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 14. Did you buy, sell, or trade any assets?
- Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses?
- Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 20. Did you receive any COBRA health insurance premium assistance during 2010?
- Y N 21. Did you make cash or noncash charitable contributions?
- Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.
- Y N 23. Did you have any casualty or theft losses?
- Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 25. Did you have any debt that was cancelled in 2010? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.
- Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept.



**GI**

**PERSONAL DATA**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

	TAXPAYER		SPOUSE	
First Name .....	HUSBAND		WIFE	
Last Name .....	EXAMPLE		EXAMPLE	
Title .....				
Salutation .....				
SSN .....	111-11-1111		222-22-2222	
Occupation .....				
Birthdate .....	01-01-1970		12-31-1971	
Blind .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Permanently and totally disabled .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Death Date .....				
Over age 65 .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
E-mail address .....				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone .....				
Work phone .....				
Cell phone .....				
Fax .....				
President Elect Fd .....	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Tuition and fees .....				
AOC expenses .....				
AOC prior years .....				
Credit Type .....				

Address ..... 123 HAPPY LN Apt No \_\_\_\_\_

City ..... Kenner State LA ZIP Code 70065

County ..... Jefferson County / municipal code 051

School District Name \_\_\_\_\_ School District number \_\_\_\_\_

If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside \_\_\_\_\_

Foreign address \_\_\_\_\_

City ..... \_\_\_\_\_ State or Province \_\_\_\_\_

Country ..... \_\_\_\_\_ Postal Code .. \_\_\_\_\_

**FILING STATUS**

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

- 1 = Single
  - Claimed as a dependent on someone else's return.
  - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
  - Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
  - Dual status alien
  - Itemizing required for Schedule A
  - Taking standard deduction
  - Claiming spouse as a dependent
  - Didn't live with spouse entire year
- 4 = Head of Household
 

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child
 

Year spouse died (2008 or 2009) \_\_\_\_\_

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL			
Bank name	Routing number	Type of account C / S	Account number

**DI**

**DEPENDENT INFORMATION**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial	OLDEST	MIDDLE	YOUNGEST	
Last Name if Diff	EXAMPLE	EXAMPLE	EXAMPLE	
Birthdate	02-02-1993	03-03-2003	04-04-2008	
Soc Sec Number	333-33-3333	444-44-4444	555-55-5555	
Relationship				
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home	12	12	12	
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees				
AOC Expenses				
** Type of Educ Cr				
AOC Prior Years				
*** Status Code				
Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidnapped	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No) 9.				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No) 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) a.				
b. What is the child's relationship to the other person(s)? b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) 13c.				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No) 14.				

Number of children listed above who lived at home (default) \_\_\_\_\_

Number of children listed above who did not live at home due to divorce or separation \_\_\_\_\_

Number of other dependents listed above \_\_\_\_\_

**\* An entry in this box disallows Child Tax Credit for this child.**

**\*\* Type of Education Credit:** AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

**\*\*\* Status Codes:**

0 = Claimed	5 = Not claimed but qualifies for both EIC and HOH
1 = Not claiming child this year	6 = Not claimed but qualifies for both EIC and DCB
2 = Not claimed but child qualifies for EIC	7 = Not claimed but qualifies for HOH and DCB
3 = Not claimed but qualifying child for Head of Household	8 = Not claimed but qualifies for all three
4 = Not claimed but qualifies for Depn Care Benefits (DCB)	9 = Claimed but ineligible for EIC

**NOTES:**

**W2**

**WAGES, SALARIES, TIPS, ETC.**

CLIENT \_\_\_\_\_

PLEASE ENTER ALL PERTINENT 2010 INFORMATION.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

W-2# 1

WAGE AND TAX STATEMENT																																						
Taxpayer or spouse? .....	T	Employer identification no.	99-9999999																																			
Employer name .....	TESTER		Foreign address		Yes																																	
Employer street address .....	11111																																					
Employer city .....	State	ZIP code	70065																																			
Control number .....																																						
<b>2009 AMOUNTS</b>																																						
1. Wages, tips, other compensation			30,000	12a. Code ....				Amt																														
2. Federal income tax withheld			2,000	b. Code ....				Amt																														
3. Social security wages				c. Code ....				Amt																														
4. Social security tax withheld			1,860	d. Code ....				Amt																														
5. Medicare wages and tips				13. Statutory empl to Sch C # ..																																		
6. Medicare tax withheld				Retirement plan? <input type="checkbox"/> 8226 <input type="checkbox"/> Yes <input type="checkbox"/>																																		
7. Social security tips				Third-party sick pay? .....				Yes																														
8. Allocated tips				14. Other				Amt																														
9. Advance EIC payments				Other				Amt																														
10. Dependent care benefits				Other				Amt																														
11. Non-qualified plans				Other				Amt																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:10%;">15</th> <th style="width:15%;">16</th> <th style="width:10%;">17</th> <th style="width:10%;">18</th> <th style="width:10%;">19</th> <th style="width:10%;">20</th> </tr> <tr> <th></th> <th>State</th> <th>State Employer I.D. Number</th> <th>State Wages</th> <th>State Tax Withheld</th> <th>Local Wages</th> <th>Local Tax Withheld</th> <th>Locality Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>LA</td> <td>////////////////////</td> <td style="text-align: center;">30,000</td> <td style="text-align: center;">3,000</td> <td>////////////////////</td> <td>////////////////////</td> <td>////////////////////</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									15	16	17	18	19	20		State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name	1	LA	////////////////////	30,000	3,000	////////////////////	////////////////////	////////////////////	2							
	15	16	17	18	19	20																																
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name																															
1	LA	////////////////////	30,000	3,000	////////////////////	////////////////////	////////////////////																															
2																																						
Corrected Form W-2? .....	<input type="checkbox"/> Yes		Clergy Form W-2 .....				<input type="checkbox"/> Yes																															
Non-standard indicator? .....	<input type="checkbox"/> Yes		Suppress Clergy self-employment tax .....				<input type="checkbox"/> Yes																															

W-2 # 2

WAGE AND TAX STATEMENT																																						
Taxpayer or spouse? .....	S	Employer identification no.	99-9999998																																			
Employer name .....	TESTER 2		Foreign address		Yes																																	
Employer street address .....	456 OFF MAIN ST																																					
Employer city .....	State	LA	ZIP code	70065																																		
Control number .....																																						
<b>2009 AMOUNTS</b>																																						
1. Wages, tips, other compensation			1,500	12a. Code ....				Amt																														
2. Federal income tax withheld			150	b. Code ....				Amt																														
3. Social security wages				c. Code ....				Amt																														
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5. Medicare wages and tips				13. Statutory empl to Sch C # ..																																		
6. Medicare tax withheld				Retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/>																																		
7. Social security tips				Third-party sick pay? .....				Yes																														
8. Allocated tips				14. Other				Amt																														
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	15	16	17	18	19	20																																
	State	State Employer I.D. Number	State Wages	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name																															
1	LA	////////////////////	1,500	15	////////////////////	////////////////////	////////////////////																															
2																																						
Corrected Form W-2? .....	<input type="checkbox"/> Yes		Clergy Form W-2 .....				<input type="checkbox"/> Yes																															
Non-standard indicator? .....	<input type="checkbox"/> Yes		Suppress Clergy self-employment tax .....				<input type="checkbox"/> Yes																															

**Attach additional W-2's**

**B INTEREST AND ORDINARY DIVIDEND INCOME**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

INTEREST FROM BANKS, SAVINGS, ETC.					
Description	T or S	Ordinary Interest (Box 1)	U.S. Gov't Obligations (Box 3)	Municipal Bonds	2009 TOTAL AMOUNTS
SAMPLE BANK INTEREST	J				20
Total Federal withholding from all Form 1099-INT (Box 4) .....					

