

2010
TAXPAYER ORGANIZER

This easy-to-use organizer has been prepared to assist you in collecting information for your 2010 Individual Income Tax Return. For returning clients, information from your prior year tax return has been listed to serve as a guide in assembling this year's tax data.

Enter this year's information in the area provided on the attached pages. If you need more space, you may use the back of the pages. Line through any preprinted data that does not apply to the current year. If necessary, attach additional sheets with pertinent facts that may not have been requested in this organizer.

If you have any questions, make note of them within the booklet so that we can discuss them when we prepare your tax return.

Please provide all records and necessary information requested, including:

- prior year federal and state return (new client only)
- W-2s for wages, salaries, tips, and pensions
- 1098s for mortgage interest paid to financial institutions
- 1099s for interest, dividends, state tax refunds, and other payments
- K-1s from partnerships, S corporations, estates, and trusts
- additional correspondence from tax agencies, if any

Using this organizer will assist you in compiling complete and accurate tax data that will make it possible to take full advantage of all allowable deductions.

Contact us as soon as possible to schedule an appointment to review your organizer booklet and prepare your 2010 tax return. We appreciate the opportunity to serve you.

Courtesy of
Alpha Omega Accounting LLC
1293 S Harvester Drive
Milliken, CO 80543-
cyndi@alphaomega-acct.biz
(970)344-7298

2010
TAX INFORMATION QUESTIONNAIRE

The following questions help us understand your current year tax situation. If you are filing jointly, each question also applies to your spouse. Please answer each question by circling yes (Y) or no (N). **For every question you answered yes, please provide details in the blank lines at the end of this questionnaire.** If a question does not pertain to you, please circle no. If you require help answering any of these questions, please contact us.

- Y N 1. Electronic filing is mandated for most tax preparers with some exceptions. Do you approve of your tax return being electronically filed?
- Y N 2. Would you like to have an electronic copy of your tax return (PDF file)?
- Y N 3. Would you like to have a paper copy of your tax return?
- Y N 4. Did your marital status change during the year?
- Y N 5. Were you a resident of, or did you have income in, more than one state during the year?
- Y N 6. Do you wish to have \$3 (or \$6 on a joint return) of your taxes applied to the Presidential Campaign Fund (this will not affect the amount of refund or balance due on your tax return).
- Y N 7. On your state tax return, do you wish to make any political contributions or other type of contribution?
- Y N 8. Do you have any dependents living with you or are you supporting anyone not living with you? If yes, provide details if there were any changes to any dependents in your household (marriages, deaths, etc.).
- Y N 9. Did any of your dependent children under age 18 (24 if a college student) have any income (wages, interest, etc.)?
- Y N 10. Are you or any dependents blind and/or disabled? Please provide details including any disability income received.
- Y N 11. Did you incur child care or dependent care expenses?
- Y N 12. Did you cash any series EE or I U.S. Bonds that were issued after 1989 and paid qualified higher education expenses?
- Y N 13. Did you or any member of your household pay educational expenses for post secondary education?
- Y N 14. Did you buy, sell, or trade any assets?
- Y N 15. Outside of W-2 contributions (401k, 403b, etc.) did you contribute to or receive a distribution from any retirement plan or did you convert any retirement funds to Roth funds?
- Y N 16. Did you receive or pay any alimony or separate maintenance payments?
- Y N 17. Did you have any moving expenses?
- Y N 18. If you are self-employed, did you pay any health or long-term care insurance premiums? If yes, were either you or your spouse eligible to participate in an employer-sponsored health or long-term care insurance plan?
- Y N 19. Did you contribute to or receive a distribution from a Health Savings Account?
- Y N 20. Did you receive any COBRA health insurance premium assistance during 2010?
- Y N 21. Did you make cash or noncash charitable contributions?
- Y N 22. Did you make any large purchases or home improvements? (e.g. purchase airplane or vehicles). If yes, provide details of each purchase including the date of purchase, amount of purchase and amount of sales tax paid.
- Y N 23. Did you have any casualty or theft losses?
- Y N 24. Did you have purchasing, selling, refinancing, financing, or foreclosing transactions on your personal residence or any other real estate? If yes, provide the settlement document (HUD-1), Form 1099-S, Form 1099-C or other related documentation if applicable.
- Y N 25. Did you have any debt that was cancelled in 2010? (i.e. debt that you owed to a creditor that you are no longer required to pay). If yes, provide details and copies of any 1099-C received.
- Y N 26. Did you pay COBRA health insurance premiums as a result of becoming unemployed between Sept.

PERSONAL DATA

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

	TAXPAYER		SPOUSE	
First Name				
Last Name				
Title				
Salutation				
SSN				
Occupation				
Birthdate				
Blind	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Permanently and totally disabled ..	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Death Date				
Over age 65	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
E-mail address ..				
	Telephone Numbers	Day or Evening	Telephone Numbers	Day or Evening
Home phone				
Work phone				
Cell phone				
Fax				
President Elect Fd	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
Tuition and fees ..				
AOC expenses ..				
AOC prior years ..				
Credit Type				

Address Apt No _____
 City State _____ ZIP Code _____
 County County / municipal code _____
 School District Name School District number _____
 If this is a military address, enter applicable code: 1 = APO/FPO 2 = Stateside _____

Foreign address
 City State or Province _____
 Country Postal Code .. _____

FILING STATUS

Enter the number that corresponds with the filing status chosen: (1 - 2 - 3 - 4 - 5)

- 1 = Single
 - Claimed as a dependent on someone else's return.
 - Taxpayer claimed as dependent of someone else but qualifies for Education Credit
- 2 = Married Filing Jointly
 - Spouse is claimed as a dependent on someone else's return
- 3 = Married Filing Separately
 - Dual status alien
 - Itemizing required for Schedule A
 - Taking standard deduction
 - Claiming spouse as a dependent
 - Didn't live with spouse entire year
- 4 = Head of Household

Qualifying person's name, social security number, and relationship should be listed on the Dependent Information sheet.
- 5 = Qualifying Widow(er) with Dependent Child

Year spouse died (2008 or 2009) _____

Fill out information below if you want to use Direct Deposit

DIRECT DEPOSIT AND ELECTRONIC FUNDS WITHDRAWAL

Bank name	Routing number	Type of account C / S	Account number

DEPENDENT INFORMATION

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.

	DEPENDENT #1	DEPENDENT #2	DEPENDENT #3	DEPENDENT #4
First Name & Initial				
Last Name if Diff				
Birthdate				
Soc Sec Number				
Relationship				
Ownership Code	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse
# Months in Home				
Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
College Student	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
*Ineligible for CTC	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child Care Expense				
Tuition and Fees				
AOC Expenses				
** Type of Educ Cr				
AOC Prior Years				
*** Status Code				
Insured	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Kidnapped	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
9. Is child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or descendant of any of them? (Yes / No) 9.				
10. Is either of the following true? (1) Child is unmarried or (2) Child is married and can be claimed as taxpayer's dependent? (Yes / No) 10.				
11. Did child live with taxpayer in U.S. for over half the year? (Yes / No) 11.				
13a. Could any other person check Yes on lines 9 through 11 for the child? (Yes / No) a.				
b. What is the child's relationship to the other person(s)? b.				
c. If tie-breaker rules apply, would this child be treated as the taxpayer's qualifying child? (Yes / No) 13c.				
14. Does the child have an SSN that allows him/her to work or is valid for EIC purposes? A qualifying child must have a valid SSN for employment. If "Not Valid for Employment" is printed on the card and the number was issued solely to apply for or receive a federally funded benefit, the child is not eligible for EIC. (Yes / No) 14.				

Number of children listed above who lived at home (default)

Number of children listed above who did not live at home due to divorce or separation

Number of other dependents listed above

*** An entry in this box disallows Child Tax Credit for this child.**

**** Type of Education Credit:** AOC (can only be taken first four years), Lifetime, Tuition & Fees deduction

***** Status Codes:** 0 = Claimed
 1 = Not claiming child this year
 2 = Not claimed but child qualifies for EIC
 3 = Not claimed but qualifying child for Head of Household
 4 = Not claimed but qualifies for Depn Care Benefits (DCB)
 5 = Not claimed but qualifies for both EIC and HOH
 6 = Not claimed but qualifies for both EIC and DCB
 7 = Not claimed but qualifies for HOH and DCB
 8 = Not claimed but qualifies for all three
 9 = Claimed but ineligible for EIC

NOTES:

BUSINESS INCOME

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

GENERAL INFORMATION		2010 AMOUNTS	2009 AMOUNTS
Ownership code (T=Taxpayer, S=Spouse, J=Joint)			
Clergy Schedule C		<input type="checkbox"/> Yes	<input type="checkbox"/>
If Joint Schedule C, taxpayer's ownership percentage		%	
Community property for self-employment purposes		<input type="checkbox"/> Yes	<input type="checkbox"/>
Two-letter state code			
A. Principal business activity			
Principal busn including product or svc A.			
B. Principal business code			
C. Business name			
E. Business street address			
Business city, state, ZIP code	E.		
D. Federal employer identification number	D.		
F. ACCOUNTING METHOD IF NOT CASH	Accrual method	<input type="checkbox"/> Yes	<input type="checkbox"/>
	Other	<input type="checkbox"/> Yes	<input type="checkbox"/>
	Specify other method	F.	
G. Were you a "material participant" in the operation of this business?	G.	<input type="checkbox"/> No	<input type="checkbox"/>
H. Is this the first Schedule C filed for this business?	H.	<input type="checkbox"/> Yes	<input type="checkbox"/>

PART I	INCOME	2010 AMOUNTS	2009 AMOUNTS
	Gross receipts or sales		
1.	Amount is earnings received as a statutory employee	<input type="checkbox"/> Yes	<input type="checkbox"/>
2.	Returns and allowances	()	()
6.	Other income		

PART II	EXPENSES	2010 AMOUNTS	2009 AMOUNTS
8.	Advertising		
9.	Car and truck expenses (see vehicle depreciation organizer)		
10.	Commissions and fees		
11.	Contract labor		
12.	Depletion		
13.	Depreciation and section 179 expense deduction (see depreciation organizer)		
14.	Employee benefit programs		
15.	Insurance (other than health)		
16.	Interest: Mortgage interest (paid to banks, etc.)		
	Other interest		
17.	Legal and professional services		
18.	Office expense		
19.	Pension and profit-sharing plans		
20.	Rent or lease: Vehicles, machinery, and equipment		
	Other business property		
21.	Repairs and maintenance		
22.	Supplies		
23.	Taxes and licenses		
24.	Travel, meals and entertainment: Travel		
	Meals and ent subject to 50% limitation,		
	Meals and entertainment		
25.	Utilities		
26.	Wages less employment credits		
30.	Expenses for busn use of home (see 8829 organizer or attach explanation)		
32.	Amount at risk		

BUSINESS INCOME, CONT'D

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART III		COST OF GOODS SOLD	2010 AMOUNTS		2009 AMOUNTS	
33.	INVENTORY METHOD IF NOT COST	Lower of cost or market	<input type="checkbox"/>	Yes		
		Other	<input type="checkbox"/>	Yes		
		Specify other method 33.				
34.	Was there any change in inventory method?	34.	<input type="checkbox"/>	Yes		
35.	Inventory at beginning of the year	35.				
36.	Purchases	36.				
37.	Cost of items withdrawn for personal use		()	()
	Cost of labor (not salary paid to yourself)	37.				
38.	Materials and supplies	38.				
39.	Other costs	39.				
41.	Inventory at end of the year	41.	()	()

PART IV		INFORMATION ABOUT YOUR VEHICLE	2010 AMOUNTS		2009 AMOUNTS	
43.	Date vehicle was placed in service for business purposes	43.				
44.	Business miles vehicle was driven in 2010	Total commuting miles vehicle was driven		MI		
				MI		
				MI		
45.	Was this vehicle available for use during off-duty hours?	45.	<input type="checkbox"/>	Yes		
46.	Was another vehicle available for personal use?	46.	<input type="checkbox"/>	Yes		
47.	Is there evidence to support your deduction?	If "yes," is the evidence written?	<input type="checkbox"/>	No		
			b. <input type="checkbox"/>	No		

PART V		EXPENSES	2010 AMOUNTS		2009 AMOUNTS	
	Other expenses:					
	Amortization					
	Miscellaneous					
	Oil and gas deduction					
	Postage					
	Telephone (business only)					

NOTES OR QUESTIONS:

BUSINESS USE OF HOME EXPENSES

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
 LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART OF HOME USED FOR BUSINESS		2010 AMOUNTS	2009 AMOUNTS
Spouse's Form 8829 (for Married Filing Separate split return only)			
1. Home area used regularly and exclusively for business, regularly for day care, or for storage of inventory or product samples	1.		
2. Total area of home	2.		
4. Total hours this facility was used for day care	4.		
5. Total hours available for use (if used for day care that was started or stopped this year)			
Part of home used exclusively for day care	5.		

DEDUCTION DESTINATION		2010 AMOUNTS	2009 AMOUNTS
Home expense deduction is associated with: 1 = Schedule C 2 = Schedule F 3 = Form 2106			
Which multiple of the form or schedule selected above?			
For Sch C / K-1 Only: Net gain or loss from business use of home plus gain or loss from business shown on Schedule D or Form 4797			
For Schedule F Only: Business expenses that are NOT from business use of the home			
For Form 2106 Only: Employee net income (Form W-2 wages less other business expenses)			

ALLOWABLE DEDUCTION	DIRECT EXPENSES		INDIRECT EXPENSES	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
9. Casualty losses				
10. Deductible mortgage interest				
Qualified mortgage insurance premium				
11. Real estate taxes				
16. Excess mortgage interest				
17. Insurance				
18. Rent				
19. Repairs and maintenance				
20. Utilities				
21. Other expenses				
24. Operating expenses carryover from 2009 Form 8829, line 42				
28. Excess casualty losses				
30. Carryover of excess casualty losses and depreciation from 2009 Form 8829, line 43				

DEPRECIATION OF HOME		2010 AMOUNTS	2009 AMOUNTS
36. Smaller of home's adjusted basis or fair market value (see depreciation organizer) 36.			
37. Value of land included in home's adjusted basis or fair market value	37.		
Date business use began			

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

	DESCRIPTION OF PROPERTY	LOCATION OF PROPERTY
1. Property description . . .		
City		State <input style="width: 50px;" type="text"/> Zip code <input style="width: 50px;" type="text"/>
Type of activity*:	<input style="width: 100px;" type="text"/>	

2 - Passive rental real estate
 4 - Nonpassive rental real estate
 6 - Self-rental to business in which taxpayer materially participated
 8 - Vacation home

* 1 - Passive rental real estate with active participation
 3 - Real estate professional
 5 - Land lease (nonpassive investment income)
 7 - Not rented for profit (related party for less than FMV rental)
 9 - Royalty (portfolio, nonpassive)

Ownership code (T = Taxpayer; S = Spouse; J = Joint)

Two-letter state code

Final disposition

Rental is part of personal residence

Percent of ownership

	2010 AMOUNTS	2009 AMOUNTS
<input type="checkbox"/> Yes		
<input type="checkbox"/> Yes		
<input type="checkbox"/> Yes		

2. Personally used for 14 days or 10% of total rental days

INCOME	2010 AMOUNTS	2009 AMOUNTS
3. Rents received	3. 2876	
4. Royalties received	4. 2873	

