

Greetings!

Welcome to the 2010 Tax Filing Season. Enclosed you will find your organizer packet. This tax season presents us with an amazing amount of tax changes. Many of these changes were not enacted until the end of December! Although these changes are too great to list in this letter, we wanted to highlight some of them to help aid you in collecting your tax information. Additionally, please be sure to include the following.

- + **Rent paid** for your residence in Massachusetts.
- + Enclose all related tax documents (W-2's, 1099's, 1098's, etc).
- + **Bonus depreciation remains in effect.** The Economic Stimulus Act of 2008 allows a business to depreciate 50 percent of the adjusted basis of certain qualified property during the year the property is placed in service. Bonus depreciation is increased to 100% for purchases made from Sept. 9, 2010 through Dec. 31, 2011.
- + The credit for energy efficient property or improvements is in effect for 2010. This property can include high-efficiency heat pumps, air conditioners, and water heaters. It can also include energy-efficient windows, doors, insulation materials and certain roofs. The credit is 30% of qualifying costs with a \$1,500 limit. The credit also applies to solar with no limit on the 30% credit.
- + The State of Massachusetts will continue to penalize individuals without health insurance. **Be sure to provide Form 1099-HC to be provided by your health insurance provider.**

The enclosed organizer is designed especially for you in order to help you assemble your tax information, and we would like to take this opportunity to encourage their use. **Experience has taught us that when clients use these organizers there are less errors, greater consistency with previous years, and information is less likely to be omitted.**

Our goal is to prepare your tax returns in a convenient, competent, and efficient manner. **We encourage you to either mail your tax information to our Westport office, or drop it off at our office.** This allows us the opportunity to work on your taxes and compile a list of questions or missing information that we can then obtain from you via appointment, email, phone or fax. Also, please be sure to make a list of any questions you might have for us so that we can answer all of your questions after thoroughly reviewing your information.

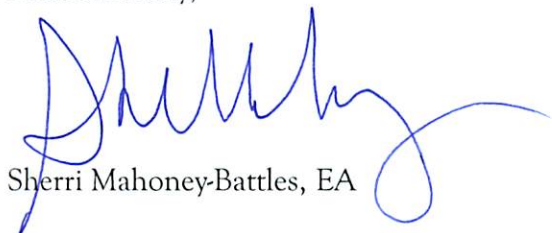
**Your completed tax package must be received by March 20<sup>th</sup> in order to allow us to complete your return without filing an extension.** Please contact us if you are not able to file a timely return and would like us to file an extension on your behalf.

**Sherilyn Mahoney-Battles, Enrolled Agent**

In these tough economic times we recognize the financial struggles that many of our clients are facing, and we will do our best to maximize your tax deductions, make your tax filing experience stress free, and keep our fees as low as possible. **In exchange, we encourage your referrals.** Our client base has been built on the referrals of satisfied clients, and we are truly fortunate to belong to such a great network of clients. **We also encourage you to tap into this network of clients.** Our client base is wide and varied, and we can often provide a referral for whatever service or product you might need. **During these tough economic times it is more important than ever to circulate our resources within our local business community.**

Once again, Anna, Meg, and myself will be working together during tax season. We are also available year-round to answer any questions that you may have, and we encourage you to contact us. Be sure to visit our website: [www.taxingmatters.com](http://www.taxingmatters.com) and sign up for our monthly newsletter. We take great pride in our continued relationships with our valued clients, and we can't thank you enough for your continued patronage!

Most Sincerely,

A handwritten signature in blue ink, appearing to read 'Sherri Mahoney-Battles', with a large, stylized flourish extending to the right.

Sherri Mahoney-Battles, EA

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Yes No

### General Information

		1. Were there any changes to your filing status or number of dependents during 2010?
		2. Can you or your spouse be claimed as a dependent by someone else?
		3. Did you incur any childcare expenses?
		4. Did you have a change in residence or job location during the year?
		5. Did you move during 2010? From where? _____ Date of move _____
		6. Did you reside in more than one state during 2010? If yes, which states? _____
		7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
		8. Would you like a copy of your tax return sent to you via email?
		9. Did you receive an Economic Recovery Payment in 2010 from social security benefits, supplemental security income, or pension benefits?

Yes No

### Income Information

		1. Have you received all W-2s from all employers? How many W-2s are attached? _____
		2. Did you use your vehicle on the job other than for commuting to work?
		3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
		4. Did you work out of town at any time during the year?
		5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
		6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
		7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
		8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
		9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
		10. Did you have any income from, or pay taxes to, a foreign country?
		11. Did you engage in any bartering transactions during 2010?
		12. Did you surrender any U.S. Savings Bonds during 2010?
		13. Did you receive any state or local income tax refunds from prior years?
		14. Do you or your spouse have any IRA accounts?
		15. Did you recharacterize any IRAs this year?
		16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
		17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
		18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
		19. Did you receive any type of prize, award, or gambling winnings during 2010?
		20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
		21. Did you receive any income not shown in this organizer? If so, please list. _____
		22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

Yes	No	<b>Business Information</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2010?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	<b>Other Information</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2010 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2010?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008?
<input type="checkbox"/>	<input type="checkbox"/>	5. If yes to question 4, was the First-Time Homebuyer Credit taken on the home.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase, sell, or refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6, was the First-Time Homebuyer Credit taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you purchase a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you purchase a new vehicle between February 16, 2009 and January 1, 2010? If yes, please provide the amount of state, local, and excise tax you paid in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	10. Did you make any gifts to any one person in 2010 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	11. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

**To itemize deductions, bring receipts and documentation for these types of expenses:**

<input type="checkbox"/>	Prescriptions, first-aid
<input type="checkbox"/>	State/local income taxes
<input type="checkbox"/>	Mortgage interest
<input type="checkbox"/>	Tax preparation fees
<input type="checkbox"/>	Gambling losses (up to amount of winnings)
<input type="checkbox"/>	Cash donations to charity (provide all receipts)
<input type="checkbox"/>	Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
<input type="checkbox"/>	Real estate and personal property taxes paid in 2010
<input type="checkbox"/>	Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
<input type="checkbox"/>	Fair market value of property donated to charity
<input type="checkbox"/>	Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

## Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2009 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Preparer Notes

Miscellaneous Notes (These will update to next year.)

## Personal Data

Taxpayer Name		SSN	
Spouse's Name		SSN	
Address		Apt no.	
City	State	ZIP	
County		School District	
Foreign Address		Foreign City	
Foreign State/Province		Foreign Postal Code	Foreign Country
Taxpayer Date of Birth		Spouse Date of Birth	
Occupation		Occupation	
Daytime phone:	Ext:	Daytime phone:	Ext:
Evening phone:	Ext:	Evening phone:	Ext:
Cell:		Cell:	
E-mail		E-mail	
<input type="checkbox"/> Full time student	<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	<input type="checkbox"/> Full time student
<input type="checkbox"/> Blind	<input type="checkbox"/> Active military	<input type="checkbox"/> Full time student	<input type="checkbox"/> Blind
<input type="checkbox"/> Active military	Does your spouse want \$3 to go to the Presidential Election Camp Fund?		<input type="checkbox"/>
Date and time of this year's appointment		Economic Recovery Payment Amount	

### Income Taxes Paid

<b>Federal</b>		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Check no.
Additional payments made						
<b>Resident State</b>		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Check no.
Additional payments made						
<b>Local</b>		2010 estimate date due	2010 est amount	Amount paid	Date paid	Check no.
2009 Refund		April 15, 2010				
2009 Refund applied to 2010		June 15, 2010				
2009 Balance Due		Sept. 15, 2010				
		Jan. 18, 2011				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Check no.
Additional payments made						

## Dependents

<b>Name:</b>					<b>SSN:</b>					
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		<b>2010</b>		<b>2009</b>	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		<b>2010</b>		<b>2009</b>	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		<b>2010</b>		<b>2009</b>	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		<b>2010</b>		<b>2009</b>	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										
First name/MI		Last name			Suffix					
SSN/TIN		Relationship			Number of months lived with you					
DOB		Is this dependent a minor child with income over \$950?			<input type="checkbox"/>		<b>2010</b>		<b>2009</b>	
Child Care Credit - qualifying expenses incurred and paid in 2010										
Child Care Credit - portion of qualifying expenses provided by employer										
Education Credits - current year qualifying expenses if in first 4 years of college										
Education Credits - current year qualifying expenses if NOT in first 4 years of college										

## Child & Dependent Care

<b>Name:</b>		<b>SSN:</b>	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	
Child Care Provider's Social Security Number or Employer ID Number			
Child Care Provider's Name			
Child Care Provider's Address			
Child Care Provider's City State Zip		Child Care Provider's Phone	
Amount Paid in 2010		Amount Paid in 2009	

# Wages and Salaries

Please attach all W-2(s).

**Name:**

**SSN:**

TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009
TS		Federal I.D. No.		Company Name						
		State I.D. No.								
		Federal wages	2010		2009		Federal tax	2010		2009
		State wages	2010		2009		State tax	2010		2009
		Locality	2010		2009		Local tax	2010		2009





## Profit or Loss From Business Schedule C

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Activity type				You disposed of this property during 2010 <input type="checkbox"/>
You started or acquired this business during 2010 <input type="checkbox"/>			Statutory employee OR qualified joint venture <input type="checkbox"/>	

	2010	2009		2010	2009
Gross receipts or sales			Other income		
Returns and allowances					

	2010	2009		2010	2009
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance			Other (Detail)		
Supplies			Family Health Coverage		

	2010	2009		2010	2009
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost  Lower of Cost or Market  Other  There was a change of inventory method

Information on your vehicle		2010	2009		
Date placed in service			Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business miles			Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commuting miles			You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other miles			It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Profit or Loss From Business

### Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS	Principal business or profession	Business code	
Employer I.D. number			
Business name			
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			
Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No			
Activity type _____ You disposed of this property during 2010 <input type="checkbox"/>			
You started or acquired this business during 2010 <input type="checkbox"/> Statutory employee OR qualified joint venture <input type="checkbox"/>			

Information on your vehicle	2010	2009	
Date placed in service			Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles			Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles			You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles			It is written <input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Information** **2010** **2009**

Family Health Coverage		
------------------------	--	--

Income	2010	2009
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2010	2009
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		







## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2010	2009	2010	2009
	Taxable scholarships received			
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions				
Unemployment compensation received				
Unemployment repaid in 2010				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employment health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2010				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

## Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2010	2009	GIFTS TO CHARITY (attach receipts)	2010	2009
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles			Charitable miles		
Other medical and dental expenses (list):			Other than by cash or check		
			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			<b>JOB EXPENSES (list):</b>		
			Unreimbursed employee expenses		
<b>TAXES YOU PAID</b>					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
New motor vehicle purchased after Feb 16, 2009 and before Jan 1, 2010					
Vehicle purchase price					
Total taxes paid in 2010			Tax preparation fees		
Tax on first \$49,500 of purchase price			<b>OTHER EXPENSE (list):</b>		
Personal property taxes					
Other taxes (list):					
<b>INTEREST YOU PAID</b>			<b>MISCELLANEOUS DEDUCTIONS</b>		
Home mort. int. & points on Form 1098			Other deductions not subject to 2% limit		
Home mort. int. not on Form 1098					
Name:					
Address:					
SSN/EIN:					
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

## Expenses for Business Use of Your Home

Name:

SSN:

TS  For

### Business Use of Home

2010

2009

Square feet of home used exclusively for business

Total square feet of home

### Use of Home for Daycare

2010

2009

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?

Yes  No

If not, enter the dates you lived in the home

From:

To:

### Expenses

Expenses directly related  
to business use **only**

Total Household  
expenses

Did you claim office in home expenses last year?  Yes  No

2010

2009

2010

2009

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

### Cost of Home

2010

2009

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land?  Yes  No

Value of land

Date placed in service

## Employee Business Expense

Name:

SSN:

TS  Occupation override

### Part I - Employee Business Expense and Reimbursements

2010

2009

Rural mail carrier

Parking fees, tolls, and local transportation, including train, bus, etc.

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do Not** include meals and entertainment

Other business expenses

Meals and entertainment expenses

DOT meals

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for

Other business expenses

Meals and entertainment expenses

Portion of total expenses that is for impairment-related work expenses of disabled employee

Portion of total expenses that is for Armed Forces reservist

Qualifying performing artist

Fee-based state or local government official

Pastor

### Business Vehicle Expenses

#### Vehicle Description

#### Vehicle 1

#### Vehicle 2

2010

2009

2010

2009

Enter the date vehicle was placed in service

Total miles vehicle was driven during 2010

Business miles included above

Average daily roundtrip commuting distance

Commuting miles included in total miles above

Taxes

Gasoline, oil, repairs, vehicle insurance, etc.

Vehicle rentals

Inclusion amount

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)

Enter cost or other basis

Enter section 179 deduction

Enter depreciation method and percentage

If an employer provided vehicle, was personal use during off duty hours permitted?  Yes  No

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

Do you have evidence to support your deduction?  Yes  No

If "Yes", is the evidence written?  Yes  No



## Residential Energy Credits

**Name:**

**SSN:**

TSJ

Were improvement or costs made to your main home located in the US?

Yes

No

**Qualified energy efficient improvements**

Insulation material or systems primarily designed to reduce heat loss or gain

Exterior windows including skylights

Exterior doors

Metal roof with appropriate pigmented coatings designed to reduce heat gain

**Residential energy property costs**

Energy efficient building property

Qualified natural gas, propane, or oil furnace or hot water boiler

Advanced main air circulating fan used in a natural gas, propane, or oil furnace

**Residential Energy Efficient Property Credit**

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified fuel cell property costs

Kilowatt capacity of property on line 18

## Auto Expense Worksheet

**Name:**

**SSN:**

For

Business name & Profession/Product

Description

Date placed in service

Do you have another vehicle available for personal use?  Yes  No

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

Do you have evidence to support your deduction?  Yes  No

If "Yes", is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

**2010**

**2009**

**a** Business miles

**b** Commuting

**c** Other

**Expenses:**

**2010**

**2009**

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %