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

HUSBAND AND WIFE EXAMPLE 123 HAPPY LN Kenner LA 70065 HUSBAND and WIFE EXAMPLE 123 HAPPY LN Kenner LA 70065

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.

- 1, 2008 and May 31, 2010?
- Y N 27. Did you receive the First-Time Homebuyer Credit from purchasing a home prior to 1/1/2009?
- Y N 28. Did you dispose of a home for which you received any First-Time Homebuyer Credit?
- Y N 29. If you are the recipient of a PBGC or TAA pension, did you pay health insurance premiums?
- Y N 30. Did you adopt a child during the year 2010?
- Y N 31. Do you own a vacation home that was rented to someone else at anytime?
- Y N 32. Did you make any gifts directly or through a trust which exceeded \$13,000 per person?
- Y N 33. Did you pay wages of more than \$1,700 to any one household employee?
- Y N 34. Have you provided ALL your income from ALL sources? If not, please use the space at the end to list any other income.
- Y N 35. Have you provided ALL your deductions? If you are uncertain about an item then provide details.
- Y N 36. Has the IRS/State/Local taxing authority made you aware, or are you aware of, any changes to your income, deductions and credits reported on any prior year tax return?
- Y N 37. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?
- Y N 38. For 2011, do you expect a significant fluctuation in your income, deductions or withholding?
- Y N 39. For 2011, do you need or want estimated tax payment vouchers prepared?
- Y N 40. Did you make any federal or state estimated tax payments for 2010? If yes, provide the date and amount of each payment.

Please use the following blank lines to provide additional information regarding the above questions (indicate the question number). This space can also be used for any other information or questions you may have.						
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PERSONAL DATA

								IENT
PLEAS	SE ADD, CHANGE, OR DELI TAXPAY		ANY INFORMATION THA	AT IS NEC	CE	SSARY TO	UPDATE Y SPOUS	
Name	HUSBAND	LIX		ĪΛ.	7 T	FE	01 000	=
Name	EXAMPLE					AMPLE		
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date	01-01-1970			1	2	-31-19	71	
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anently and		10	.5					103
disabled		Υe	ae.					Yes
Date		10						163
		Ye	•					Yes
age 65		re	15					res
address	Talankana Nimakana		Day as Evanian		- 1 -		L	D
	Telephone Numbers		Day or Evening	16	eie	phone Num	bers	Day or Evening
phone								
phone								
none								
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ent Elect Fd		Ye	es					Yes
and fees								
xpenses								
rior years								
Туре								
ss	123 HAPPY LN					Apt N		
<u></u>	Kenner		State	LA		ZIP C		70065
y	Jefferson		County / mu	nicipal cod	de	0.5	1	
l District Name			School Distri	ict numbe	r			
s a military address,	enter applicable code: 1 = A	PO/F	PO 2 = Stateside				_	
n address								
			State of	or Provinc	е			
ý			Postal	Code				
			FILING STATUS					
	1 = Single							
		aimed	d as a dependent on some	eone else'	's ı	eturn.		
			er claimed as dependent				lifies for Fo	lucation Credit
enter the number that					. •	~ 940		
corresponds with the		-	, is claimed as a depender	nt on some	en	ne else's ret	urn	
filing status chosen:	Spr	J430	siaimou do a depender	511 50111		5,500 5 161	~	
(1 - 2 - 3 - 4 - 5)			Γ		ים	ual status alie	an an	
2								nedule A
۷	3 = Married Filing S	Separ	ately			emizing requi		
						iking standa		
						aiming spou		
	4 = Head of Housel		<u> </u>			dn't live with		-
			name, social security num	nber, and	re	ationship sh	ould be list	ed
	•		nformation sheet.					
	5 = Qualifying Wido	w(er) with Dependent Child	Year s	spo	ouse died (20	008 or 2009	9)
information below if	you want to use Direct Depo							
	DIRECT DEF	POSI	T AND ELECTRONIC FU	INDS WIT	Ή	DRAWAL		
Ban	k name		Routing number	Type of a	aco	count C / S		Account number
					Ĺ			
					Γ			
		-+			+	 		

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DEPENDENT INFORMATION

CLIENT

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

First Name & Initial DLDEST		DEPENDENT #1 DE		DEPE	DEPENDENT #2		DEPEN	DENT #3		DEPENDENT #4		
Last Name if Diff EXAMPLE EXAMPLE EXAMPLE	First Name & Initial .											
Birthdate		-							1			
Relationship Ownership Code Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Taxpayer Spouse Spouse Spouse Taxpayer Spouse Spouse			993	03-03-2	003		04-04-20	008				
Ownership Code, # Months in Home		333-33-3	3333				555-55-5	5555				
Ownership Code, # Months in Home	Relationship											
# Months in Home. Disabled		Taxpaye	er Spouse	Taxpay	yer S	pouse	Taxpaye	er Spouse	Та	xpayer	Spouse	
College Student Yes	# Months in Home .			1			12	2			<u></u>	
Ineligible for CTC. Yes	Disabled		Yes		Yes			Yes			Yes	
Child Care Expense Tuition and Fees	College Student		Yes		Yes			Yes			Yes	
Tuition and Fees . ACC Expenses . **** Type of Educ Cr . ACC Prior Years . ***** Status Code . Insured	*Ineligible for CTC .		Yes		Yes			Yes			Yes	
AOC Expenses	Child Care Expense	-					<u> </u>				-	
** Type of Educ Cr. ACC Prior Years . **Status Code . Insured	Tuition and Fees											
AOC Prior Years	AOC Expenses											
AOC Prior Years										-		
Insured										-		
Kidnapped Yes Yes Yes Yes Yes Yes Yes Yes Yes S. In the standard of the support of them? (Yes / No) 9. 10. Is either of the following true? (1) Child is ummarried and can be claimed as taxpayer's dependent? (Yes / No) 10. 10. 11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11. 3a. Could any other person check Yes on lines 9 through 11 a. for the child? (Yes / No) 13c. Under the child's relationship to the other person(s)? b. 11. 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 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.	*** Status Code											
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. 1. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11. 3a. Could any other person check Yes on lines 9 through 11 a. for the child? (Yes / No) 15. 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. 4. 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 other dependents 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.	Insured		Yes		Yes			Yes			Yes	
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. 1. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11. 3a. Could any other person check Yes on lines 9 through 11 a. for the child? (Yes / No) 15. 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. 4. 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 other dependents 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.	Kidnapped		Yes		Yes			Yes			Yes	
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. 1. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11. 3a. Could any other person check Yes on lines 9 through 11 a. for the child? (Yes / No) 5. 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. 4. 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 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.					CHIL	D #1	CHILD #2	CHII	D #3	CH	IILD #4	
	 Is either of the foll (1) Child is unmar (2) Child is marrie dependent? (1) Did child live with (Yes / No) Could any other p for the child? (Yes b. What is the child's c. If tie-breaker rules taxpayer's qualifyid. Does the child has is valid for EIC pu valid SSN for emprinted on the car apply for or receivnot eligible for EIC Number of children li Number of other dep 	lowing true? rried or ed and can be cla Yes / No) taxpayer in U.S berson check Yes s / No) s relationship to s s apply, would the ing child? (Yes / ve an SSN that a proses? A qualifoloyment. If ``No d and the number a federally fur C. (Yes / No) sisted above who bendents listed a	orce or se	eparation	١							
Type of Education ofedit. Acc (can only be taken instriout years), Eliethine, Tultion & 1 ees deduction), Lifetim	e, Tuition & Fees	deduction				

** Type of Education Credit:	AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction
*** Status Codos: 0 - Claimed	5 - Not claimed but qualifies for both FIC and HOH

0 = Claimed 1 = Not claiming child this year 2 = Not claimed but child qualifies for EIC 3 = Not claimed but qualifying child for Head of Household 4 = Not claimed but qualifies for Depn Care Benefits (DCB)