EXPENSES	DIRECT EXPENSES		INDIRECT EXPENSES	
	2010 AMOUNTS	2009 AMOUNTS	2010 AMOUNTS	2009 AMOUNTS
5. Advertising				NEW
6. Auto expense (see vehicle deprec organizer) Other travel expenses				NEW
7. Cleaning and maintenance				NEW
8. Commissions				NEW
9. Insurance				NEW
10. Legal and other professional fees				NEW
11. Management fees				NEW
12. Mortgage interest paid to banks, etc Qualified mortgage insurance		NEW		NEW
13. Other interest				NEW
14. Repairs				NEW
15. Supplies				NEW
16. Taxes				NEW
17. Utilities				NEW
18. Other expenses:				NEW
_____				NEW
_____				NEW
_____				NEW
_____				NEW
Amortization (see depreciation organizer)				NEW
Office in home deduction		NEW		NEW
Oil and gas deduction				NEW
20. Depreciation expense (see deprec organizer)				NEW
Depletion (see depreciation organizer)				NEW

ADDITIONAL EXPENSES

E1 _____

INCOME OR LOSS FROM RENTAL REAL ESTATE, CONT'D

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PRIOR YEAR UNALLOWED LOSSES		2010 AMOUNTS	2009 AMOUNTS
Prior year unallowed loss		()	
Alternative minimum prior year unallowed losses		()	
State	← Prior year loss (if different)	()	
	← Alt min prior year operating loss (if different)	()	

VACATION HOME CARRYOVERS ONLY

Operating expense carryover		
Depreciation carryover		
Alternative minimum depreciation carryover		

E2

INCOME (LOSS) FROM REAL ESTATE MORTGAGE INVESTMENT CONDUITS	2010 AMOUNTS	2009 AMOUNTS
Name		
Ownership code (T = Taxpayer; S = Spouse; J = Joint)		
Employer identification number		
Excess inclusion from Schedules Q (Form 1066), line 2c		
Taxable income (net loss) from Schedules Q (Form 1066), line 1b		
Income from Schedules Q (Form 1066), line 3b		

SUMMARY	2010 AMOUNTS	2009 AMOUNTS
Gross farming and fishing income		
Reconciliation for Real Estate Professionals:		
Net income or (loss) reported anywhere on tax return from material participation under passive activity loss rules		

A

ITEMIZED DEDUCTIONS

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

MEDICAL AND DENTAL EXPENSES	2010 AMOUNTS		2009 AMOUNTS
	TAXPAYER	SPOUSE	
1. Prescription medicines and drugs			
Medical insurance premiums (Medicare premiums are entered with Social Security)			
Medical miles driven in 2010	MI	MI	
LONG TERM CARE ← PREMIUMS	Taxpayer's amount		
	Spouse's amount		
	Dependent's amount 1.		
	Dependent's birth date: 0046		
Doctors, dentists, nurses, and hospitals:			

TAXES PAID	2010 AMOUNTS		2009 AMOUNTS
5. Additional state and local income taxes 5.			
6. Real estate taxes (state and local) (not land held for investment)			
Foreign real estate taxes 6.			
7. Personal property taxes (includes DMV tax based on value) . . . 7.			
8. Foreign income taxes paid 8.			
Other taxes:			

INTEREST PAID	2010 AMOUNTS		2009 AMOUNTS
10. Home mortgage interest and points reported on Form 1098 10.			
11. HOME MORTGAGE INTEREST PAID TO AN INDIVIDUAL NOT REPORTED ON FORM 1098 ←	First name	T, S, J	
	Address _____	<input type="checkbox"/>	
	City, state, zip _____		
	SSN _____		
	FEIN _____ Amount _____		
	Second name	T, S, J	
	Address _____	<input type="checkbox"/>	
	City, state, zip _____		
	SSN _____		
	FEIN _____ Amount _____		
	Third name	T, S, J	
	Address _____	<input type="checkbox"/>	
City, state, zip _____			
SSN _____			
FEIN _____ Amount _____			
Details: _____			
12. Points not reported on Form 1098 12.			
13. Qualified mortgage insurance premiums 13.			
14. Deductible investment interest 14.			

NOTES OR QUESTIONS: (For points, please give details on refinance, terms, and dates.)

A

ITEMIZED DEDUCTIONS, CONT'D

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

CONTRIBUTIONS	2010 AMOUNTS		2009 AMOUNTS
	TAXPAYER	SPOUSE	
16. Gifts made by cash or check:			

Total charitable mileage at 14 cents per mile	MI	MI	
Capital gain contributions limited to 30%			
Contributions limited to 30% of AGI			
Contributions limited to 20% of AGI			
17. Contributions made other than by cash or check: (provide details)			

18. Contribution carryover from prior year			

CASUALTY AND THEFT	2010 AMOUNTS		2009 AMOUNTS
20. Net loss before applying 10% of AGI			
Details: _____			

MISCELLANEOUS DEDUCTIONS SUBJECT TO 2% LIMITATION	2010 AMOUNTS		2009 AMOUNTS
20. Union and professional dues			
Job education			
Form 2106 or Form 2106-EZ			
Other unreimbursed expenses:			

22. Tax return preparation fees			
23. Investment fees			
Safe deposit box			
Other limited miscellaneous deductions:			

OTHER MISCELLANEOUS DEDUCTIONS	2010 AMOUNTS		2009 AMOUNTS
28. Gambling losses			
Other miscellaneous deductions:			

CHILD AND DEPENDENT CARE EXPENSES

CLIENT _____

PLEASE ADD, CHANGE, OR DELETE ANY INFORMATION THAT IS NECESSARY TO UPDATE YOUR FILE FOR 2010.
LAST YEAR'S AMOUNTS ARE PROVIDED FOR YOUR REFERENCE IN THE SHADED AREAS.

PART I - PERSONS OR ORGANIZATIONS WHO PROVIDED THE CARE				
Care Provider's Name	Address (Number, street, apt. no., city, state, and ZIP code)	Identification Number	2010 Amts	2009 Amounts
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		
		SSN		
	Telephone number:	EIN		

PART II - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES		2010 AMOUNTS	2009 AMOUNTS
Record dependent care expenses for each dependent on the Dependent Information sheet.			
4. Pension or annuity from nonqualified deferred compensation plan or nongovernmental section 457(b) plan	4.		
5. Number of months taxpayer was a student or disabled, if applicable	5.		
Number of months spouse was a student or disabled, if applicable			
Worksheet for 2009 Expenses Paid for Dependent Care Expenses in 2010			
1. Amount of 2009 qualified expenses paid in 2009	1.		
2. Amount of 2009 qualified expenses paid in 2010	2.		
4. Care for 2009 was for 2 or more qualifying children	4.	<input type="checkbox"/> Yes	<input type="checkbox"/>
5. Dependent care benefits received for 2009 and excluded from income	5.		
7. Smaller of taxpayer's earned income and spouse's earned income for 2009	7.		
9. Amount on which the credit for 2009 was figured	9.		
11. 2009 adjusted gross income	11.		
Expenses paid for: _____ Name _____ SSN _____			
Explanation of expenses: _____			

PART III - DEPENDENT CARE BENEFITS		2010 AMOUNTS	2009 AMOUNTS
14. Total employer-provided dependent care benefits	14.		
15. Carryover from 2009 that was used in 2010 during the grace period	15.		
16. Forfeited amount of employer-provided dependent care benefits	16.		
18. Qualified expenses incurred in 2010	18.		
20. Taxpayer elects to include nontaxable combat pay	20.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Spouse elects to include nontaxable combat pay		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
23. Amount of depn care benefits received from sole proprietorship or partnership	23.		

NOTES OR QUESTIONS: