

,

Tucker & Company, P.C.
Certified Public Accountants
636 W. Republic Road, B-108
Springfield, MO 65807
www.tuckercpas.com
417-881-6919

2010 Client Organizer

This information is complete and correct to the best of my (our) knowledge.

Taxpayer signature _____ Date _____

Spouse signature _____ Date _____

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Dear :

Our Client Organizer has a new look as we have upgraded our tax preparation software. It is designed to help you gather tax information needed to prepare your 2010 personal income tax return. We have preprinted certain information from your 2009 personal income tax return to help you complete the organizer with minimal time and effort. However, some information, such as state estimated tax payments did not transfer upon conversion. Please write in your estimated tax payments and the date they were paid.

Enter 2010 information on the Client Organizer sheets provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections. The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

In your Client Organizer, all social security numbers and bank account numbers have been replaced with asterisks (**_*_*_****) and (****1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. Do not indicate the social security number or bank account change on your Client Organizer. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 showing income from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

In order to meet the filing deadline for your 2010 income tax return, your completed tax organizer needs to be received by our office no later than March 31, 2011. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

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Re: Tax year 2010

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2010 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred. If on examination you are assessed additional taxes, interest or penalties, we will not be responsible for any amounts owed.

Our goal is to provide you with an accurate tax return that takes advantage of all possible deductions in reducing your taxable income to its lowest legal amount. To that end, we have established a policy of extending all returns for which information is not received by office by March 31, 2011. *However, we do not file extensions for clients unless specifically requested to do so.* Through this practice, we hope to better serve you. Our firm maintains and complies with a five-year record retention policy.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. *All invoices are due and payable upon presentation.*

In the event of a dispute related in any way to our services, our firm and you agree to discuss the dispute and, if necessary, promptly mediate in a good faith effort to resolve. We will agree on a

mediator, but if we cannot, either of us may apply to a court having personal jurisdiction over the parties for appointment of a mediator. We will share the mediator's fees and expenses equally, but otherwise will bear our own attorneys' fees and mediation costs. Participation in such mediation shall be a condition to either of us initiating litigation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Tucker & Company, P.C.

Accepted By: _____

Date: _____

Questions

Please check the appropriate box and include all necessary details and documentation.

| | Yes | No |
|--|--------------------------|--------------------------|
| Personal Information | | |
| Did your marital status change during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Did your address change from last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Information | | |
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____ | | |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$1900? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked or looked for work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| Purchases, Sales and Debt Information | | |
| Did you start a new business or purchase rental property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire a new or additional interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell, exchange, or purchase any real estate during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase or sell a principal residence during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you foreclose or abandon a principal residence or real property during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you acquire or dispose of any stock during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you take out a home equity loan this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance a principal residence or second home this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you sell an existing business, rental, or other property this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur any non-business bad debts this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any debts canceled or forgiven this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Information | | |
| Did you have any foreign income or pay any foreign taxes during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any income from property sold prior to this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401k, or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Social Security benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any unemployment benefits during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Do you have evidence to substantiate charitable contributions?
- Did you make any noncash charitable contributions (clothes, furniture, etc.)?
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$13,000 to any individual?
- Did you have any educational expenses during the year?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you pay long-term health care premiums for yourself or your family?
- Did you pay any COBRA health care coverage continuation premiums?
- Are you a business owner and have paid health insurance premiums for your employees this year?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Are you an active participant in a pension or retirement plan?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Were you 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?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Do you want to designate \$3 to the Presidential Election Campaign Fund?
- If you check yes, it will not change your tax or reduce your refund.
- Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement.

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) 1

Mark if you were married but living apart all year _____

| | Taxpayer | Spouse |
|--|----------|--------|
| Social security number | _____ | _____ |
| First name | _____ | _____ |
| Last name | _____ | _____ |
| Occupation | _____ | _____ |
| Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) | <u>2</u> | _____ |
| Mark if legally blind | _____ | _____ |
| Mark if dependent of another taxpayer | _____ | _____ |
| Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) | _____ | _____ |
| Date of birth | _____ | _____ |
| Date of death | _____ | _____ |
| Work/daytime telephone number/ext number | _____ | _____ |
| Do you authorize us to discuss your return with the IRS (Y, N) | <u>Y</u> | _____ |

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months lived in your home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|---------------------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Credits: 2441 **Child and Dependent Care Expenses**

| | Provider #1 | Provider #2 |
|---|-----------------|---------------|
| Provider information: | | |
| Name | _____ | _____ |
| Street address | _____ | _____ |
| City, state, and zip code | _____ | _____ |
| Social security number OR Employer identification number | _____ | _____ |
| Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) | _____ | _____ |
| Amount paid to care provider in 2010 | _____ | _____ |
| | Taxpayer | Spouse |
| Employer-provided dependent care benefits that were forfeited | _____ | _____ |

General: Info **Direct Deposit/Electronic Funds Withdrawal Information**

If you would like to have a refund deposited directly or a balance due debited directly into/from your bank account, please enter the following information:

Financial institution: Routing transit number _____ Name _____

Your account number _____ Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

If you would like to use a refund to purchase U.S. Series I Savings bonds (in increments of \$50), enter a maximum amount up to \$5,000.** _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

**To purchase U.S. Series I Savings bonds in someone else's name, please contact our office.

Income: W2 **Salary and Wages**

Please provide all copies of Form W-2 that you receive. Below is a list of the W-2's as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: 1099R **Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive. Below is a list of the 1099-R's as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: K1, K1T **Schedule K-1s**

Please provide all copies of Schedule K-1s that you receive. Below is a list of the K-1s as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

Table with 4 columns: T/S/J, Description, Form, Mark if no longer applicable. Includes 5 rows of horizontal lines for data entry.

Income: W2G **Gambling Income**

Please provide all copies of Form W-2G that you receive. Below is a list of the W-2Gs as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Educate: 1099Q **Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive. Below is a list of the 1099-Q's as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

Table with 4 columns: T/S, Description, Prior Year Information, Mark if no longer applicable. Includes 3 rows of horizontal lines for data entry.

Credits: Cr-4 **Making Work Pay Credit**

Enter the amount of the economic recovery payment you received in 2010 in the field(s) below, DO NOT enter any amount received in 2009.

Table with 3 columns: Taxpayer, Spouse, Prior Year Information. Row for Economic recovery payment received in 2010 (Do not enter more than \$250 per person).

Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT.

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Income: B3 **Seller Financed Mortgage Interest**

T, S, J Payer's name _____ Payer's social security number _____
 Payer's address _____ Amount received in 2010 _____ Amount received in 2009 _____
 Amount received in 2010 _____ Amount received in 2009 _____

Income: B2 **Dividend Income**

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

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price (Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|---|---------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

| | 2010 Information | | Prior Year Information |
|--|-------------------------|--------|-------------------------------|
| | Taxpayer | Spouse | Prior Year Information |
| State and local income tax refunds | _____ | _____ | _____ |
| Alimony received | _____ | _____ | _____ |
| Unemployment compensation | _____ | _____ | _____ |
| Unemployment compensation repaid | _____ | _____ | _____ |
| Social security benefits | _____ | _____ | _____ |
| Medicare premiums to be reported on Schedule A | _____ | _____ | _____ |
| Railroad retirement benefits | _____ | _____ | _____ |
| T/S/J | 2010 Information | | Prior Year Information |
| Other Income: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

1040 Adj: IRA **Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

| | Taxpayer | Spouse |
|--|----------|--------|
| Traditional IRA Contributions for 2010 - | | |
| If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | _____ | _____ |
| Enter the total traditional IRA contributions made for use in 2010 | _____ | _____ |
| Roth IRA Contributions for 2010 - | | |
| Mark if you want to contribute the maximum Roth IRA contribution | _____ | _____ |
| Enter the total Roth IRA contributions made for use in 2010 | _____ | _____ |

Educate: Educate **Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2010 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S | Qualified student loan interest paid | 2010 Information | Prior Year Information |
|-------|--------------------------------------|------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Complete this section if you paid qualified education expenses for higher education costs in 2010. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. Please provide all copies of Form 1098-T.

| T/S | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-------|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction. The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903 **Job Related Moving Expenses**

Complete this section if you moved to a new home because of a new principal work place.

Description of move _____

Taxpayer/Spouse/Joint (T, S, J) _____

Mark if the move was due to service in the armed forces _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Mark if move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses _____

1040 Adj: OtherAdj **Other Adjustments to Income**

Alimony Paid:

| T/S | Recipient name | Recipient SSN | 2010 Information | Prior Year Information |
|--------------------|----------------|-----------------|------------------|-------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| Address | _____ | City | State | Zip code |
| | | Taxpayer | Spouse | Prior Year Information |
| Educator expenses: | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| Other adjustments: | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

Itemized: A1 **Medical and Dental Expenses**

| T/S/J | | 2010 Information | Prior Year Information |
|-------|-------------------------------------|------------------|------------------------|
| — | Medical and dental expenses | _____ | _____ |
| — | Medical insurance premiums you paid | _____ | _____ |
| — | Long-term care premiums you paid | _____ | _____ |
| — | Prescription medicines and drugs | _____ | _____ |
| — | Miles driven for medical items | _____ | _____ |

Itemized: A1 **Tax Expenses**

| T/S/J | | 2010 Information | Prior Year Information |
|-------|--|-------------------------------|-------------------------------|
| — | State/local income taxes paid | _____ | _____ |
| — | 2009 state and local income taxes paid in 2010 | _____ | _____ |
| — | Sales tax paid on actual expenses | _____ | _____ |
| — | Real estate taxes paid | _____ | _____ |
| — | Personal property taxes | _____ | _____ |
| — | Other taxes | _____ | _____ |
| T/S/J | Date | Purchase Price (Before Taxes) | Sales/Excise Tax Paid in 2010 |
| — | Description of new motor vehicle purchased between 2/17/09 - 12/31/09: | _____ | _____ |

Itemized: A2 **Interest Expenses**

| T/S/J | | 2010 Information | Prior Year Information |
|--|--|------------------|------------------------|
| — | Home mortgage interest: From Form 1098 | _____ | _____ |
| Other, such as: Home mortgage interest paid to individuals | | | |
| T/S/J | Name | SSN | 2010 Information |
| — | _____ | _____ | _____ |
| Address _____ | | | |
| T/S/J | | 2010 Information | Prior Year Information |
| — | Investment interest expense, other than on K-1s: | _____ | _____ |
| Refinancing Information: | | | |
| | Refinance #1 | | Refinance #2 |
| T/S/J | _____ | _____ | _____ |
| — | Description | _____ | _____ |
| — | Total points paid | _____ | _____ |
| — | Date of refinance | _____ | _____ |
| — | Total number of payments | _____ | _____ |
| — | Reported on Form 1098 in 2010 | _____ | _____ |

Itemized: A3 **Charitable Contributions**

| T/S/J | | 2010 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| — | Contributions made by cash or check | _____ | _____ |
| — | Volunteer miles driven | _____ | _____ |
| — | Noncash items, such as: Goodwill, Salvation Army | _____ | _____ |

Itemized: A3 **Miscellaneous Deductions**

| T/S/J | | 2010 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| — | Unreimbursed expenses | _____ | _____ |
| — | Union dues | _____ | _____ |
| — | Tax preparation fees | _____ | _____ |
| — | Other expenses, subject to 2% AGI limitation: | _____ | _____ |
| — | _____ | _____ | _____ |
| — | Safe deposit box rental | _____ | _____ |
| — | Investment expenses, other than on K1s: | _____ | _____ |
| — | Other expenses, not subject to the 2% AGI limitation: | _____ | _____ |
| — | _____ | _____ | _____ |
| — | Gambling losses: (Enter only if you have gambling income) | _____ | _____ |

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Mark if you would like your return prepared and filed electronically only if you receive a refund _____[5]

Mark if you would like your return prepared and filed electronically if your refund is greater than a certain amount _____[6]

Enter the minimum refund amount here _____[7]

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[8]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[3]

Spouse self-selected Personal Identification Number (PIN) _____[4]

NOTES/QUESTIONS:

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

Refunded _____ [43]

Applied to 2011 estimated tax liability _____ [44]

Do you expect a considerable change in your 2011 income? (Y, N) _____ [45]

If yes, please explain any differences:

_____ [46]

_____ [47]

_____ [48]

_____ [49]

Do you expect a considerable change in your deductions for 2011? (Y, N) _____ [50]

If yes, please explain any differences:

_____ [51]

_____ [52]

_____ [53]

_____ [54]

Do you expect a considerable change in the amount of your 2011 withholding? (Y, N) _____ [55]

If yes, please explain any differences:

_____ [56]

_____ [57]

_____ [58]

_____ [59]

Do you expect a change in the number of dependents claimed for 2011? (Y, N) _____ [60]

If yes, please explain any differences:

_____ [61]

_____ [62]

_____ [63]

_____ [64]

| |
|--|
| 2010 Federal Estimated Tax Payments |
|--|

2009 overpayment applied to 2010 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [4]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

| | Date Due | Date Paid if After Date Due | | Amount Paid | Calculated Amount |
|---------------------|----------|-----------------------------|---|-------------|-------------------|
| 1st quarter payment | 4/15/10 | _____ [5] | + | _____ [6] | _____ |
| 2nd quarter payment | 6/15/10 | _____ [7] | + | _____ [8] | _____ |
| 3rd quarter payment | 9/15/10 | _____ [9] | + | _____ [10] | _____ |
| 4th quarter payment | 1/18/11 | _____ [11] | + | _____ [12] | _____ |
| Additional payment | | _____ [13] | + | _____ [14] | _____ |

NOTES/QUESTIONS:

| | | |
|-----------------|--|----------|
| Form ID: St Pmt | 2010 State Estimated Tax Payments | 6 |
|-----------------|--|----------|

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2009 return + _____ [3]
 2009 overpayment applied to '10 estimates + _____ [4]
 Treat calculated amounts as paid _____ [8]

| | Date Paid | Amount Paid | Calculated Amount |
|---------------------|------------|--------------|----------------------------------|
| 1st quarter payment | _____ [9] | + _____ [10] | _____ _____ _____ _____ |
| 2nd quarter payment | _____ [11] | + _____ [12] | |
| 3rd quarter payment | _____ [13] | + _____ [14] | |
| 4th quarter payment | _____ [15] | + _____ [16] | |
| Additional payment | _____ [17] | + _____ [18] | |

| |
|---|
| 2010 City Estimated Tax Payments |
|---|

| City #1 | City #2 |
|--|--|
| City name _____ [28] | City name _____ [50] |
| Amount paid with 2009 return + _____ [31] | Amount paid with 2009 return + _____ [53] |
| 2009 overpayment applied to '10 estimates + _____ [32] | 2009 overpayment applied to '10 estimates + _____ [54] |
| Treat calculated amounts as paid _____ [36] | Treat calculated amounts as paid _____ [58] |

| | Date Paid | Amount Paid | | Date Paid | Amount Paid |
|---------------------|------------|--------------|---------------------|------------|--------------|
| 1st quarter payment | _____ [37] | + _____ [38] | 1st quarter payment | _____ [59] | + _____ [60] |
| 2nd quarter payment | _____ [39] | + _____ [40] | 2nd quarter payment | _____ [61] | + _____ [62] |
| 3rd quarter payment | _____ [41] | + _____ [42] | 3rd quarter payment | _____ [63] | + _____ [64] |
| 4th quarter payment | _____ [43] | + _____ [44] | 4th quarter payment | _____ [65] | + _____ [66] |

| Calculated Amount | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

| Calculated Amount | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

| City #3 | City #4 |
|--|--|
| City name _____ [72] | City name _____ [94] |
| Amount paid with 2009 return + _____ [75] | Amount paid with 2009 return + _____ [97] |
| 2009 overpayment applied to '10 estimates + _____ [76] | 2009 overpayment applied to '10 estimates + _____ [98] |
| Treat calculated amounts as paid _____ [80] | Treat calculated amounts as paid _____ [102] |

| | Date Paid | Amount Paid | | Date Paid | Amount Paid |
|---------------------|------------|--------------|---------------------|-------------|---------------|
| 1st quarter payment | _____ [81] | + _____ [82] | 1st quarter payment | _____ [103] | + _____ [104] |
| 2nd quarter payment | _____ [83] | + _____ [84] | 2nd quarter payment | _____ [105] | + _____ [106] |
| 3rd quarter payment | _____ [85] | + _____ [86] | 3rd quarter payment | _____ [107] | + _____ [108] |
| 4th quarter payment | _____ [87] | + _____ [88] | 4th quarter payment | _____ [109] | + _____ [110] |

| Calculated Amount | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

| Calculated Amount | |
|---------------------|-------|
| 1st quarter payment | _____ |
| 2nd quarter payment | _____ |
| 3rd quarter payment | _____ |
| 4th quarter payment | _____ |

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____ [1]
 State postal code _____ [2]

| |
|---------------------------------|
| Social Security Benefits |
|---------------------------------|

| | 2010 Information | Prior Year Information | | | | |
|---|------------------|--|--|--|--|--|
| If you received a Form SSA - 1099, please complete the following information: | | | | | | |
| Net Benefits for 2010 (Box 3 minus Box 4) (Box 5) | + _____ [8] | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Voluntary Federal Income Tax Withheld (Box 6) | + _____ [10] | | | | | |
| From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: | | | | | | |
| Medicare premiums | + _____ [12] | | | | | |
| Prescription drug (Part D) premiums | + _____ [14] | | | | | |

| |
|---------------------------------|
| Tier 1 Railroad Benefits |
|---------------------------------|

| | 2010 Information | Prior Year Information | | | |
|---|------------------|--|--|--|--|
| If you received a Form RRB - 1099, please complete the following information: | | | | | |
| Net Social Security Equivalent Benefit: | | | | | |
| Portion of Tier 1 Paid in 2010 (Box 5) | + _____ [22] | <table border="1" style="width:100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Federal Income Tax Withheld (Box 10) | + _____ [25] | | | | |
| Medicare Premium Total (Box 11) | + _____ [27] | | | | |

| |
|---|
| Additional Information About Benefits Received |
|---|

Additional information about the benefits received not reported above. For example did you repay any benefits in 2010 or receive any prior year benefits in 2010. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

| | |
|--|------|
| | [36] |
| | [37] |
| | [38] |
| | [39] |
| | [40] |

NOTES/QUESTIONS: