

2010	1040	US	Client Information	1
-------------	-------------	-----------	---------------------------	----------

Tax Return Appointment

Telephone number:

Fax number:

E-mail address:

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table) 2 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (2008 or 2009)	<div style="text-align: center; font-weight: bold;">Filing Status</div> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> <div style="text-align: center; margin-top: 100px;"> Smith Page 1 </div>
Taxpayer	First name and initial Patty Last name Smith Title/suffix Social security number 555-11-2222 Occupation Singer Date of birth (m/d/y) 10/10/1968 Date of death (m/d/y) 1=blind	
Spouse	First name and initial Pat Last name Smith Title/suffix Social security number 555-55-4444 Occupation Singer Date of birth (m/d/y) 11/11/1958 Date of death (m/d/y) 1=blind	
Address	In care of Street address 1234 Fifth Ave Apartment number City Carson State CA ZIP code 90747	
Foreign Address	Region (818) Postal code Country	

2010

1040

US/CA

Client Information (continued)

1 p2

Please add, change or delete information for 2010.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)	1	
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)	1	
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
CA State Information	Registered domestic partner filing status (see table)		
	1=PMB no. in address		
	NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

1 p2

2010**1040****US****Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2010,
please check the appropriate box and provide additional information if necessary.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to electronically file your tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |

2010**1040****US****Miscellaneous Questions**☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

2010 1040 US/CA Direct Deposit & Estimates (Form 1040 ES)**3, 6**

Please enter all pertinent 2010 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account.....

1=electronic payment of balance due.....

1=electronic payment of estimated tax.....

1=direct deposit CA refund to one account, 2=split deposit between two accounts.....

1=electronic payment of CA state tax balance due.....

1=electronic payment of CA estimated tax.....

18		
34		
36		
103		
876		
982		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19	24	20	21	22	71
44	45	47	48	49	72
50	51	67	68	69	73

2010 ESTIMATED TAX / 1040-ES (6)**Federal**

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009.....	1			
1st quarter payment (due 4/15/10).....	2	3	13	473
2nd quarter payment (due 6/15/10).....	4	5	14	473
3rd quarter payment (due 9/15/10).....	6	7	15	473
4th quarter payment (due 1/17/11).....	8	9	16	473
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension (not later than 4/18/11)	10	11		

State

	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009.....	101			
1st quarter payment (due 4/15/10).....	102	103	113	
2nd quarter payment (due 6/15/10).....	104	105	114	
3rd quarter payment (due 9/15/10).....	106	107	115	
4th quarter payment (due 1/17/11).....	108	109	116	
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension (not later than 4/18/11)	110	111		

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)
10 = Series I treasury bonds

3, 6

2010**1040****US****Direct Deposit & Estimates (Form 1040 ES) (cont.)****7.1**

Please enter all pertinent 2010 information.

APPLICATION OF 2010 OVERPAYMENT (7.1)If you have an overpayment of 2010 taxes, do you want the excess refunded? ☐ or applied to 2011 estimate? ... ☐Other (please explain): _____

_____**2011 ESTIMATED TAX INFORMATION**Do you expect your 2011 taxable income to be different from 2010? Yes ☐ No ☐If "yes" explain any differences in income, deductions, dependents, etc.: _____

_____Do you expect your 2011 withholding to be different from 2010? Yes ☐ No ☐If "yes" explain any differences: _____

_____**7.1**

2010	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
-------------	-------------	--------------	---	-----------------------

Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2009 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	
	800	1	2	3	4	6	8	14	15	
3	Tower Records									40,000
4	Linchpin Records	1								35,000

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/10	2009 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE									
		1=spouse									
	800	1	2	810	196	3	4	6	9	34	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2009 Winnings
				Federal (Box 2)	State (Box 14)	
	800	1	3	6	9	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2010 Amount	TS	2009 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

	10, 13.1, 13.2
--	-----------------------

2010

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2010 information as appropriate.
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2010 1099-G Amount

No. <input type="text" value="1"/>	Name of payer.....	800	CA Franchise Tax Board
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2010 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	438
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2009 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	ATAA payments (Box 5).....	25	
	Taxable energy grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program.....	24	
Market gain (Box 9).....	26		
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

No. <input type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	2010 Overpayment repaid.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)	4	
	1=city or local income tax refund.....	9	
	Tax year for box 2 if not 2009 (Box 3).....	5	
	Federal income tax withheld (Box 4).....	6	
	ATAA payments (Box 5).....	25	
	Taxable energy grants:		
	Federal taxable amount (Box 6).....	12	
	State taxable amount, if different.....	17	
	Farm amounts:		
	Agriculture payments (Box 7).....	13	
	1=agriculture payments are from conservation reserve program.....	24	
Market gain (Box 9).....	26		
Number of farm.....	15		
1=box 2 is trade or business income (Box 8).....	14		
State income tax withheld (Box 11).....	11		

14.2

2010 1040 US/CA Business Income (Schedule C)No. **1****16**

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	800	Singer
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040...	803	
City, state, ZIP code, if different from Form 1040	804	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10	2	
1=first Schedule C filed for this business.....	44		
1=W-2 earnings as statutory employee.....	13		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		

CA FTB Form 3805V:

1=eligible small business.....	114		
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....	117		
Principle business code (SIC 1987).....	826		

INCOME

	2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51	80,000
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14		
Purchases.....	15		
Cost of items for personal use.....	16		
Cost of labor.....	17		
Materials and supplies.....	18		
Other costs:			
_____	19		
_____	19		
_____	19		
_____	19		
_____	19		
Inventory at end of the year.....	20		

16

2010**1040****US****Business Income (Schedule C) (cont.)**No. **1****16** p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

EXPENSES

		2010 Amount	2009 Amount
Accounting.....	201		200
Advertising.....	56		
Answering service.....	202		
Bad debts from sales or service.....	57		
Bank charges.....	203		
Car and truck expenses (not entered elsewhere).....	59		3,999
Commissions.....	60		5,000
Contract labor.....	87		
Delivery and freight.....	204		
Dues and subscriptions.....	205		300
Employee benefit programs.....	64		
Insurance (other than health).....	66		400
Mortgage interest (paid to banks, etc.).....	12		
Other interest (not entered elsewhere).....	67		
Janitorial.....	206		
Laundry and cleaning.....	207		200
Legal and professional.....	69		
Miscellaneous.....	208		400
Office expense.....	70		
Outside services.....	209		
Parking and tolls.....	210		200
Pension and profit sharing plans - contributions.....	71		
Pension and profit sharing plans - admin. and education costs.....	53		
Postage.....	211		100
Printing.....	212		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58		
Rent - other.....	72		
Repairs.....	73		500
Security.....	213		
Supplies.....	74		
Taxes - real estate.....	45		
Taxes - payroll.....	41		
Taxes - sales tax included in gross receipts.....	43		
Taxes - other (not entered elsewhere).....	75		
Telephone.....	214		
Tools.....	215		
Travel.....	76		5,000
Total meals and entertainment in full (50%).....	81		2,000
Department of Transportation meals in full (80%).....	86		
Uniforms.....	216		
Utilities.....	77		
Wages.....	78		

Other expenses:

_____	90		
_____	90		
_____	90		
_____	90		
_____	90		
_____	90		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

2010	1040	US	Capital Gains & Losses (Schedule D)					17
If you sold any stocks, bonds, or other investment property in 2010, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.								
No.	Quantity (Box 5)	Description of Property (Box 7)	Date Acquired	Date Sold (Box 1a)	Sales Price (gross or net) (Box 2)	Cost or Basis	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
	847	800	25	26	27	29	28	168
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
								17

2010	1040	US	Adjustments to Income	24
-------------	-------------	-----------	------------------------------	-----------

Please enter all pertinent 2010 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

2010 Amount

2009 Amount

Taxpayer

Spouse

Taxpayer

Spouse

IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....

1

51

Contributions made to date

3

53

1=covered by plan, 2=not covered.....

5

55

2010 payments from 1/1/11 to 4/15/11

8

58

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$5,000/\$6,000 if 50 or older).....

27

77

Contributions made to date

30

80

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....

10

60

Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....

11

61

Defined benefit contributions you expect to make.....

13

63

Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....

12

62

1

1

Plan contribution rate if not .25 (.xxxx).....

501

551

Individual 401k: SE elective deferrals (except Roth) (1=max.)...

44

94

Individual 401k: SE designated Roth contributions (1=max.)...

144

194

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....

22

72

Employer matching rate if not .03 (.xxxx).....

502

552

1=nonelective contributions (2%).....

24

74

Contributions made to date

14

64

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care).....

16

66

2,200

Long-term care premiums.....

26

76

Student loan interest paid (1098-E, box 1).....

23

73

Educator expenses (kindergarten thru grade 12)...

28

78

Jury duty pay given to employer.....

43

93

Expenses from rental of personal property.....

37

87

Other adjustments to income:

19

69

19

69

19

69

Alimony paid:

Taxpayer

Spouse

Recipient's first name....

39.____

89.____

Recipient's last name....

40.____

90.____

Recipient's SSN.....

41.____

91.____

Amount paid

18.____

2009 amt:

68.____

2009 amt:

	24
--	-----------

2010 1040 US Itemized Deductions**25**

Please enter all pertinent 2010 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs.....	4		234
Doctors, dentists and nurses.....	5		300
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		200
Medical miles driven.....	52		499
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

TAXES PAID (State and local withholding and 2010 estimates are automatic.)

State income taxes - 1/10 payment on 2009 state estimate.....	11		
State income taxes - paid with 2009 state extension.....	12		
State income taxes - paid with 2009 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/10 payment on 2009 city/local estimate.....	211		
City/local income taxes - paid with 2009 city/local extension.....	212		
City/local income taxes - paid with 2009 city/local return.....	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....	91		
Use taxes paid on 2010 purchases.....	92		
Use taxes paid with 2009 state return.....	96		
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description.....	801.____		
Vehicle #1 purchase price.....	348.____		
Vehicle #1 sales tax paid.....	347.____		
Vehicle #1 other qualified taxes/fees paid.....	350.____		
Sales tax on autos not included above.....	349		
Sales tax on boats, aircraft, other special items.....	93		

OTHER TAXES PAID

Real estate taxes - principal residence:

_____	15		3,995
_____	15		
_____	15		

Real estate taxes - property held for investment.....	16		39
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..	18		364
Foreign income taxes.....	19		

Other taxes:

_____	20		
_____	20		
_____	20		

25

2010**1040****US****Itemized Deductions (continued)****25** p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2010 Amount**TS****2009 Amount**

_____	21			6,399
_____	21			
_____	21			

Home mortgage interest not reported on Form 1098:

Payee's name	85.____			
Payee's SSN or FEIN ..	86.____			
Payee's street address ..	87.____			
Payee's city, state, ZIP ..	88.____			
Amount paid	22.____			

Points not reported on Form 1098:

_____	23			
_____	23			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39			

Investment interest (interest on margin accounts):

_____	24			
_____	24			
Passive interest	27			
Certain home mortgage interest included above (6251)	30			

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage.
For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

_____	32			388
_____	32			
_____	32			
_____	32			
_____	32			
Volunteer expenses (out-of-pocket)	31			
Number of charitable miles	53			377

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

_____	41			
_____	41			
_____	41			
_____	41			
_____	41			
Volunteer expenses (out-of-pocket)	40			
Number of charitable miles	54			

25 p2

2010 1040 US/CA Itemized Deductions (continued)**25** p3

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONSNOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

goodwill**2010 Amount****TS****2009 Amount**

33			350
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

35			
35			
35			
35			

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

36			
36			
36			
36			

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

42			344
----	--	--	-----

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			

Tax return preparation fee

45			400
----	--	--	-----

Safe deposit box rental

46			40
----	--	--	----

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

47			
47			
47			
47			

Federal only:

109			
109			

State only:

110			
110			

25 p3

