TAX ORGANIZER

Dear ,

Enclosed is your Tax Organizer for tax year 2010.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully. Depending upon your tax bracket, you may save as much as $35 for each $100 in deductible expenses you find in your 2010 records.

If our firm prepared your return last year, your prior year amounts are included in the Prior Year Amount column of your Organizer. Use this information to help you remember the types of income and deductions you reported last year.

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return for you and to plan with you how to manage your tax situation in future years.

If you answer 'Yes' to any of the General Business and Investment questions, please provide detailed information with your answer.

When you arrive for your appointment, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax return (if not in our possession)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions to a pension or other retirement plan if this is the first year you received income from the plan
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property

If you have any questions before your scheduled appointment, please give us a call.

Sincerely,

Casey T. Smith
Wiser Wealth Management
KIM MACCONNELL
KIM M MACCONNELL, CPA, LLC
127 CHURCH ST, STE 360
MARIETTA, GA 30060
(678) 905-4450

WISER WEALTH MANGEMENT
127 CHURCH ST, STE 360
MARIETTA, GA 30060
(678) 905-4450
Fax - (678) 264-0989

January 10, 2011

Dear ,

Thank you for choosing our firm to prepare your income tax returns for tax year 2010. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2010 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2010, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your 2010 tax return. We appreciate your business.

Sincerely,

____
Casey T. Smith
Wiser Wealth Management

Accepted by:

______________________________________ Date ______________

______________________________________ Date ______________

General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
If Part Year, Period of Residency	____ to ____	____ to ____

Filing Status

Status on 2009 return :

Status as of 12/31/2010 :
Enter ("X") in the box

- **1** Single
- **2** Married filing joint
- **3** Married filing separately
  (Enter spouse's name and SSN above)
- **4** Head of Household Non-dependent name:____
  Non-dependent SSN:____
- **5** Qualifying widow(er) with minor child Year spouse died____

Address

Street ____ Apt/Suite : ____

City ____ State ____ Zip Code ____

Name ______________________________ SSN ____________________

Questions

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Basic Information

Yes	No		
☐	☐	**1**	Did your marital status change since last year?
☐	☐	**2**	Are there any changes in your dependents from last year?
☐	☐	**3**	Did you have any children under 19 (or 24 if a full time student) who received more than $950 in investment income?
☐	☐	**4**	Are all your dependents either US residents or citizens?
☐	☐	**5**	Did you provide over half of the support for someone you aren't claiming as a dependent?
☐	☐	**6**	Are you being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
☐	☐	**7**	Were either you or your spouse in the military or National Guard?
☐	☐	**8**	Did you purchase or sell your principal residence?
☐	☐	**9**	Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
☐	☐	**10**	Were there any changes to a prior year's income, deductions, or credits?
☐	☐	**11**	Did you make gifts of more than $13,000 to any one person?
☐	☐	**12**	Did you file Form 8839, Adoption Credit, in a previous year?
☐	☐	**13**	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
☐	☐	**14**	Do you want to e-file your return?
☐	☐	**15**	If you have a refund, do you want direct deposit, bank product, or applied to next year's taxes?

If you are due a refund, how do you want to receive it?

- ☐ Direct deposit (please provide a voided blank check)
- ☐ Check sent to you in the mail
- ☐ Instant refund (IRAL)
- ☐ Other quick refund via a bank product
- ☐ Apply to next year's estimates

If you owe taxes, how do you want to pay them?

- ☐ Paper check sent with my return
- ☐ Direct debit from my bank account (please provide a voided blank check)
- ☐ Credit card

Income

Yes	No		
☐	☐	**16**	Did you have an interest in or signature authority over a financial account in a foreign country?
☐	☐	**17**	Were you the grantor of or transferor to a foreign trust?
☐	☐	**18**	Did you receive income from a foreign source or pay taxes to a foreign government?
☐	☐	**19**	Did you barter your services for goods or services from someone else?
☐	☐	**20**	Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
☐	☐	**21**	Did you make a loan to someone at an interest rate below market rate?
☐	☐	**22**	Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
☐	☐	**23**	Did you cash in any U.S. savings bonds?
☐	☐	**24**	Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?
☐	☐	**25**	Did you itemize your deductions in a previous year and receive a state or local refund, or a refund of any other deduction you itemized, in 2010? (If yes, attach Form 1099-G)
☐	☐	**26**	Did you receive disability income?
☐	☐	**27**	Do you have gambling winnings? (If yes, be sure to include in gambling expenses)
☐	☐	**28**	Did you receive any unemployment benefits?
☐	☐	**29**	During 2010, did you receive payments from a Long-Term Care insurance contract?
☐	☐	**30**	Did you receive employer-provided adoption benefits for a previous year?
☐	☐	**31**	Did you receive any distributions from a retirement plan? (If Yes, attach all 1099-Rs)
☐	☐	**32**	Did you "rollover" a retirement plan distribution into another plan?
☐	☐	**33**	Did you receive Social Security benefits?

Name ______________________ SSN ______________________

Questions (Cont.)

If any of the following items apply to you or your spouse, please "X" the appropriate box and if possible, include details.

Yes	No		
☐	☐	**34**	Did you convert a traditional IRA to a Roth IRA?
☐	☐	**35**	Did you exchange any securities or investments for something other than cash?
☐	☐	**36**	Do you have any short sales, commodity sales, or straddles?
☐	☐	**37**	Did you receive Form 2439?
☐	☐	**38**	Did you buy or sell any bonds?
☐	☐	**39**	Did you receive stock from a stock bonus plan with your employer?
☐	☐	**40**	Did you sell any other personal assets at a gain?
☐	☐	**41**	Did you sell any real estate (other than your home) during the year?
☐	☐	**42**	Did you sell any assets using the installment method?
☐	☐	**43**	Did you receive proceeds from a prior year installment sale?
☐	☐	**44**	Did you purchase a rental property?
☐	☐	**45**	Did you exchange any property for other property?
☐	☐	**46**	Did you receive any income not reported in this Organizer?

Business and Rental Property Income

Yes	No		
☐	☐	**47**	If you own rental property, do you qualify as a Real Estate Professional?
☐	☐	**48**	Did you start or acquire a new business?
☐	☐	**49**	Did you sell any part of an existing business, or sell business assets?
☐	☐	**50**	Did you cease operating any business or rental property?
☐	☐	**51**	Did you remove any of your business assets for personal use?

Business and Rental Property Deductions

Yes	No		
☐	☐	**52**	Did you use part of your home for business purposes?
☐	☐	**53**	Did you make any contributions to a Keogh or a self-employed SEP plan for 2010?
☐	☐	**54**	Do you pay for any health or long term care insurance through your business?
☐	☐	**55**	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
☐	☐	**56**	Did you purchase any furniture or equipment for your business?

Other Deductions

Yes	No		
☐	☐	**57**	Did you make any contributions, or plan to make contributions, to a traditional or Roth IRA for 2010?
☐	☐	**58**	Did you make any contributions to HSA (Health Savings Account) in 2010?
☐	☐	**59**	Did you use your car on the job (other than to and from work)?
☐	☐	**60**	Did you work out of town for part of the year?
☐	☐	**61**	Did you incur any travel and entertainment expenses for business purposes?
☐	☐	**62**	Did you pay expenses for the care of your child or other dependent so you could work?
☐	☐	**63**	Did you lose property or have damage to a property due to a casualty, theft, or condemnation?
☐	☐	**64**	Did any security become worthless during 2010?
☐	☐	**65**	Did any debts become uncollectible during 2010?
☐	☐	**66**	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2010?
☐	☐	**67**	Did you contribute less than an entire interest in any property to charity?
☐	☐	**68**	Did you refinance a mortgage or take out a home equity loan during 2010?
☐	☐	**69**	Did you incur moving expenses during the year due to a change of employment?
☐	☐	**70**	Did you pay any educational tuition or fees for you or a dependent?
☐	☐	**71**	Did you pay any student loan interest?
☐	☐	**72**	Did you make any federal or state estimated payments?
☐	☐	**73**	Did you make any energy efficient improvements to your main home in 2010?
☐	☐	**74**	Did you purchase a new motor vehicle after Feb 16, 2009 and before Jan 1, 2010 and pay sales/excise tax on it in 2010?

Name ______________________ SSN ______________________

Comments

Name ____________________ SSN ____________________

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information	Filer and/or Joint Payments: Date Paid	Filer and/or Joint Payments: Amount		Spouse Only Payments: Date Paid	Spouse Only Payments: Amount
1 Overpayment from last year			**1**		
2 First quarter payment			**2**		
3 Second quarter payment			**3**		
4 Third quarter payment			**4**		
5 Fourth quarter payment			**5**		
6 ____________________			**6**		
7 ____________________			**7**		

State Estimates

Enter two-letter state abbreviation **State** ______ **State** ______ **State** ______ **State** ______

Enter Payment Information		**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**
1 Overpayment from last year	**1**								
2 First quarter payment	**2**								
3 Second quarter payment	**3**								
4 Third quarter payment	**4**								
5 Fourth quarter payment	**5**								
6 ____________________	**6**								
7 ____________________	**7**								
8 ____________________	**8**								

Local Estimates

Enter locality name **Locality** ______ **Locality** ______ **Locality** ______ **Locality** ______

Enter Payment Information		**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**	**Date Paid**	**Amount**
1 Overpayment from last year	**1**								
2 First quarter payment	**2**								
3 Second quarter payment	**3**								
4 Third quarter payment	**4**								
5 Fourth quarter payment	**5**								
6 ____________________	**6**								
7 ____________________	**7**								
8 ____________________	**8**								

Name ______________________________ SSN ______________

Dependent Information

Enter "X" if applicable

First name	Last name	With You In 2010	Relationship	Date of Birth	SSN	Amount Paid for Dependent Care for 2441	US Citizen	Full- time Student or Disabled	Paid Education Expenses	Not a dependent this year

Name ______________________________ SSN ____________________

Wages and Retirement Income

W-2 Information

Enter "X" if spouse W-2		Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

1099-R Information

		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 12a State Distribution	Box 10a State Income Tax Withheld
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					

Name ______________________________ SSN ______________________

Interest Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Dividend Income

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

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Name ______________________ SSN ______________

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

1 Employer Identification Number ____________ (do not enter Social Security Number)
2 Principal business or profession ____________
3 Business name ____________
4 Business address ____________
5 City ____________ State ______ Zip ______

General Check Boxes (Enter "X" where applicable)

6 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) ____________
7 Did you "materially participate" in this business? ☐ Yes ☐ No
8 Check ('X') if you started or acquired this business in 2010. ☐

Business Income

* Report statutory income as W-2 income.

			Current Year Amount	Prior Year Amount
9	Income reported on 1099 MISC	9		
	Gross receipts or sales not reported on Form 1099 or Form W-2			
10		10		
11		11		
12		12		
13		13		
14	Returns and allowances	14		
15	Other income	15		

Inventory (Enter "X" where applicable)

16 Method(s) used to value closing inventory ☐ Cost ☐ Lower of cost or market ☐ Other
17 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

			Current Year Amount	Prior Year Amount
18	Inventory at the beginning of year	18		
19	Purchases less cost of items withdrawn for personal use	19		
20	Cost of labor	20		
21	Materials and supplies	21		
22	Other Costs	22		
23	Inventory at end of year	23		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name ______________________ SSN ______________

Business ______________________

Self-Employed Business Expenses Cont. (Schedule C)

	Expenses		Current Year Amount	Prior Year Amount
41	Advertising	41		
42	Contract labor	42		
43	Commissions and fees	43		
44	Depletion	44		
45	Employee benefit programs (other than on line 51)	45		
46	Insurance (other than health)	46		
	Interest:			
47	Mortgage (paid to banks, etc.)	47		
48	Other	48		
49	Legal and professional services	49		
50	Office expense	50		
51	Pension and profit-sharing plans	51		
	Rent or Lease:			
52	Machinery rental or lease	52		
53	Equipment rental or lease	53		
54		54		
55		55		
56		56		
	Other business property rental or lease			
57		57		
58		58		
59		59		
60	Repairs and maintenance	60		
61	Supplies (not included in inventory cost of goods sold)	61		
62	Taxes and licenses	62		
	Travel, Meals, and Entertainment:			
	Travel			
63		63		
64		64		
65		65		
66		66		
	Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	67	☐	☐
68		68		
69		69		
70		70		
71		71		
72	Utilities	72		
73	Wages	73		
	Other Expenses			
74		74		
75		75		
76		76		
77		77		
78		78		
79		79		
80		80		
81		81		
82		82		

Name ______________________________ SSN ______________________

Business ______________________________

Vehicle Information (Schedule C)

	Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
1 Date vehicle was placed in service . . **1**				
2 Cost of vehicle **2**				
3 Total miles driven for the year **3**				
4 Business miles driven during the year . **4**				
5 Commuting miles included on line 3 . **5**				
6 Parking fees and tolls **6**				
7 Vehicle Interest **7**				
8 Vehicle Personal Property tax **8**				
Actual Expenses				
9 Gasoline, oil and repairs **9**				
10 Vehicle Insurance **10**				
11 Vehicle registration fees **11**				
12 Vehicle lease or rental **12**				
13 ------------------------------------ **13**				

	Vehicle 3 - Current Year Amount	Vehicle 3 - Prior Year Amount	Vehicle 4 - Current Year Amount	Vehicle 4 - Prior Year Amount
1 Date vehicle was placed in service . . **1**				
2 Cost of vehicle **2**				
3 Total miles driven for the year **3**				
4 Business miles driven during the year . **4**				
5 Commuting miles included on line 3 . **5**				
6 Parking fees and tolls **6**				
7 Vehicle Interest **7**				
8 Vehicle Personal Property tax **8**				
Actual Expenses				
9 Gasoline, oil and repairs **9**				
10 Vehicle Insurance **10**				
11 Vehicle registration fees **11**				
12 Vehicle lease or rental **12**				
13 ------------------------------------ **13**				

Name ______________________ SSN ______________

Business ______________________ Copy ________

Self-Employed Office in Home Expenses

			Current Year Amount	Prior Year Amount
	Area of Home			
1	Area used regularly and exclusively for business, regularly for daycare.	**1**		
2	Total area of home	**2**		
	Daycare only			
3	Multiply days used for daycare during year by hours used per day	**3**		
	Expenses related to entire home including business portion			
4	Casualty losses	**4**		
5	Excess mortgage interest	**5**		
6	Insurance	**6**		
7	Rent	**7**		
8	Repairs and maintenance	**8**		
9	Utilities	**9**		
10	Other expenses	**10**		
	Additional expenses related to business portion only			
11	Casualty losses	**11**		
12	Excess mortgage interest	**12**		
13	Insurance	**13**		
14	Rent	**14**		
15	Repairs and maintenance	**15**		
16	Utilities	**16**		
17	Other expenses	**17**		

Name ____________________ SSN ____________________

Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
	43					
	44					
	45					

Name ____________________ SSN ____________________

Real Estate Rentals and Royalties

Kind of Property ____________________

Address ____________________

City ____________________ State ________ Zip ____________

		Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint) 1		
2	Enter "X" If you actively participated? 2	☐	☐
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	☐	☐
3a	If entered ("X"), enter the number of days of personal use? 3a		
3b	If entered ("X"), enter the number of days rented? 3b		

Income

		Current Year Amounts	Prior Year Amounts
4	Royalty received 4		
5	Rent received 5		
5a	If rental real estate, enter the percent of ownership if less than 100% . . 5a		
5b	Rental use percentage for property used partially for personal use only . . 5b		

Property Expense

		Current Year Amounts	Prior Year Amounts
6	Advertising 6		
7	Cleaning and maintenance 7		
8	Commissions 8		
9	Insurance 9		
10	Legal and other professional fees 10		
11	Management fees 11		
12	a Qualified mortgage interest paid to banks, etc. 12a		
	b Other mortgage interest paid to banks, etc. 12b		
13	Other interest 13		
14	Repairs 14		
15	Supplies 15		
16	a Real estate taxes 16a		
	b Other Taxes 16b		
17	Utilities 17		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A		A		
B		B		
C		C		
D		D		
E		E		
F		F		
G		G		

Name ______________________________ SSN ____________________

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J		Entity Name	Enter "S" if K1 (1120S) Enter "P" if K1 (1065) Enter "E" if K1 (1041)		Unreimbursed Partnership Exp. Current Year
	1			1	
	2			2	
	3			3	
	4			4	
	5			5	
	6			6	
	7			7	
	8			8	
	9			9	
	10			10	
	11			11	
	12			12	
	13			13	
	14			14	
	15			15	
	16			16	
	17			17	
	18			18	
	19			19	
	20			20	
	21			21	
	22			22	
	23			23	
	24			24	
	25			25	
	26			26	
	27			27	
	28			28	
	29			29	
	30			30	
	31			31	
	32			32	
	33			33	
	34			34	
	35			35	
	36			36	
	37			37	
	38			38	
	39			39	
	40			40	
	41			41	
	42			42	
	43			43	
	44			44	
	45			45	
	46			46	
	47			47	
	48			48	
	49			49	
	50			50	

Name ______________________ SSN ______________

Social Security and Railroad Retirement

			Current Year Amount	Prior Year Amount
Filer				
1	Enter the total amount from box 5 of all your Forms SSA-1099	**1**		
2	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	**2**		
3	Enter the total amount from box 5 of all your Forms RRB-1099	**3**		
4	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	**4**		
5	Enter the total amount of Medicare B Premiums withheld.	**5**		
6	Enter the total amount of Medicare D Premiums withheld.	**6**		
Spouse				
7	Enter the total amount from box 5 of all your Forms SSA-1099	**7**		
8	Enter the total taxes withheld from box 6 of all your Forms SSA-1099	**8**		
9	Enter the total amount from box 5 of all your Forms RRB-1099	**9**		
10	Enter the total taxes withheld from box 10 of all your Forms RRB-1099	**10**		
11	Enter the total amount of Medicare B Premiums withheld.	**11**		
12	Enter the total amount of Medicare D Premiums withheld.	**12**		

Name ______________________ SSN ______________________

Miscellaneous Income

		Filer Current Year Amount	Filer Prior Year Amount		Spouse Current Year Amount	Spouse Prior Year Amount
1	Refund from state			1		
2	Unemployment compensation			2		
3	Prizes and awards			3		
4	Scholarships and fellowships			4		
5	Bartering income			5		
6	Fees received for jury duty			6		
7	Income from rental of personal property, if not in the business of renting such property			7		
8	Precinct election board duty			8		
9	Alaska Permanent Fund Dividends			9		
10				10		
11				11		
12				12		
13	Other income not provided for in this Organizer			13		

Adjustments to Income

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Educator expenses	1		
	2	Student loan interest	2		
	3	Health Savings account deduction	3		
	4	Moving expenses	4		
	5	Self-employed SEP, SIMPLE, or other qualified plans	5		
	6	Penalty on early withdrawal of savings	6		
	7	Tuition and fees deduction	7		

Miscellaneous Deductions

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J				Current Year Amount	Prior Year Amount
	1	Performing-arts-related expenses	1		
	2	Foreign housing deduction	2		
	3	Jury duty pay given to your employer	3		
	4	Reforestation amortization	4		
	5	Repayment of sub-pay under the Trade Act of 1974	5		
	6	Contributions to Section 501(c)(18) pension plans	6		
	7	Attorney fees and court costs paid for actions settled or decided after October 22, 2004 involving unlawful discrimination claims, but only to the extent of gross income from such actions.	7		
	8	Employee business expenses of fee-basis state or local government officials	8		
	9	Expenses from the rental of personal property but were not in the business of renting such property	9		
	10	Contributions by chaplains to section 403(b) plans	10		
	11	Archer MSA deduction	11		
	12		12		
	13		13		

Name ______________________________ SSN ____________________

IRA Contribution Information

Traditional IRA Contributions

Filer

			Current Year Amount	Prior Year Amount
1	Enter total traditional IRA contributions made for 2010	**1**		
2	Enter contributions, on line 1, made after 12/31/2010 and before 04/15/2011	**2**		
3	Enter value of all traditional IRAs as of 12/31/2010	**3**		

Spouse

			Current Year Amount	Prior Year Amount
4	Enter total traditional IRA contributions made for 2010	**4**		
5	Enter contributions, on line 4, made after 12/31/2010 and before 04/15/2011	**5**		
6	Enter value of all traditional IRAs on 12/31/2010	**6**		

Roth Contributions

Filer

			Current Year Amount	Prior Year Amount
1	Enter 2010 Roth IRA contributions	**1**		
2	Enter value of all Roth IRAs on 12/31/2010	**2**		

Spouse

			Current Year Amount	Prior Year Amount
3	Enter 2010 Roth IRA contributions	**3**		
4	Enter value of all Roth IRAs on 12/31/2010	**4**		

SIMPLE IRA

Filer

			Current Year Amount	Prior Year Amount
1	Enter value of all SIMPLE IRAs on 12/31/2010.	**1**		

Spouse

			Current Year Amount	Prior Year Amount
2	Enter value of all SIMPLE IRAs on 12/31/2010.	**2**		

Education IRA (Coverdell ESA)

Filer

			Current Year Amount	Prior Year Amount
1	Enter 2010 Coverdell ESA contributions	**1**		
2	Enter value of the Coverdell ESA on 12/31/2010	**2**		

Spouse

			Current Year Amount	Prior Year Amount
3	Enter 2010 Coverdell ESA contributions	**3**		
4	Enter value of the Coverdell ESA on 12/31/2010	**4**		

Name ______________________________ SSN ____________________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to $50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________ SSN ______________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
22	Principal residence	22		
	Real Estate Not Held For Investment			
23		23		
24		24		
25		25		
26		26		
27		27		
	Real Estate Held For Investment			
28		28		
29		29		
30		30		
31		31		
32		32		
33	Personal property taxes	33		
	Other Taxes			
34		34		
35		35		
36		36		

Name ______________________________ SSN ____________________

Interest - Itemized Deductions

				Current Year Amount	Prior Year Amount
	Home Mortgage Interest and Points Reported on Form 1098				
37	Lender		**37**		
38	Lender		**38**		
39	Lender		**39**		
40	Lender		**40**		
	Home Mortgage Interest Not Reported on Form 1098				
41	Name:		**41**		
	Address:				
	SSN:				
42	Mortgage insurance paid on 2010 acquisition indebtedness for principal residence		**42**		
	Refinancing Points				
43	Description		**43**		
	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2010				
44	Description		**44**		
	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2010				
45	Description		**45**		
	Points paid				
	Date of loan				
	Total number of scheduled loan payments				
	Number of payments made in 2010				
46	Investment interest paid		**46**		

Name ______________________ SSN ______________

Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

			Current Year Amount	Prior Year Amount
47	Union dues	47		
48	Professional journals and subscriptions	48		
49	Uniform and protective clothing costs and cleaning	49		
50	Job search costs (resumes, travel, postage, etc.)	50		
51		51		
52		52		
53		53		
54		54		
55		55		
56		56		
57		57		

Other Miscellaneous Expenses - Itemized Deductions

		If investment related enter "X"		Current Year Amount	Prior Year Amount
58	Certain attorney and accounting fees		58		
59	Safe deposit box rental		59		
60	IRA Custodial fees		60		
61	Investment counsel and advisory fees		61		
62			62		
63			63		
64			64		
65			65		
66			66		
67			67		
68			68		
69			69		
70			70		
71			71		
72			72		
73			73		

Other Miscellaneous Deductions

			Current Year Amount	Prior Year Amount
74	Tax preparation fees	74		
75	Gambling losses (if gambling income)	75		
76	Amortizable bond premiums on bonds acquired before 10/23/86	76		
77	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction	77		
78		78		
79		79		
80		80		
81		81		
82		82		
83		83		
84		84		

Name ______________________________ SSN ____________________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15		15		
16		16		
17		17		
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		
26		26		
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		
42		42		
43		43		
44		44		
45		45		
46		46		
47		47		

Name ______________________ SSN ______________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization	(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________ SSN ______________

Unreimbursed Employee Business Expenses - Short Form

Enter "X" in one box: Occupation in which you incurred these expenses ----------------

☐ Filer

☐ Spouse

			Current Year Amount	Prior Year Amount
Meals and Entertainment				
1	Meals and entertainment expenses	**1**		
2	Enter "X" in the box if subject to DOT hours of service limits	**2**	☐	☐
Other Expenses				
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work	**3**		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment	**4**		
5		**5**		
6		**6**		
7		**7**		
8		**8**		
9		**9**		

Vehicle Information

			Vehicle 1 - Current Year Amount	Vehicle 1 - Prior Year Amount	Vehicle 2 - Current Year Amount	Vehicle 2 - Prior Year Amount
10	Date vehicle was placed in service	**10**				
11	Cost of vehicle	**11**				
12	Total miles driven for the year	**12**				
13	Business miles driven during the year	**13**				
14	Commuting miles (included in total miles driven for the year)	**14**				
15	Vehicle Interest	**15**				
16	Vehicle Personal Property tax	**16**				

Name ______________________ SSN ______________

Child and Dependent Care Expenses

1	Amount of dependent care benefits forfeited	1	
2	Amount of dependent care expenses incurred in 2009 and paid in 2010	2	

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2010
3					
4					
5					

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2010
6	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
7	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
8	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
9	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	
10	First: Last: Business:	 City: State: Zip:	 SSN: EIN:	