SELLER-FINANCED MORTGAGE INTEREST		2010 AMOUNTS	2009 AMOUNTS
Name .....			
Address			
City state zip			
ID Number	SSN FEIN		
Name .....			
Address			
City state zip			
ID Number	SSN FEIN		
Name .....			
Address			
City state zip			
ID Number	SSN FEIN		

ORDINARY DIVIDENDS							
Description	T or S	Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	U.S. Gov't Obligations	Municipal Bonds	Total Capital Gains (Box 2a)	Nontaxable Federal (Box 3)
DIVIDENDS	J						
Total Federal withholding from all Form 1099-DIV (Box 4) .....							

Foreign account .....

Name of country .....

Foreign trust .....

EF ONLY: Accrued market discount .....

2010 AMOUNTS	2009 AMOUNTS
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<b>NEW</b>



C #1

**BUSINESS INCOME**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint) .....			SPOUSE
Clergy Schedule C .....		<input type="checkbox"/> Yes	<input type="checkbox"/>
If Joint Schedule C, taxpayer's ownership percentage .....		%	
Community property for self-employment purposes .....		<input type="checkbox"/> Yes	<input type="checkbox"/>
Two-letter state code .....			LA
A. Principal business activity .....	A TEST BUSINESS		
Principal busn including product or svc A.			
B. Principal business code .....			
C. Business name .....			
E. Business street address .....			
Business city, state, ZIP code .....	E.		
D. Federal employer identification number .....	D.		
F. ACCOUNTING METHOD IF NOT CASH	Accrual method .....	<input type="checkbox"/> Yes	<input type="checkbox"/>
	Other .....	<input type="checkbox"/> Yes	<input type="checkbox"/>
	Specify other method .....	F.	
G. Were you a "material participant" in the operation of this business? .....	G.	<input type="checkbox"/> No	<input type="checkbox"/>
H. Is this the first Schedule C filed for this business? .....	H.	<input type="checkbox"/> Yes	<input type="checkbox"/>

PART I INCOME		2010 AMOUNTS	2009 AMOUNTS
Gross receipts or sales .....			100,000
1. Amount is earnings received as a statutory employee .....	1.	<input type="checkbox"/> Yes	<input type="checkbox"/>
2. Returns and allowances .....	2.	( )	( )
6. Other income .....	6.		

PART II EXPENSES		2010 AMOUNTS	2009 AMOUNTS
8. Advertising .....	8.		5,000
9. Car and truck expenses (see vehicle depreciation organizer) .....	9.		10,000
10. Commissions and fees .....	10.		
11. Contract labor .....	11.		
12. Depletion .....	12.		
13. Depreciation and section 179 expense deduction (see depreciation organizer) .....	13.		
14. Employee benefit programs .....	14.		
15. Insurance (other than health) .....	15.		5,000
16. Interest: Mortgage interest (paid to banks, etc.) .....			
Other interest .....	16.		
17. Legal and professional services .....	17.		6,000
18. Office expense .....	18.		
19. Pension and profit-sharing plans .....	19.		
20. Rent or lease: Vehicles, machinery, and equipment .....			
Other business property .....	20.		
21. Repairs and maintenance .....	21.		10,000
22. Supplies .....	22.		2,000
23. Taxes and licenses .....	23.		2,000
24. Travel, meals and entertainment: Travel .....			2,000
Meals and ent subject to 50% limitation, .....			2,000
Meals and entertainment .....	24.		
25. Utilities .....	25.		20,000
26. Wages less employment credits .....	26.		
30. Expenses for busn use of home (see 8829 organizer or attach explanation) .....	30.		
32. Amount at risk .....	32.		

C #1

**BUSINESS INCOME, CONT'D**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III		COST OF GOODS SOLD	2010 AMOUNTS		2009 AMOUNTS	
33.	INVENTORY METHOD IF NOT COST	Lower of cost or market .....		Yes		
		Other .....		Yes		
		Specify other method ..... 33.				
34.	Was there any change in inventory method? .....	34.		Yes		
35.	Inventory at beginning of the year .....	35.				
36.	Purchases .....	36.				
37.	Cost of items withdrawn for personal use .....		(	)	(	)
	Cost of labor (not salary paid to yourself) .....	37.				
38.	Materials and supplies .....	38.				
39.	Other costs .....	39.				
41.	Inventory at end of the year .....	41.	(	)	(	)

PART IV		INFORMATION ABOUT YOUR VEHICLE	2010 AMOUNTS		2009 AMOUNTS	
43.	Date vehicle was placed in service for business purposes .....	43.				
44.	Business miles vehicle was driven in 2010 .....	Total commuting miles vehicle was driven .....			MI	
					MI	
					MI	
45.	Was this vehicle available for use during off-duty hours? .....	45.		Yes		
46.	Was another vehicle available for personal use? .....	46.		Yes		
47.	Is there evidence to support your deduction? .....	If "yes," is the evidence written? .....	47a.		No	
			b.		No	

PART V		EXPENSES	2010 AMOUNTS		2009 AMOUNTS	
Other expenses:						
	Amortization .....					
	Miscellaneous .....					
	Oil and gas deduction .....					
	Postage .....					
	Telephone (business only) .....		14,000			
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					
	.....					

NOTES OR QUESTIONS:

E1 #1

**INCOME OR LOSS FROM RENTAL REAL ESTATE**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION	LOCATION
1. Property description . . .	0092 RENTAL PROPERTY EXAMPLE	0051124 OFF MAIN ST
City . . . . .	0532 KENNER	State 0533 LA Zip code 053470065
Type of activity*:	0306 1	

\* 1 - Passive rental real estate with active participation  
 3 - Real estate professional  
 5 - Land lease (nonpassive investment income)  
 7 - Not rented for profit (related party for less than FMV rental)  
 9 - Royalty (portfolio, nonpassive)

2 - Passive rental real estate  
 4 - Nonpassive rental real estate  
 6 - Self-rental to business in which taxpayer materially participated  
 8 - Vacation home

Ownership code (T = Taxpayer; S = Spouse; J = Joint) . . . . .  
 Two-letter state code . . . . .  
 Final disposition . . . . .  
 Rental is part of personal residence . . . . .  
 Percent of ownership . . . . .  
 Percent of personal use . . . . .  
 2. Personally used for 14 days or 10% of total rental days . . . . .  
 Square feet used for rental purposes . . . . .  
 Total square feet of rental property . . . . .

2010 AMOUNTS		2009 AMOUNTS	
			J
			LA
<input type="checkbox"/>	Yes	<input type="checkbox"/>	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	

INCOME	2010 AMOUNTS	2009 AMOUNTS
3. Rents received . . . . .		12,000
4. Royalties received . . . . .		

EXPENSES	DIRECT EXPENSES		INDIRECT EXPENSES	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
5. Advertising . . . . .				
6. Auto expense (see vehicle deprec organizer) Other travel expenses . . . . .				
7. Cleaning and maintenance . . . . .				
8. Commissions . . . . .				
9. Insurance . . . . .				
10. Legal and other professional fees . . . . .				
11. Management fees . . . . .				
12. Mortgage interest paid to banks, etc Qualified mortgage insurance . . . . .		9,000		
13. Other interest . . . . .				
14. Repairs . . . . .				
15. Supplies . . . . .				
16. Taxes . . . . .		1,000		
17. Utilities . . . . .				
18. Other expenses: _____ _____ _____				
Amortization (see depreciation organizer) Office in home deduction . . . . . Oil and gas deduction . . . . .				
20. Depreciation expense (see deprec organizer) Depletion (see depreciation organizer) . . . . .				

**ADDITIONAL EXPENSES**

E1 #1

**INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2010 AMOUNTS	2009 AMOUNTS
Prior year unallowed loss .....		( )	
Alternative minimum prior year unallowed losses .....		( )	
State	← Prior year loss (if different) .....	( )	
	← Alt min prior year operating loss (if different) .....	( )	

**VACATION HOME CARRYOVERS ONLY**

Operating expense carryover .....		
Depreciation carryover .....		
Alternative minimum depreciation carryover .....		

**E2**

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2010 AMOUNTS	2009 AMOUNTS
Name .....		
Ownership code (T = Taxpayer; S = Spouse; J = Joint) .....		
Employer identification number .....		
Excess inclusion from Schedules Q (Form 1066), line 2c .....		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b .....		
Income from Schedules Q (Form 1066), line 3b .....		

SUMMARY	2010 AMOUNTS	2009 AMOUNTS
Gross farming and fishing income .....		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules .....		

**CSK1 #1 S CORPORATION SCHEDULE K-1 RECEIVED**

CLIENT \_\_\_\_\_

**ATTACH A COPY OF FORM 1120S, SCHEDULE K-1 TO THIS PAGE.**

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

<b>GENERAL INFORMATION</b>	
Entity ownership code:    T = Taxpayer      S = Spouse      J = Joint (default) .....	<b>T</b>
A. S Corporation identification number .....	A. 44-4444444
B. S Corporation name .....	SAMPLE S-CORP
S Corporation street address .....	100 MAIN ST
S Corporation ZIP code, city and state .....	KENNER LA 70065
Are you a real estate professional? .....	<input type="checkbox"/> Yes
Did you materially participate in this trade or business activity? .....	<input checked="" type="checkbox"/> Yes
Is this activity from active rental real estate? .....	<input type="checkbox"/> Yes
Foreign entity? .....	<input type="checkbox"/> Yes
This a final disposition or entity is exempt from limitation .....	<input type="checkbox"/> Yes
Some is not at risk .....	B. <input type="checkbox"/> Yes

**DISTRIBUTIVE SHARE ITEMS**

K-1 Box Number	K-1 Code	Description	2010 AMOUNTS	2009 AMOUNTS
1		Ordinary business income(loss)		2,000

\* Revised code for 2010

**1**

**MISCELLANEOUS INCOME AND ADJUSTMENTS**

CLIENT \_\_\_\_\_

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MISCELLANEOUS INCOME		2010 AMOUNTS				2009 AMOUNTS	
		TAXPAYER		SPOUSE		TAXPAYER	SPOUSE
7.	Taxable scholarship / fellowship income . . . . . 7.						
10.	IF YOU ITEMIZED LAST YEAR ←	Deducted 2009 state/local sales tax		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
		State tax refund . . . . .		2,349			
		2009 state and local taxes . . . . .		3,015			
		2009 itemized deductions . . . . . 10.		13,115			
11.	Alimony received . . . . . 11.						
19.	Unemployment compensation received . . . . .						
	Repaid unemployment compensation . . . . . 19.						
20.	SOCIAL SECURITY ← BENEFITS	Social security benefits received					
		Medicare premiums withheld					
		Medicare prescription drug prem					
		Tier 1 Railroad retirement received					
		Federal withholding . . . . . 20.					
21.	Net operating loss carryover . . . . . 21.						
	Other income:	SE?	T/S	ST	ST		
		<input type="checkbox"/>	<input type="checkbox"/>				

ADJUSTMENTS TO INCOME		2010 AMOUNTS				2009 AMOUNTS	
23.	Educator expenses . . . . . 23.						
25.	Health savings account deduction . . . . . 25.						
26.	Moving expenses . . . . . 26.						
28.	Self-employed SEP, SIMPLE, and qual plans . . . . . 28.						
29.	Self-employed health insurance . . . . .						
	Health insurance premium from S Corp . . . . . 29.						
30.	Penalty on early withdrawal of savings . . . . . 30.						
31.	Alimony paid . . . . . 31.						
	Recipient's Name	SSN	ST	ST			
32.	Payments to your IRA (see 8606 organizer).						
	Covered by employer's retirement plan . . . . . 32.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes				
33.	Student loan interest deduction . . . . . 33.				1,000	1,000	
34.	Tuition and fees deduction . . . . . 34.						
35.	Domestic production activities . . . . . 35.						
36.	Jury duty pay given to employer . . . . .						
	Other adjustments:	T/S	ST	ST			
		<input type="checkbox"/>					

NOTES OR QUESTIONS:

**A**

**ITEMIZED DEDUCTIONS**

CLIENT \_\_\_\_\_

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MEDICAL AND DENTAL EXPENSES	2010 AMOUNTS		2009 AMOUNTS
	TAXPAYER	SPOUSE	
1. Prescription medicines and drugs .....			1,000
Medical insurance premiums (Medicare premiums are entered with Social Security) .....			3,000
Medical miles driven in 2010 .....	MI	MI	1,000
LONG TERM CARE ← PREMIUMS			
Taxpayer's amount .....			
Spouse's amount .....			
Dependent's amount .....			
Dependent's birth date: 0046			
Doctors, dentists, nurses, and hospitals:			
_____			
_____			
_____			
_____			

TAXES PAID	2010 AMOUNTS		2009 AMOUNTS
5. Additional state and local income taxes .....			
6. Real estate taxes (state and local) (not land held for investment) .....			1,000
Foreign real estate taxes .....			
7. Personal property taxes (includes DMV tax based on value) .....			
8. Foreign income taxes paid .....			
Other taxes:			
_____			
_____			

INTEREST PAID	2010 AMOUNTS		2009 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 .....			5,000
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	First name .....	T, S, J	
	Address .....	<input type="checkbox"/>	
	City, state, zip .....		
	SSN .....		
	FEIN .....	Amount .....	
	Second name .....	T, S, J	
	Address .....	<input type="checkbox"/>	
	City, state, zip .....		
	SSN .....		
	FEIN .....	Amount .....	
	Third name .....	T, S, J	
	Address .....	<input type="checkbox"/>	
City, state, zip .....			
SSN .....			
FEIN .....	Amount .....		
Details: _____			
12. Points not reported on Form 1098 .....			
13. Qualified mortgage insurance premiums .....			
14. Deductible investment interest .....			

**NOTES OR QUESTIONS:** (For points, please give details on refinance, terms, and dates.)

**A**

**ITEMIZED DEDUCTIONS, CONT'D**

CLIENT \_\_\_\_\_

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 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

CONTRIBUTIONS	2010 AMOUNTS		2009 AMOUNTS
	TAXPAYER	SPOUSE	
16. Gifts made by cash or check: SAMPLE CHARITIES			2,400
Total charitable mileage at 14 cents per mile .....	MI	MI	
Capital gain contributions limited to 30% .....			
Contributions limited to 30% of AGI .....			
Contributions limited to 20% of AGI .....			
17. Contributions made other than by cash or check: (provide details)			
18. Contribution carryover from prior year .....			

CASUALTY AND THEFT	2010 AMOUNTS		2009 AMOUNTS
20. Net loss before applying 10% of AGI .....	20.		
Details: _____			

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2010 AMOUNTS		2009 AMOUNTS
20. Union and professional dues .....	20.		
Job education .....			
Form 2106 or Form 2106-EZ .....			
Other unreimbursed expenses:			
22. Tax return preparation fees .....	22.		
23. Investment fees .....			
Safe deposit box .....	23.		
Other limited miscellaneous deductions:			

OTHER MISCELLANEOUS DEDUCTIONS	2010 AMOUNTS		2009 AMOUNTS
28. Gambling losses .....	28.		
Other miscellaneous deductions:			



2106 #1

**EMPLOYEE BUSINESS EXPENSES**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
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GENERAL INFORMATION			
Occupation in which expenses were incurred .....	TESTER MILEAGE		
Business expense owner (Taxpayer or Spouse) .....	T - Taxpayer		
Two-letter state code .....			
	<b>2010 AMOUNTS</b>	<b>2009 AMOUNTS</b>	
Employee business expense is for a Clergy return .....	<input type="checkbox"/> Yes		

EMPLOYEE BUSINESS EXPENSE	2010 AMOUNTS	2009 AMOUNTS
2. Parking fees, tolls, local transportation, etc .....	2.	
3. TRAVEL EXPENSE AWAY FROM HOME (Not Meals and Entertainment) <ul style="list-style-type: none"> <li>Lodging .....</li> <li>Car rental .....</li> <li>Other .....</li> </ul>	3.	
4. Other business expenses not included above .....	4.	
5. Total meals and entertainment expenses .....	5.	
Dept. of Transportation employee .....	<input type="checkbox"/> Yes	
6. REIMBURSEMENT NOT ON FORM(S) W-2 <ul style="list-style-type: none"> <li>Other than meals and entertainment .....</li> <li>Meals and entertainment .....</li> </ul>	7A.	
	B.	

LINE 10 AMOUNTS ALLOCATED TO DEDUCT ON SCHEDULE A			
10. Business owner is Armed Forces Reservist ..	<input type="checkbox"/>	Amount allocated to Armed Forces Reservist ..	
Business owner is a Qualified Performing Artist ..	<input type="checkbox"/>	Amount allocated to Qualified Performing Artist ..	
Business owner is a fee-basis state/local government employee .....	<input type="checkbox"/>	Amount allocated to fee-basis state/local government employee .....	
Business owner is a disabled employee .....	<input type="checkbox"/>	Amount allocated to disabled employee .....	

	VEHICLE 1		VEHICLE 2	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
(refer to the vehicle depreciation organizer)				
Vehicle description .....		THE OLD CL		
Method .....		Optimize		
Date vehicle was placed in service .....		01-01-2009		
Total vehicle miles driven in 2010 .....		30,000		
Business miles vehicle driven in 2010 .....		2,400		
Average daily round trip commuting miles .....		15		
Commuting miles included in the total miles .....		3,750		
Gasoline .....				
Oil .....				
Repairs .....				
Auto insurance .....				
Other maintenance expense .....				
Vehicle rental or lease expense .....				
Inclusion amount .....				
Value of employer-provided vehicle .....				
Cost or other basis .....				
Amount of section 179 deduction .....				
Depreciation method .....				
Depreciation percentage .....				
Depreciation before limitation and sec 179 dedn .....				
Limitation amount .....				

**NOTES OR QUESTIONS:**

2441

**CHILD AND DEPENDENT CARE EXPENSES**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.  
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2010 Amts	2009 Amounts
SAMPLE DAYCARE	102 MAIN ST KENNER LA 70065 Telephone number: (504) 111-1111	SSN EIN 88-8888888		6,500
SAMPLE AFTERCARE	103 MAIN ST KENNER LA 70065 Telephone number: (504) 222-2222	SSN EIN 77-7777777		2,000
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		
	Telephone number:	SSN EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2010 AMOUNTS	2009 AMOUNTS
<b>Record dependent care expenses for each dependent on the Dependent Information sheet.</b>			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.		
5. Number of months taxpayer was a student or disabled, if applicable	5.		
Number of months spouse was a student or disabled, if applicable			
<b>Worksheet for 2009 Expenses Paid for Dependent Care Expenses in 2010</b>			
1. Amount of 2009 qualified expenses paid in 2009	1.		
2. Amount of 2009 qualified expenses paid in 2010	2.		
4. Care for 2009 was for 2 or more qualifying children	4.	<input type="checkbox"/> Yes	<input type="checkbox"/>
5. Dependent care benefits received for 2009 and excluded from income	5.		
7. Smaller of taxpayer's earned income and spouse's earned income for 2009	7.		
9. Amount on which the credit for 2009 was figured	9.		
11. 2009 adjusted gross income	11.		
Expenses paid for:	Name	SSN	
Explanation of expenses:			

PART III - DEPENDENT CARE BENEFITS		2010 AMOUNTS	2009 AMOUNTS
14. Total employer-provided dependent care benefits	14.		
15. Carryover from 2009 that was used in 2010 during the grace period	15.		
16. Forfeited amount of employer-provided dependent care benefits	16.		
18. Qualified expenses incurred in 2010	18.		
20. Taxpayer elects to include nontaxable combat pay	20.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spouse elects to include nontaxable combat pay		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.		

**NOTES OR QUESTIONS:**

## Paid Preparer's Earned Income Credit Checklist

▶ **Do not send to the IRS. Keep for your records.**

For the definitions of the following terms, see **Pub. 596** for the year for which you are completing this form.

- **Investment Income**      ● **Qualifying Child**      ● **Earned Income**      ● **Full-time Student**

**A** Taxpayer's name ▶ HUSBAND EXAMPLE

**B** If joint return, spouse's name ▶ WIFE EXAMPLE

**Part I All Taxpayers**

**1** Year after 2008 for which you are completing this form ▶ 2009

**2** Is the taxpayer's filing status married filing separately?  Yes  No

▶ If you checked "Yes" on line 2, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**3** Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering  Yes  No

▶ If you checked "No" on line 3, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**4** Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)?  Yes  No

▶ If you checked "Yes" on line 4, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**5a** Was the taxpayer a nonresident alien for any part of the year on line 1?  Yes  No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

**b** Is the taxpayer's filing status married filing jointly?  Yes  No

▶ If you checked "Yes" on line 5a and "No" on line 5b, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**6** Is the taxpayer's **investment income** more than the limit that applies to the year on line 1? See Pub. 596 for the limit  Yes  No

▶ If you checked "Yes" on line 6, **stop**; the taxpayer **cannot** take the EIC. Otherwise, continue.

**7** Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for the year on line 1?  Yes  No

▶ If you checked "Yes" on line 7, **stop**; the taxpayer **cannot** take the EIC. Otherwise, go to Part II or Part III, whichever applies.

**For Paperwork Reduction Act Notice, see instructions.**

**Part II Taxpayers With a Child**

**Caution.** If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

	Child 1	Child 2	Child 3
<b>8</b> Child's name .....	OLDEST	MIDDLE	YOUNGEST
<b>9</b> Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10</b> Is either of the following true? <ul style="list-style-type: none"> <li>The child is unmarried, or</li> <li>The child is married, can be claimed as the taxpayer's dependent, and is not filing a joint return (or is filing it only as a claim for refund) .....</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b> Did the child live with the taxpayer in the United States for over half of the year? See the instructions before answering .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b> Was the child (at the end of the year on line 1) -- <ul style="list-style-type: none"> <li>Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),</li> <li>Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or</li> <li>Any age and permanently and totally disabled? .....</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13a</b> Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Enter the child's relationship to the other person(s) .....			
<b>c</b> Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>14</b> Does the qualifying child have an SSN that allows him or her to work or is valid for EIC purposes? See the instructions before answering .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b> Are the taxpayer's <b>earned income</b> and <b>adjusted gross income</b> each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit .....			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note.** If you checked "No" on line 13c or 14 but there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children). Also do this if you checked "Don't know" on line 13c and the taxpayer is not taking the EIC based on this child.

**Part III Taxpayers Without a Qualifying Child**

**16** Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)

Yes  No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

**17** Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of the year on line 1?

Yes  No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

**18** Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for the year on line 1?

Yes  No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

**19** Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for the year on line 1? See Pub. 596 for the limit

Yes  No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

**Part IV Due Diligence Requirements**

**20** Did you complete Form 8867 based on information provided by the taxpayer or reasonably obtained by you?

Yes  No

**21** Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

Yes  No

**22** Did you comply with the knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)

Yes  No

**23** Did you keep the following records?

- Form 8867 (or your own form or files),
- The EIC worksheet(s) or your own worksheet(s), and
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained

Yes  No

▶ If you checked "Yes" on lines 20, 21, 22, and 23, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.

▶ If you checked "No" on line 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$100 penalty for each failure to comply.

**ASSETS**

**DEPRECIATION**

CLIENT \_\_\_\_\_

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

Description	T/S/J	Date Placed in Service	Cost	Busn %	Method	Life	Prior Depreciation	Date Sold
Sch C #1								
SAMPLE SCH C ASSET	S	01-01-2009	25000	100	200%	7	1786	

**\* ATTACH ADDITIONAL INFORMATION FOR NEWLY ACQUIRED ASSETS OR DISPOSITION OF ASSETS**

**NOTES OR QUESTIONS:**