

2010 TAX ORGANIZER

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GILSON LABUS & SILVERMAN, LLC
223 W. JACKSON BLVD. - SUITE 750
CHICAGO, IL 60606

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This tax organizer has been prepared for your use in gathering the information needed for your 2010 tax return.

To save you time, selected information from your 2009 tax return has been entered within this organizer. Please line through any information which does not apply to your 2010 tax return.

In some cases, 2009 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If you need additional organizer pages, please call Sharon at (312) 386-9600.

**REMOVE THIS SHEET PRIOR TO RETURNING
THE COMPLETED ORGANIZER**

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GILSON LABUS & SILVERMAN, LLC
223 W. JACKSON BLVD. - SUITE 750
CHICAGO, IL 60606

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge.

Taxpayer Signature Date

Spouse Signature Date

Home Phone: _____ Home Fax: _____

Taxpayer's Cell: _____ Spouse's Cell: _____

Taxpayer's Business Phone: _____ Taxpayer's Business Fax: _____

Spouse's Business Phone: _____ Spouse's Business Fax: _____

Taxpayer's Email: _____ Spouse's Email: _____

Indicate by circling the Preferred Method of Contact (i.e. cell phone, email, etc.)

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

FIRST TIME HOME BUYER CREDIT EXTENDED

The "first time" homebuyer credit was extended for homes purchased through April 2010 and increased to \$8,000. The new law also treats taxpayers who have owned and lived in their old house for any five consecutive years within the preceding eight years "first time" homebuyers. These homebuyers are limited to a credit of \$6,500 on a home purchased for \$800,000 or less. These credits are subject to income limitations. If you are eligible for this credit, please submit the closing statement and Form HUD-1.

ILLINOIS USE TAX RETURN

Illinois is increasing its efforts to collect use taxes. Illinois shares sales information with other states, and with the U.S. Customs Services. You will owe Illinois Use Tax if the party from whom you purchased items did not collect sales tax. Examples are food, drugs, and medical appliances purchased from catalogs, advertisements, magazines or the Internet.

Please call us if you are subject to Illinois Use Tax and want us to prepare your Use Tax Return.

Substantiation of Charitable Contributions

There is no longer an allowable deduction for "Miscellaneous Organized Charities." This item may be listed in your organizer if claimed the prior year. Please read the following current requirements for charitable deductions.

Contributions under \$250:

Cash contributions

The donor must maintain one of the following:

- A) A cancelled check or other bank record
- B) A receipt (or a letter or other written communication) from the donee showing the name of the donee organization, and the date and amount of the contribution

Non Cash Contributions

For a noncash contribution for which a deduction of less than \$250 is claimed, the taxpayer generally must maintain a receipt from the donee indicating the donee's name, the date and location of the contribution, and a detailed description (but not the value) of the donated property. Donations of clothing or household items must be "in good used condition or better." If the items do not meet this standard they are not deductible. However, this restriction does not apply if a deduction of more than \$500 is claimed for a single clothing or household item and a "qualified appraisal" of that item is attached to the return.

Cash and Non Cash Contributions over \$250:

The taxpayer must receive and maintain a contemporaneous written acknowledgement from the donee organization meeting the requirements set forth above, including the amount of cash, a description of any property other than cash contributed, whether the donee provided any goods or services in connection with the contribution, and a good faith estimate of the value of any such goods and services. A canceled check does not satisfy this requirement. A non cash contribution in excess of \$5,000 requires a "qualified appraisal" unless the property contributed is a marketable security.

SUBSTANTIATION

Other Items

The law requires maintenance of adequate records regarding travel, entertainment expenses and business use of automobiles be maintained as a condition of deductibility. Therefore, if you are claiming a deduction for travel and entertainment expenses, or the business use of an automobile, your records must satisfy the requirement of the law.

Your records must contain the following information, if applicable, for each item of travel and entertainment expense and for the business use of an automobile:

1. The amount of such expense.
2. The time and place such expense was incurred.
3. The business purpose of the expense.
4. The business relations of the persons entertained.
5. The business usage of the automobile, see appropriate page of this organizer.