5 = Not claimed but qualifies for both EIC and HOH 6 = Not claimed but qualifies for both EIC and DCB 7 = Not claimed but qualifies for HOH and DCB 8 = Not claimed but qualifies for all three 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#							
		E AND TAX STATEM	IENT	99-9999999			
Taxpayer or spouse?	Т	Employer identific					
Employer name	TESTER	Foreign address					
Employer street address	11111						
Employer city			State	ZIP code	70065		
Control number		<u> </u>	Ī				
		2009 AMOUNTS		T			
Wages, tips, other compensation		30,000	12a. Code	Amt			
2. Federal income tax withheld		2,000	b. Code	Amt			
3. Social security wages		1 0.00	c. Code	Amt			
4. Social security tax withheld		1,860	d. Code	Amt			
5. Medicare wages and tips		4	-	npl to Sch C #			
6. Medicare tax withheld		4	Retirement		es		
7. Social security tips		4		sick pay?	Yes		
8. Allocated tips			14. Other	Amt			
Advance EIC payments			Other	Amt			
10. Dependent care benefits		-	Other	Amt			
11. Non-qualified plans	10	1-	Other	Amt	T		
15	16	17 State Tax Withheld	18	19	20		
State State Employer I.D. Nu	mber State Wages	State Tax Withheid	Local Wages	Local Tax Withheld	Locality Name		
1 LA ///////////////////////////////////	/ 30,000	3,000	111111111111	111111111111			
2	30,000	3,000	1111111111111				
Corrected Form W-2?	Yes	Cleray F	orm W-2		Yes		
Non-standard indicator?	H	••		byment tax	Yes		
Non-standard indicator:		Suppres	s ciergy sen-empic	Dynnent tax			
W-2 # 2							
	WAG	E AND TAX STATEM	IFNT				
Taxpayer or spouse?	S	Employer identific		99-9999998	}		
Employer name	TESTER 2	Employer rachance	additio.	Foreign address	1 1		
Employer street address		AIN ST		1 1 3			
Employer city	KENNER	<u> </u>	State	LA ZIP code	70065		
Control number			10.0.0	12 0000			
		2009 AMOUNTS					
1. Wages, tips, other compensation		1,500	12a. Code	Amt			
Federal income tax withheld		150	b. Code	Amt			
3. Social security wages			c. Code	Amt			
4. Social security tax withheld		93	d. Code	Amt			
5. Medicare wages and tips				npl to Sch C# .			
6. Medicare tax withheld		1	Retirement p		es		
7. Social security tips		1	Third-party	sick pay?	Yes		
8. Allocated tips		1	14. Other	Amt			
9. Advance EIC payments			Other	Amt			
10. Dependent care benefits			Other	Amt			
11. Non-qualified plans			Other	Amt			
. 15	17	17 18 19					
State State Employer I.D. Nu	State Tax Withheld	Local Wages	Local Tax Withheld	Locality Name			
1							
1 LA ///////////////////////////////////		15	1111111111111	1111111111111	///////////////////////////////////////		
2							
Corrected Form W-2?	—				Yes		
Non-standard indicator?	Yes	Suppres	s Clergy self-emplo	oyment tax	Yes		
Attach additional W-2's							

В

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.

	2,101 12,111		NIT ARE FROM DA							
	Description		INTEREST FROM BA	T or	O	rdinary terest	U.S. Gov't Obligations	Muni	icipal nds	2009 TOTAL
				S		Box 1)	(Box 3)	БО	lius	AMOUNTS
SAMPLE BAN	IK INTEREST			J						20
									- 1	
Total Federal with	sholding from all Form 10	QQ_INIT (Box 4)							
Total Lederal With	inolding from all 1 offir 10	99-1141 (BOX 4)							
	SELLER-FINANCED N	IORTGA	GE INTEREST			201	IO AMOUNT	S	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							
		Т	ORDINAR' Ordinary	Y DIVIDE					Total	Nontaxable
De	escription	or	· ·	ividends		J.S. Gov't bligations	Municipal Bonds	Cap	oital Gains	Federal
DILLIDENDO		S	(Box 1a) (I	Box 1b)				(1	Box 2a)	(Box 3)
DIVIDENDS		J			+					
Total Federal with	holding from all Form 10	99-DIV (Box 4)							
						201	0 AMOUNTS	3	2009	AMOUNTS
Foreign account							Yes	-		Yes
							Пу			
	ed market discount						Yes			NEW Yes
						L				

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 AN	2009 AMOUNTS	
	Ownership code (T=Taxpayer, S=S	Spouse, J=Joint)					SPOUSE
	Clergy Schedule C			[Yes	
	If Joint Schedule C, taxpayer's own					%	
	Community property for self-employ	yment purposes				Yes	
	Two-letter state code						LA
A.	Principal business activity			· ·			**
	Principal busn including product or						
B.	Principal business code						
C.	Business name		TEST BUSINESS	S			
E.	Business street address						
	Business city, state, ZIP code						
D.	Federal employer identification nun					D.	
F.	Ī	_		Г		Yes	
	ACCOUNTING METHOD					Yes	
	IF NOT CASH		hod F.			1.00	
G	Were you a ``material participant" ii			G.		No	
	Is this the first Schedule C filed for			H.		Yes	
11.	is this the hist schedule C filed for	tilis busiliess!		п.		165	
Г	ART I	INIOOME			2040 AB	IOUNTO	OCCC AMOUNTS
LF		INCOME			2010 AN	IOUNIS	2009 AMOUNTS 100,000
4	Gross receipts or sales			, 		Yes	100,000
	Amount is earnings received as a s			1.	,	res	
	Returns and allowances			2.	() [(
6.	Other income			6.			<u> </u>
Г	ART II	EXPENSES			2040 AB	AOUNTO	2009 AMOUNTS
				0	2010 AN	MOUNTS	II .
	Advertising			8.			5,000
	Carranianiana and face			9.			10,000
	Commissions and fees			10.			
	Contract labor			11.			
	Depletion			12.			
	Depreciation and section 179 expe	,		13.			
	Employee benefit programs			14.			5 000
	Insurance (other than health)			15.			5,000
	Interest: Mortgage interest (paid to						
	Other interest			16.			
	Legal and professional services			17.			6,000
	Office expense			18.			
19.	Pension and profit-sharing plans .			19.			
20.	Rent or lease: Vehicles, machinery						
				20.			
21.	Repairs and maintenance			21.			10,000
22.	Supplies			22.			2,000
23.	Taxes and licenses			23.			2,000
	Travel, meals and entertainment: T						2,000
	N	Meals and ent subje	ct to 50% limitation				2,000
		-	ment	24.			
	IV.	vicais and criteriaini					
25.				25.			20,000
	Utilities			-			20,000

32.

32. Amount at risk

0	#1	
C	# _	

BUSINESS INCOME, CONT'D

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.

PA	RT III C	OST OF GOODS SOLD		2010 AMO	JNTS	2009 A	MOUNTS
	INIVENITORY METHOD	Lower of cost or market			Yes		
33.	INVENTORY METHOD IF NOT COST	← Other			Yes		
	11 1101 0031	Specify other method 33.	•		•		
34.	Was there any change in inve	ntory method?	34.		Yes		
35.	Inventory at beginning of the	year	35.		_		
36.	Purchases		36.				
37.	Cost of items withdrawn for pe	ersonal use		() (
	Cost of labor (not salary paid	to yourself)	37.				
38.	Materials and supplies		38.				
			39.				
			41.	((

PART IV	INFORMATION ABOUT YOUR VEHICLE		2010 AMOUNTS	2009 AM	OUNTS
43. Date vehicl	le was placed in service for business purposes	43.			
44. Business m	niles vehicle was driven in 2010	44.	MI		
Total comn	muting miles vehicle was driven		MI		
Total other	miles vehicle was driven		MI		
45. Was this ve	ehicle available for use during off-duty hours?	45.	Yes		
46. Was anoth	er vehicle available for personal use?	46.	Yes		
47. Is there evi	idence to support your deduction?	47a.	No		
If ``yes," is	the evidence written?	b.	No		

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

	LAS	T YEAR'S AMOUNTS ARE	PROVIDE	D FOR YOUF	REFERE	NCE IN T	HE SHADE	ED AREAS.	
		DE	SCRIPTIO	N				LOCATION	
1.	Property description	0092 RENTAL PRO	PERTY	EXAMPL	E	005112	4 OFF	MAIN S	Γ
	City	0532 KENNER				State 0	0533 LA	Zip code	053470065
	Type of activity*:	0306 1			* 1 - F	assive rer	ntal real est	ate with active	participation
	2 - Passive ı	rental real estate					e profession		
		ive rental real estate			N			ve investment i	
	6 - Self-renta 8 - Vacation	al to business in which taxp home	oayer mater	rially participa			ortfolio, non		less than FMV rental)
						201	0 AMOU	NTS	2009 AMOUNTS
	Ownership code (T = Taxp	payer; S = Spouse; J = Join	nt)						J
	Two-letter state code								LA
	Final disposition						Ye	s	
	Rental is part of personal	residence					Ye	s	
	Percent of ownership								
2.	Personally used for 14 day	ys or 10% of total rental da	ys		. 2.		Ye	S	
	Square feet used for renta	al purposes							
	Total square feet of rental	property							
								••	
		INCOME				201	0 AMOU	NTS	2009 AMOUNTS
3.	Rents received				3.				12,000
4.	Royalties received				4.				
		EXPENSES		DIRECT EX	PENSES		U	NDIRECT EXP	PENSES
			2010 A	MOUNTS	2009 AN	OUNTS	2010	AMOUNTS	2009 AMOUNTS
5.	Advertising	5.							
6.	Auto expense (see vehicle	e deprec organizer)							

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

ADDITIONAL EXPENSES

E1 _#1	INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D
---------------	--

CLIENT		

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESTABLE AND LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFER		
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 ON	NLY	
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		
Income from Schedules Q (Form 1066), line 3b		
integral contestates & (i citil 1999), time of		
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
	

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. 1		

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.

		GENERA	L INFORMATIO	N			
	Entity ownership code: T = Taxpayer	S = Spouse	J = Joint (de	fault)		Т	
A.	S Corporation identification number		A.	44-444444			
В.	S Corporation name	SAMPLE	S-CORP				
	S Corporation street address	100 MAI	N ST				
	S Corporation ZIP code, city and state	KENNER	LA 70065				
	Are you a real estate professional?						Yes
	Did you materially participate in this trade or bu	usiness activity?				X	Yes
	Is this activity from active rental real estate? .						Yes
	Foreign entity?						Yes
	This a final disposition or entity is exempt from	limitation					Yes
	Some is not at risk				В.		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

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1 MISCELLANEOUS INCOME AND ADJUSTMENTS

CLIENT					
			IT.	1 - 6	\sim 1
			M I	ו⊢וי	- 1

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.

	MIS	CELLANEOUS INCOM	IE			201	U AM	OUNTS		2009 AMC	DUNTS
						TAXPAYER		SPOUSE	T	TAXPAYER	SPOUSE
7.	Taxable scho	larship / fellowship incor	me		7.						
10.		Deducted 2009 state/lo	cal sale	s ta	ax	Yes		Yes			
	IF YOU ITEMIZED ←	State tax refund				2,3	49	I I			
	LAST ←	2009 state and local ta				3,0					
	YEAR	2009 itemized deduction			10.	13,1					
11	Alimony recei	ved			11.	13/1					
		nt compensation receive			11.						
19.					19.						
00	Repaid unem	ployment compensation			19.						
20.		Social security benefit		ea							
	SOCIAL	Medicare premiums w									
		Medicare prescription	٠.								
	BENEFITS	Tier 1 Railroad retirem		eive	ed						
		Federal withholding			20.						
21.	Net operating	loss carryover			21.						
	Other income	:	SE?	T	/S		ST		ST		
			П	Ī							
						•			-		
	ADJ	USTMENTS TO INCOM	ΛΕ			201	0 AM	OUNTS		2009 AMC	OUNTS
23.	Educator exp	enses			23.	-					
25.		s account deduction			25.						
26.	_	ises			26.						
28.		d SEP, SIMPLE, and qu			28.						
		d health insurance			_0.						
20.		nce premium from S Co			29.						
20		irly withdrawal of saving			30.						
	•	,									
31.					31.		O.T.		O.T.		
	Recipient's	Name	SS	VIC			ST	1	ST		
		IDA (<u> </u>			
32.	,	your IRA (see 8606 orga	,								11
	,	mployer's retirement pla			32.	Yes		Yes			
33.		interest deduction			33.					1,000	1,000
34.	Tuition and fe	es deduction			34.						
35.	•	duction activities			35.						
36.	Jury duty pay	given to employer									
	Other adjustm	nents:		T/	S		ST		ST		
					L				T		
				T							
				十	1		i –				

MEDICAL AND DENTAL EXPENSES

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ITEMIZED DEDUCTIONS

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2009 AMOUNTS

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.

2010 AMOUNTS

			TAXPAYER	SPOUSE	
1.	Prescription medicines an	d drugs			1,000
	Medical insurance premiu	ms (Medicare			
		n Social Security)			3,000
		10	MI	MI	1,000
	LONG TERM Taxpayer's	amount			
	CARE Spouse's a	amount			
	PREMIUMS Dependen	t's amount1.			
		t's birth date: 0046			
	Doctors, dentists, nurses,	and hospitals:			
_					
		TAXES PAID	2010 AM	OUNTS	2009 AMOUNTS
		income taxes			1 000
6.	•	nd local) (not land held for investment)			1,000
		6.			
		ncludes DMV tax based on value) 7.			
8.		1 8.			
	Other taxes:				
	INTERES	ST PAID	2010 AM	OLINTS	2009 AMOUNTS
10		and points reported on Form 1098 10.	2010 AW	001113	5,000
10.				T, S, J	3,000
		First nameAddress			
		City, state, zip			
		22N			
			Amount		
11.	HOME MORTGAGE				
	INITEDEST	Second name			
	INTEREST PAID	Second name			
	PAID TO AN INDIVIDUAL ←	Address			
	PAID TO AN INDIVIDUAL ← NOT REPORTED				
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON	Address City, state, zip			
	PAID TO AN INDIVIDUAL ← NOT REPORTED	Address City, state, zip SSN			
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON	Address City, state, zip SSN FEIN		T, S, J	
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON	Address City, state, zip SSN FEIN Third name	Amount	T, S, J	
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON	Address City, state, zip SSN FEIN Third name		T, S, J	
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON	Address City, state, zip SSN FEIN Third name Address City, state, zip	Amount	T, S, J	
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON	Address City, state, zip SSN FEIN Third name Address City, state, zip SSN	Amount	T, S, J	
	PAID TO AN INDIVIDUAL ← NOT REPORTED ON FORM 1098	Address City, state, zip SSN FEIN Third name Address City, state, zip SSN	Amount	T, S, J	
	PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 Details: Points not reported on Formal Paid Paid Paid Paid Paid Paid Paid Paid	Address City, state, zip SSN FEIN Third name Address City, state, zip SSN FEIN THIRD TH	Amount	T, S, J	
13.	PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 Details: Points not reported on Fo Qualified mortgage insura	Address	Amount	T, S, J	
13.	PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 Details: Points not reported on Fo Qualified mortgage insura	Address City, state, zip SSN FEIN Third name Address City, state, zip SSN FEIN THIRD TH	Amount	T, S, J	

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

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ITEMIZED DEDUCTIONS, 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.

	CONTRIBUTIONS	2010 AI	MOUNTS	2009 AMOUNTS
16.	Gifts made by cash or check:	TAXPAYER	SPOUSE	
	SAMPLE CHARITIES			2,400
	Total charitable mileage at 14 cents per mile	МІ	МІ	
	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 AI	MOUNTS	2009 AMOUNTS
20.	Net loss before applying 10% of AGI			
	Details:			
_				
	MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2010 AI	MOUNTS	2009 AMOUNTS
20	Union and professional dues 20.			
	Job education			
	Form 2106 or Form 2106-EZ			
	Other unreimbursed expenses:			
	Tax return preparation fees 22.			
23.	Investment fees			
	Safe deposit box 23.			
	Other limited miscellaneous deductions:	T		
		1		
\perp	OTHER MISCELLANEOUS DEDUCTIONS	2010 AI	MOUNTS	2009 AMOUNTS
28.	Gambling losses 28.			
	Other miscellaneous deductions:	Γ		

2106 #1

EMPLOYEE BUSINESS 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.

		GENERAL INFORMA	TION		
	Occupation in which expenses were incurred		TESTER	MILEAGE	
	Business expense owner (Taxpayer or Spouse)			Т -	- Taxpayer
	Two-letter state code		<u></u>		
				10 AMOUNTS	2009 AMOUNTS
	Employee business expense is for a Clergy return .			Yes	
					_
	EMPLOYEE BUSINESS EXPE			10 AMOUNTS	2009 AMOUNTS
2.	Parking fees, tolls, local transportation, etc		2.		
3.	TIVAVEE EXI ENOE				
					
	(Not Meals and Entertainment) Other				
4.	Other business expenses not included above				
5.	Total meals and entertainment expenses				
	Dept. of Transportation employee			Yes	
6.	REIMBURSEMENT NOT ON Other than meal	s and entertainment	7A.		
	FORM(S) W-2 Meals and enter	tainment	B.		
_		ITS ALLOCATED TO DI		· · · · · · · · · · · · · · · · · · ·	
U.	Business owner is Armed Forces Reservist			d Forces Reservist.	
	Business owner is a Qualified Performing Artist			fied Performing Artist	
	Business owner is a fee-basis state/local	_	allocated to fee-b		
	government employee			led employee	
	Dusiness owner is a disabled employee	Amount	allocated to disac	led employee	
		VEHICI	.E 1	VEHIC	LE 2
			_E 1 2009 AMOUNT		T
	(refer to the vehicle depreciation organizer)	VEHICE 2010 AMOUNTS	,		T
	(refer to the vehicle depreciation organizer) Vehicle description		,	S 2010 AMOUNTS	T
			2009 AMOUNT	S 2010 AMOUNTS	T
	Vehicle description		2009 AMOUNT THE OLD C	S 2010 AMOUNTS	T
	Vehicle description		2009 AMOUNT THE OLD O Optimize	S 2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service		THE OLD COptimize 01-01-200	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010		2009 AMOUNT THE OLD O Optimize 01-01-200 30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil Repairs Auto insurance		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil Repairs Auto insurance Other maintenance expense		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil Repairs Auto insurance Other maintenance expense Vehicle rental or lease expense		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil Repairs Auto insurance Other maintenance expense Vehicle rental or lease expense Inclusion amount		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil Repairs Auto insurance Other maintenance expense Vehicle rental or lease expense Inclusion amount Value of employer-provided vehicle		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles Gasoline Oil Repairs Auto insurance Other maintenance expense Vehicle rental or lease expense Inclusion amount Value of employer-provided vehicle Cost or other basis		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles 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		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles 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		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles 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 percentage		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles 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		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T
	Vehicle description Method Date vehicle was placed in service Total vehicle miles driven in 2010 Business miles vehicle driven in 2010 Average daily round trip commuting miles Commuting miles included in the total miles 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		2009 AMOUNT THE OLD (Optimize 01-01-20(30,000 2,400	2010 AMOUNTS	T

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CHILD AND DEPENDENT CARE EXPENSES

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 PROVID			
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2010 Amts	2009 Amounts
	102 MAIN ST KENNER LA 70065	SSN		
SAMPLE DAYCARE	Telephone number: (504) 111-1111	EIN 88-888888	-	6,500
	103 MAIN ST KENNER LA 70065	SSN		
SAMPLE AFTERCARE	Telephone number: (504) 222–2222	EIN 77-777777	-	2,000
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES	2010 AMOUNTS	2009 AMOUNTS
Record dependent care expenses for each dependent on the Dependent		
Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.	
Number of months taxpayer was a student or disabled, if applicable	5.	
Number of months spouse was a student or disabled, if applicable		
Worksheet for 2009 Expenses Paid for Dependent Care Expe	enses in 2010	
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. Yes	
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.	
Name		SSN
Expenses paid for:		
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		Yes	Yes	
Spouse elects to include nontaxable combat pay		Yes	Yes	
23. Amount of depn care benefits received from sole proprietorship or partnership	23.			

Form **8867**

(Rev. December 2009)

Paid Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

Department of the Treasury Internal Revenue Service

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.

• Full-time Student Investment Income Qualifying Child • Earned Income Taxpayer's name ▶ HUSBAND EXAMPLE If joint return, spouse's name ▶ WIFE EXAMPLE All Taxpayers Part I Year after 2008 for which you are completing this form \triangleright 2009 Yes No ▶ If you checked ``Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue. 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. 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. Yes 5a Was the taxpayer a nonresident alien for any part of the year on line 1?..... No ▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

continue.

Is the taxpayer's investment income more than the limit that applies to the year on line 1?

Could the taxpayer, or the taxpayer's spouse if filing jointly, be a **qualifying child** of another person for the year on line 1?

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

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

b Is the taxpayer's filing status married filing jointly?

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

Yes

Yes

Yes

No

No

No

the EIC. Otherwise, continue.

Page 2 Form 8867 (Rev. 12-2009)

Caution. If there is more than one child, complete lines 8 through 14 for one child before going to the next orbust. 8 Child's name. 8 Child's name. 9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, esister, stepbrother, stepspister, or a descendant of any of them? 10 is either of the following fue? • The child is unmarried, or • The child is unmarried, or • The child is unmarried, or • The child is unmarried, or be claimed as the taxpayer's dependent, and is not liming a joint team for it limit gli only as a claim for refund). 11 Did the child live with the taxpayer in the United States for cover half of the year? See the instructions before answering. 12 Was the child (at the end of the year on line 1). • Under any of 91 and younger than the taxpayery (or the taxpayer's spouse, if the taxpayer's files jointly). • Under any of 19 and younger than the taxpayer (or the taxpayer's spouse, if the spouse spouse, if the taxpayer's spouse, if the spouse spouse, if the spouse spouse, if the spouse spouse, if the spouse spouse, if the	Par	t II Taxpayers With a Child			
8 Child's name 9 Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sater, stepbrother, stepsaler, or a descendant of any of them? 10 Is either of the following true? • The child is ummaried, can be claimed as the taxpayer's dependent, and is not fling a join return (or is filling it only as a claim for refund) 11 Did the child live with the taxpayer in the United States for over half of the year? Set the instructions before answering 12 Was the child (at the end of the year on line 1) - • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer flies jointly). • Under age 24, a full-time student, and younger than the taxpayer's spouse, if the taxpayer flies jointly). • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 11, and 12 for the child? • If you checked "Yea" on lines 9, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10			Child 1	Child 2	Child 3
9 Is the child the taxpayer's son, daughter, stepchild, bester child, brother, sister, stepthorther, stepsister, or a descendant of any of them? • The child is married, or or descendant of any of them? • The child is married, or or descendant of any of them? • 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). 10 Did the child to with the taxpayer in the United States for over half of the year? See the instructions before answering. 11 Wass the child at the end of the year on line 1; • Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer filise jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's filise jointly), • Under age 24, a full-time student, and younger than the taxpayer (or the taxpayer's filise jointly), • If you checked "No" on lines 13a, by to line 14, and 12, the child is the taxpayer's qualifying child; see the instructions for line 12. 13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? • If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b. • If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b. • If you checked "No" on line 13a, go to line 14. If you checked "No," the taxpayer's qualifying child if there is more than one child, see the Note at the bottom of this page, If you checked "No" on line 13b, the complete is the complete page. • If you checked "No" on line 14b, the supplyer cannot take the EIC or taxpayer shall on the taxpayer without a qualifying child if there is more than one child, see the Note at the bottom of this page. If you checked "No" on line 15b, the taxpayer cannot take the EIC based on this child and cannot take the EIC based on this child and cannot take the EIC based on this child and cannot take the EIC based on this child and cannot take the EIC complete Schedule EIC and attach it to the taxpayer's return. If there is	8		OLDEST	MIDDLE	YOUNGEST
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13a Could any other person check "Yes" on lines 9, 10, 11, and 12 for the child? If you checked "No" on line 13a, go to line 14. Otherwise, go to line 13b. b Enter the child's relationship to the other person(s) c Under the tlebreaker rules, is the child treated as the laxpayer's qualifying child're litebreaker rules, is the child treated as the laxpayer's qualifying child related as the laxpayer's qualifying child related as the laxpayer's qualifying child related as the laxpayer's qualifying child and cannot take the EIC based on this child and cannot take the EIC based to this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the Note at the bottom of this page. If you checked "Don't know," explain to the taxpayer that, under the tlebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child do not complete Part III. If there is more than one child, see the Note at the bottom of this page. 14 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 15 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 In If you checked "No" on line 15, stop; the taxpayer cannot take the EIC. Complete Schedule EIC and attach it to the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if Form 8862 must be filed. Go to line 20. 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 "On" throw" on line 13c and the taxpayer's is not tak		qualifying child; go to line 13a. If you checked ``No" on line 9, 10, 11 or 12,			
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10 88672 Form **8867** (Rev. 12-2009) TWF 38740 Copyright Forms (Software Only) - 2010 TW

Form 8867 (Rev. 12-2009) Page 3 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 E Yes No United States are considered to be living in the United States during that duty period. See Pub. 596.) ▶ 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 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. 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 No by you? Yes 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)?..... No Yes 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

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

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.)

▶ 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.

Form **8867** (Rev. 12-2009)

Yes

Yes

No

No

JVA

ASSETS

DEPRECIATION

CLIENT		

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

	Descriptio			T/S/J		Date in S	Pla Servi	ced ce		Cost	Busn %	Method	Life	Prior Depreciation	Date Sold
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^{*} ATTACH ADDITIONAL INFORMATION FOR NEWLY ACQUIRED ASSETS OR DISPOSITION OF ASSETS