Topic Index

<u>Form</u>	<u>Form</u>
Alimony Paid or Received	13
Annuity Payments Received	9, 13
Application of Refund	20
Business Income and Expenses	6, 6A
Business Use of Home:	
Business	6D
Employee Business Expenses	17A
Farm	12D
Itemized Deductions	16A
Passthrough	11B
Rental	10D
Calendar	33
Casualty or Theft Losses	16
Child and Dependent Care Expenses	18
Consolidated Brokerage Statements:	
Interest Income & Foreign Information	5D
Dividend Income & Foreign Information	5E
Sales of Stocks, Securities, Capital Assets & Misc. Income	5F
Contributions	15
Dependent Information	3
Depreciable Property and Equipment:	
Business	6A
Employee Business Expenses	17
Farm	12A
Rental and Royalty	10A
Direct Deposit Information	4A
Dividend Income	5B
Education Expenses	18
Educator (Teacher) Expenses	13A
Electronic Filing	4
Employee Business Expenses	17
Estate Income	11
Farm Income and Expenses	12, 12A
Federal, State and City Estimated Taxes	20, 20A
Foreign Bank and Financial Accounts	5C
Foreign Employment Information	30, 30A, 30B
Foreign Housing Expenses	30C
Foreign Taxes	32
Foreign Travel and Workdays	30D
Foreign Wages and Other Income	31, 31A, 31B
Tax Organizer Legend:	
Throughout the tax organizer, you will find columns with the heading "TSJ".	
TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.	
Gambling Winnings	21
Gifts	34, 35
Health Savings Accounts	13A
Household Employment Taxes	19
Installment Sale Receipts	7
Interest Income	5A
Interest Paid	14A
Investment Interest Expense	14A
IRA Contributions	9
IRA Distributions	9, 13
Keogh Plan Contributions	9
Medical and Dental Expenses	14
Miscellaneous Income and Adjustments	13
Miscellaneous Itemized Deductions	16
Mortgage Interest Paid	14A
Moving Expenses	8
Partnership Income	11
Pension Income	9, 13
Personal Information	3
Railroad Retirement Benefits	13
Real Estate Mortgage Investment Conduit Income (REMIC) ...	11
Rental and Royalty Income and Expenses	10
Roth IRA Contributions/Conversions	9
S Corporation Income	11
Sale of Stock, Securities and Other Capital Assets	7
Sale of Your Home	8
Savings Bond Purchases	4B
SEP/SIMPLE Plan Contributions	9
Social Security Benefits	13
State and Local Tax Refunds	13
Student Loan Interest	13
Taxes Paid	14
Trust Income	11
Unemployment Compensation	13
Vehicle/Other Listed Property Information:	
Business	6B, 6C
Employee Business Expenses	17
Farm	12B, 12C
Rental and Royalty	10B, 10C
Partnership/S Corporation	11A
Wages and Salaries	3

Questions (Page 1 of 4)

Personal Information

Yes No

Do you want this return mailed to an address other than that reflected on the return?

(If yes, please provide name and address: _____
_____)

Did your address change during 2010?

If different state: State moved from: _____ State moved to: _____ Date of move: _____

Can you or your spouse be claimed as a dependent by another taxpayer?

Filing Status: _____ (Single, MFJ, MFS, Qualifying Widower, Head of Household)

Did your filing status change during 2010? If so, check box below and enter date you were:

_____ Married

_____ Divorced or Legally Separated - Provide copy of divorce settlement or legal separation agreement.

_____ Widowed during the year - Provide copy of death certificate or Certificate for Court Appointment or Certified Personal Representative.

Date: _____

If married, do you and your spouse want to file separate returns?

Dependents

Were there any changes in dependents from the prior year? (See Form 3)

Note: Including non-child dependent for whom you provided more than half the support.

Did you adopt a child or begin adoption proceedings during 2010?

Do you have any children under age 18 with the sum of unearned income and sales proceeds greater than \$950? Please submit that information.

Do you have any children age 18 or student children, aged 19 to 23 who did not provide more than half of their support with earned income and that have unearned income of more than \$950? Please submit that information.

Did you or your spouse pay for child care while you worked or looked for work? (Complete Form 18)

Did you pay qualified educational expenses for dependents in kindergarten through twelfth grade? (If yes, complete the Illinois Information Form for Qualified Education Expense)

Did you or your dependents incur any post-secondary education expenses, such as tuition? (Complete Form 18)

Purchases, Sales and Debt

Did you have any debts canceled, forgiven, or refinanced during 2010? Special rules exist for mortgage forgiveness on your principal residence. (Attach documentation)

Did you sell any stocks or mutual funds? If so, complete Form 7 and attach 1099-B's and the year end tax reporting packet.

Did you start a new business, purchase a new rental property or farm, or acquire any new interest in any partnership or S corporation during 2010? (If yes, attach K-1's, and see topic index for other forms.)

Did you sell an existing business or any existing interest in a partnership or S Corporation during 2010?

Did you sell, exchange, or purchase any real estate in 2010? If so, attach closing statements and Form HUD-1 for purchase.

Did you receive grants of stock options from your employer, exercise any stock options granted in an earlier year or dispose of any stock acquired through the exercise of a stock option or under a qualified employee stock purchase plan? If so, enclose all data supplied by your employer concerning options granted, exercised, or sold. (Complete Form 7A)

Did you pay any student loan interest in 2010? (Complete Form 13A - Other Adjustments to Income)

Questions (Page 2 of 4)

Yes No

Are your total mortgages on your first and/or second residence greater than \$1,000,000? If yes, please provide the principal balance and interest rate at the beginning and end of the year. (Complete Form 14B)

Did you have an outstanding home equity loan during 2010? If so, please provide the principal balance and interest rate at the beginning and end of the year or date of payoff. (Complete Form 14B)

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the Form 1098? (Supply the information)

Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence? (Supply the information).

Did you engage in any put or call transactions? If so, provide details.

Did you enter into or close any short sales during 2010?

Did you sell any securities not reported on your Form 1099-B? If so, provide details.

Itemized Deductions

Did you contribute property (other than cash) to a charitable organization?
If so, attach copies of receipts showing name, complete address, description of items, estimated cost, estimated value and method used to determine value. (See Substantiation Requirements and Complete Form 15)

Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If so, attach qualified appraisal, unless publicly traded stock.

Did you incur any casualty or theft losses during the year in excess of 10 percent of your adjusted gross income? (See Form 16) If you suffered a theft loss in a "Madoff type Ponzi scheme," attach all details and relevant correspondence.

Did you incur any casualty or loss attributable to a federally declared disaster area?

Did you incur any casualty or loss attributable to the Midwestern disaster area?

Did you make any large purchases i.e. cars, boats or furniture? (Possible sales tax deduction)
Attach documentation including the sales tax paid. (See Form 14)

Sale of Your Home

Did you sell your home in 2010? (If yes, attach copy of closing statement and Form HUD-1 for the purchase and sale, including a list with the cost of improvements)

If yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?

Did you ever rent out this property? (Attach specifics).

Did you ever use any portion of the home for business purposes?

Have you or your spouse sold a principal residence within the last two years?

At the time of the sale, was the residence owned by the taxpayer, spouse, or both? (Circle one)

Questions (Page 3 of 4)

Yes No

Distributions and/or Retirement

- | | | |
|---|-------|-------|
| Did you or your spouse retire or change jobs in 2010? | _____ | _____ |
| Did you receive deferred, retirement or severance compensation in 2010? (Attach details) | _____ | _____ |
| Did you contribute to a deductible or non-deductible IRA or SEP IRA? (See Form 9) | _____ | _____ |
| Did you or your spouse contribute to a Roth IRA, convert an existing IRA into a Roth IRA, or recharacterize a Roth IRA into an existing IRA? (See Form 9) | _____ | _____ |
| Did you or your spouse receive deferred, retirement or severance compensation? If yes, provide the information. | _____ | _____ |
| Did you or your spouse receive retirement benefits from a qualified plan? (Send 1099-R) | _____ | _____ |
| Was this a distribution of the entire balance from all of your employer's qualified plans of one kind (pension, profit-sharing or stock bonus)? | _____ | _____ |
| Did you or your spouse roll over any part of the distribution from a retirement plan into an IRA or Roth IRA? | _____ | _____ |
| Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking the proper minimum distribution? | _____ | _____ |
| Did you withdraw any amounts from your IRA or Roth IRA? (Attach details) | _____ | _____ |
| Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? | _____ | _____ |
| Were any amounts from your IRA and/or Roth IRA account(s) distributed directly to a charitable organization? | _____ | _____ |

Gifts (If you answer yes to any gift question, please complete Form 34 and/or 35 in the Organizer)

- | | | |
|---|-------|-------|
| Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., to any individual with a total (aggregate) value in excess of \$13,000 during the year, other than as a direct payment of tuition or medical expenses? | _____ | _____ |
| Were you the recipient of or did you make a below-market or interest free loan? | _____ | _____ |
| Did you or your spouse make a gift to a trust for the benefit of any individual including a child, grandchild or great grandchild? (If so, attach a copy of the trust and details of funding). | _____ | _____ |
| Did you assist in the purchase of any asset (auto, home) for any individual during the year? | _____ | _____ |
| Did you make any gifts to a trust during the year, including the payment of life insurance premiums? | _____ | _____ |
| Did you forgive any indebtedness to an individual, trust or entity during the year? | _____ | _____ |
| With respect to any trust you have created or for which you are the trustee, have any beneficiaries died during 2010? | _____ | _____ |

Miscellaneous

- | | | |
|---|-------|-------|
| Did you have gambling winnings, list on Form 21 and include any W-2G's received. List losses on Form 16, Miscellaneous Itemized Deductions. Submit the casino's statement of wins and losses. | _____ | _____ |
| Did you withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 Plan)? If yes, please include Form 1099-Q. | _____ | _____ |
| Did you pay higher education expenses with Series EE Bonds (provide individual's name, institution, and amounts paid)? | _____ | _____ |
| If you or your spouse are self-employed, are either of you eligible to be covered under an employer's health plan at another job? If yes, how many months were either of you covered? _____ | _____ | _____ |
| Did you move to a different home because of a change in the location of your job? (Complete Form 8) | _____ | _____ |

Questions (Page 4 of 4)

Miscellaneous (cont'd)

Yes No

Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees? (Complete Form 19)

Did you or your spouse receive distributions from long-term care insurance contracts?
If yes, please include Form 1099-LTC.

Did you have any foreign income or pay any foreign taxes during 2010?

Did you work outside the U.S. or pay any foreign taxes?

Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country?
(Complete Form 5 and 5A)

Did you create or transfer money or property to a foreign trust?

Did you purchase a new "hybrid," or alternative technology vehicle including a qualified plug-in electrical drive motor vehicle in 2010? (Attach Bill of Sale)

Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?

Have you received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2010?
If you received an MSA distribution, please include Form 1099-SA.

Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2010?
If you received a distribution from an HSA, please provide Form 1099-SA. (See Form 13A)

Did you receive unreported tip income of \$20 or more in any month of 2010?

If a teacher of grades K-12 and you incurred unreimbursed expenses (Complete Form 13A - Educator Expenses).

Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment or fuel cells. (Attach receipts)

Did you install any energy efficiency improvements or any energy property in your residence such as exterior doors and windows, insulation, heat pumps, furnaces, central air conditioners or water heaters? (Attach receipts)

Did you engage in any bartering transactions?

Did someone displaced by storms in the Midwest live with you?

Were you notified by the IRS or other taxing authority of any changes in prior year returns? If so, attach copies of all correspondence.

Have you been an identity theft victim and have you contacted the IRS? If yes, please furnish the six digit identity protection personal identification number issued to you by the IRS.

Did you lose your job during 2010 because of foreign competition and pay for your own health insurance?

Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2010?
If yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2010 Amount Contributed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Information We Should Know



Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Daytime/Work Telephone Number _____ Evening/Home Telephone Number _____ Cell Phone Number _____ Fax Number _____

Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>		
		Taxpayer	Spouse
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Dependent Information:

Did dependent have income over \$3,650? Yes No

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years that a release of claim to exemption is given for a dependent child not living with you

Wages and Salaries:

Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Direct Deposit and Withdrawal

Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr) _____

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr) _____

ADDITIONAL INTEREST AND DIVIDEND INFORMATION

Please attach the following to the proper organizer form

BROKERAGE ACCOUNTS

Please attach the entire tax reporting package furnished by your broker. This is generally issued after the December 31, 2010 brokerage statement. **If you receive a corrected tax reporting package after submitting your organizer, notify us immediately and submit a copy of the corrected package.**

MUTUAL FUNDS

Please provide the complete Form 1099 and the entire year end statement furnished by the mutual fund.

If you sold all or a portion of a mutual fund, please submit the statement of gain or loss provided by the mutual fund. If this statement was not provided, please contact the mutual fund (an 800 number is generally provided) and request this information.

FORMS 1099

Please attach a copy of Form 1099 and all information issued by the payor which describes the proper tax accounting for the payment.



Interest Income and Foreign Information

Please enclose all Forms 1099-INT or other documents for interest received

Interest Income: (List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

	Social Security No. of Home Buyer	Code	Tax-Exempt Interest	Investment Expenses
A				
B				
C				
D				
E				

	Federal Withholding	State Withholding	2009 Interest Amount
A			
B			
C			
D			
E			

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it? Yes No



Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

Dividend Income:

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2009 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it? Yes No



Brokerage Statement Details

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							

Note: For other amounts not listed, please attach a copy of your brokerage statement.



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2010:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

	2010 Amount	2009 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2010 Amount	2009 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2010 Amount	2009 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2010 Amount	2009 Amount
Ending inventory		

Other Income:

Description	2010 Amount	2009 Amount



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2010:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

Vehicle 1	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Vehicle 2	
Description of vehicle	
Date placed in service (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount



Business Expenses

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2010 Amount	2009 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount

EXERCISE OR SALE OF QUALIFIED, NONQUALIFIED OR INCENTIVE STOCK OPTIONS

Please enclose all data supplied by your employer concerning options granted, exercised, or sold.

	Option 1 TSJ___	Option 2 TSJ___	Option 3 TSJ___
Date of Option Grant	_____	_____	_____
Please indicate the type of option: (Check only one):			
Qualified Option	_____	_____	_____
Nonqualified Option	_____	_____	_____
Incentive Option (ISO)	_____	_____	_____
Date of Exercise	_____	_____	_____
Number of Options Exercised	_____	_____	_____
Fair Market Value at Date of Exercise	_____	_____	_____
Option Price	_____	_____	_____
Was the Option Price Paid with cash or stock (SWAP)?	_____	_____	_____
If stock acquired through exercise of the option has been sold, enter date of disposition	_____	_____	_____
Net Proceeds from Sale	_____	_____	_____
Amount of ordinary income included in Form W-2 as a result of exercise of option or sale of stock	_____	_____	_____
Did you reside outside the U.S. during a portion of the period the options were outstanding? Y/N _____; If yes, please provide details: _____			
<hr/>			
Did you acquire stock from your employer for less than fair market value?	Y/N _____	Y/N _____	Y/N _____
Was a Section 83(b) election made? If yes, provide a copy of the signed election	Y/N _____	Y/N _____	Y/N _____



Individual Retirement Account (IRA):

TS
Name of payer

IRA Questions for 2010:

- Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2010 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2010?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions:

Please enclose copies of all Forms 1099-R

- Total value of all traditional IRAs on December 31, 2010
Outstanding rollovers on December 31, 2010
IRA distributions received during 2010
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Table with 1 column for values

Contributions:

Please enclose copies of all Forms 5498

IRA:

- Contributions in 2010 for the 2010 tax return
Contributions in 2011 for the 2010 tax return
Amount for 2010 you choose to be treated as nondeductible

Table with 1 column for values

Roth IRA:

- Contributions made for the 2010 tax year

Table with 1 column for values

Pensions and Annuities:

Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2010 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2009 Gross Distributions

Self-Employed Retirement Plan:

Please enclose copies of all Forms 1099-R

Table with columns: Taxpayer, Spouse, Yes, No

- Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Contributions to:

- Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table with columns: 2010 Amount



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2010 Amount	2009 Amount



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2010:

Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount



Miscellaneous Income, Adjustments and Alimony

Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Taxable pensions and annuities received				
Nontaxable pensions and annuities received				
Federal withholding on pensions and annuities				
State withholding on pensions and annuities				
Unemployment compensation received				
Unemployment compensation repaid in 2010				
Social security benefits received				
Social security benefits repaid in 2010				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2010				
Taxable IRA distributions				
Nontaxable IRA distributions				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				
Economic recovery payment received in 2010				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2010 Amount	2009 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security No.	Alimony Received?	2010 Amount	2009 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2010 Amount	2009 Amount

Health Savings Accounts (HSAs)

TS	Description	2010 Amount	2009 Amount
	Contributions made for 2010		
	Distributions received from all HSAs in 2010		

Were all distributions from your HSA for unreimbursed medical expenses?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you or your spouse enroll in Medicare?

If yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2010 Amount	2009 Amount



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid (Do not include medicare premiums paid)
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts
 Cobra assistance premiums in 2010

TSJ	2010 Amount	2009 Amount

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

2010 Amount	2009 Amount

Other Medical Expenses:

TSJ	Description	2010 Amount	2009 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

TSJ	2010 Amount	2009 Amount

Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2010. Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2010 Amount	2009 Amount

Other Taxes Paid:

TSJ	Description	2010 Amount	2009 Amount

If you purchased or sold your home in 2010, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2010:

		Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan?	_____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.			
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2010 Amount	2009 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2010 Amount	2009 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2010 Amount	2009 Amount

SCHEDULE A - MORTGAGE INTEREST

Does your total indebtedness, including home equity loans, on first and/or second residence exceed \$1,100,000? Y / N

Does your total indebtedness on residential real estate exceed your acquisition indebtedness and amounts borrowed for improvements? Y / N

Loan Balances		
	Beginning of the Year	End of Year
First		
Second		
Home Equity		

Please provide the following information only if you obtained a loan on your principal residence and/or second home after 10/13/87. If you refinanced or took a home equity loan in 2010, attach closing statement.

	Main	Second
Date home acquired	_____	_____
Purchase Price of Home	_____	_____
Cost of improvements	_____	_____
Fair market value as of 12/31/10	_____	_____

Please provide the following for each mortgage loan on your main home and second home.

Date of mortgage loan	_____	_____
Were loan proceeds used to refinance an existing mortgage?	<u>Y / N</u>	<u>Y / N</u>
If refinanced, is new loan for more than unpaid balance of original mortgage?	<u>Y / N</u>	<u>Y / N</u>
Loan secured by (M)ain home or (S)econd Home?	M/S _____	M/S _____
How much of loan was used to buy, build, or substantially improve the home?	_____	_____
How much for other purposes?	_____	_____
Indicate the purpose of the Outstanding debt balance as of the end of 12/31/10	_____	_____
Average balance of each loan during 2010 (may be available from lender)	_____	_____
Is this loan (AI) Acquisition Indebtedness or (HE) Home Equity?	_____	_____
Fair market value of home at date of mortgage	_____	_____
Interest rate on each loan during current year (may be available from lender)	_____	_____
Total interest paid on each loan during 2010	_____	_____



Itemized Deductions - Contributions

Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

TSJ	Organization or Description of Contribution	2010 Amount	2009 Amount

TSJ	Conservation Real Property	2010 Amount	2009 Amount
	100% limit		
	50% limit		

TSJ	Description	2010 Miles	2009 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling Less Than or Equal to \$500:

TSJ	Description of Donated Property	2010 Amount	2009 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____
 Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property

--

Fair market value of the donated property

--

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Itemized Deductions - Miscellaneous

Miscellaneous Itemized Deductions:

- Union and professional dues
- Tax preparation fee
- Professional subscriptions
- Hobby expense (To extent of income)
- Safe deposit box
- Uniforms and protective clothing
- Work tools
- Gambling losses
- Estate taxes

TSJ	2010 Amount	2009 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
- Investment expenses
- Custodial fees
- Employment agency fees
- Certain educational expenses

TSJ	Description	2010 Amount	2009 Amount

Casualty or Theft Loss:

TSJ _____
 Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use Business use Income producing Employee Use Personal use due to Hurricane Katrina
- Personal use attributable to a federally declared disaster Personal use attributable to Midwestern disaster area Personal use attributable to Kansas disaster area
- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Date acquired (Mo/Da/Yr) _____
 Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2010 Amount	2009 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle

Date vehicle was placed in service

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2009 but paid in 2010
 Employer-provided dependent care benefits that were forfeited in 2010
 2009 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state and ZIP code
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010		
Expenses incurred and not paid in 2010		

Provider 2:

Name
 Street address
 City, state and ZIP code
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010		
Expenses incurred and not paid in 2010		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2010 Expenses Incurred	2009 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2010 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,700 or more in 2010? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010? Yes No

Social Security, Medicare and Income Taxes:

Table with 2 columns: 2010 Amount, 2009 Amount

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 2 columns: 2010 Amount, 2009 Amount

Total cash wages subject to FUTA tax

Michigan cash wages subject to FUTA tax

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2011

Table with 6 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2009 Amount



Federal Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to your 2011 estimated tax liability Yes No

Federal Estimated Tax Payments:

2010 1st Quarter Estimate (Due 04-15-2010)
 2010 2nd Quarter Estimate (Due 06-15-2010)
 2010 3rd Quarter Estimate (Due 09-15-2010)
 2010 4th Quarter Estimate (Due 01-18-2011)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Tax Planning Information for Tax Year 2011:

Do you expect any of the following to occur in 2011?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Tax Payments

State and City Estimated Tax Payments:

2010 1st Quarter Estimate
 2010 2nd Quarter Estimate
 2010 3rd Quarter Estimate
 2010 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

2010 1st Quarter Estimate
 2010 2nd Quarter Estimate
 2010 3rd Quarter Estimate
 2010 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

2010 1st Quarter Estimate
 2010 2nd Quarter Estimate
 2010 3rd Quarter Estimate
 2010 4th Quarter Estimate

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010



Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2010:

- You made gifts of cash or marketable securities to an individual that exceeded \$13,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input type="text"/>		
Value of assets gifted if other than cash	<input type="text"/>		

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash	<input type="text"/>		
Value of assets gifted if other than cash	<input type="text"/>		



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift

Name of the trustee

Address of the trustee

Trust identification number

Name of the beneficiary of the trust

Your relationship to the beneficiary
(e.g., son, granddaughter or friend)

Age of the beneficiary

Date(s) of gift(s) (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$13,000 in cash or 500 shares of ABC stock)

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



Illinois Information

General Information:

Taxpayer	Spouse
----------	--------

Enter the total property tax paid applicable to the personal residence

Enter the amount of property taxes paid deductible as business expense

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in Illinois for all of 2010, enter the dates you did live in Illinois _____

Enter the state names other than Illinois where you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2010 tax return to the following funds:

Wildlife Preservation	<input type="text"/>
Diabetes Research	<input type="text"/>
Child Abuse Prevention	<input type="text"/>
Alzheimer's Research	<input type="text"/>
Homeless Assistance	<input type="text"/>
Penny Sevens Breast, Cervical and Ovarian Cancer Research	<input type="text"/>
Hunger Relief	<input type="text"/>
Military Family Relief	<input type="text"/>
Illinois Veterans' Home	<input type="text"/>
Crisis Nursery	<input type="text"/>
Habitat for Humanity	<input type="text"/>
State Parks	<input type="text"/>
Illinois Route 66	<input type="text"/>

Qualified Education Expense Information:

Dependent Name	Grade (K - 12)	School Name	School City	Tuition, Book/Lab Fees

Are you including a Receipt for Qualified Education Expense? . . Yes No

Enter Any Additional Illinois Information:
