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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ".
 TSJ Codes - Enter "T" for taxpayer, "S" for spouse or "J" for joint.



For any question answered Yes, please attach supporting detail or documents.

Personal Information:

- Did your marital status change during 2010?
If married, do you and your spouse want to file separate returns?
Did your address change during 2010?
Can you or your spouse be claimed as a dependent by another taxpayer?

Dependents:

- Were there any changes in dependents from the prior year?
Note: Including non-child dependents for whom you provided more than half the support
Did you pay for child care while you worked or looked for work?
Do you have any children under age 18 with unearned income more than \$950?
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950?
Did you adopt a child or begin adoption proceedings during 2010?

Purchases, Sales and Debt:

- Did you have any debts canceled, forgiven or refinanced during 2010?
Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2010?
Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2010?
Did you sell, exchange or purchase any real estate in 2010? If so, please attach closing statements.
Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan?
Did you pay any student loan interest in 2010?
Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year.
Did you have an outstanding home equity loan at the end of 2010? If so, please provide the principal balance and interest rate at the beginning and end of the year.
Did you take out a home equity loan in 2010?
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?
Did you engage in any put or call transactions? If Yes, please provide details.
Did you close any open short sales during 2010?
Did you sell any securities not reported on your Form 1099-B?



Miscellaneous: (continued)

Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, etc., with a total (aggregate) value in excess of \$13,000 to any individual during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you assist in the purchase of any asset (auto, home) for any individual during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you forgive any indebtedness to any individual, trust or entity during the year?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above gift questions, please complete Form 34 and/or 35 in the back of the Organizer.

Severance/Retirement:

Did you retire or change jobs in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking any distribution?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Sale of Your Home:

Did you sell your home in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>

At the time of the sale, the residence was owned by the: Taxpayer Spouse Both

Additional Information:

For any trust you created or that you are trustee, have any beneficiaries died during 2010?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2010?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2010 Amount Contributed



Miscellaneous: (continued)

Did you engage in any bartering transaction?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$13,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any foreign income or pay any foreign taxes during 2010?	<input type="checkbox"/>	<input type="checkbox"/>

Severance/Retirement:

Did you retire or change jobs in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive deferred, retirement or severance compensation?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the date received (Mo/Da/Yr).

Date

Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account while not taking a distribution?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Sale of Your Home:

Did you sell your home in 2010?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever rent out this property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Additional Information:

For any trust you created or that you are trustee, have any beneficiaries died during 2010?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any contributions to Qualified State Tuition Plans (Section 529 plans) during 2010?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2010 Amount Contributed



Personal Information, Dependent(s) and Wages

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Daytime/Work Telephone Number _____ Evening/Home Telephone Number _____ Cell Phone Number _____ Fax Number _____

Primary Email Address _____ Secondary Email Address _____

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Present Mailing Address:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP code _____

Foreign Country _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Dependent Information:

Did dependent have income over \$3,650? Yes No

First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Relationship to Taxpayer	Months Lived in Your Home	X if Disabled	Yes or No

Please provide the name of any person living with you who is claimed as a dependent on someone else's tax return _____

Please list the years that a release of claim to exemption is given for a dependent child not living with you _____

Wages and Salaries: Please enclose all copies of your current year Forms W-2

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER1	Medicare	State	Local



Electronic Filing

Electronic Filing: Please enclose all copies of your current year Forms W-2

Electronic filing is the means by which your return is transmitted directly to the IRS. Electronic filing is the only filing method that provides you with acknowledgement that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 2 weeks.

Please note that not all returns qualify for electronic filing under IRS rules.

	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your return prepared and filed electronically when you have a balance due?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your federal return filed electronically only if your refund is greater than a certain minimum dollar amount?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the amount here.	<input style="width: 100px; height: 15px;" type="text"/>	
If you qualify, would you like to file your state return electronically?	<input type="checkbox"/>	<input type="checkbox"/>
If you file more than one state, do you want to file all of them electronically?	<input type="checkbox"/>	<input type="checkbox"/>

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

	Yes	No
Would you like to use a randomly generated PIN?		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>

If No, please provide a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Electronic Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited directly into your financial institution account, regardless of the means used to file the return. For balance due returns to be filed electronically, the IRS and many states allow the entire amount due to be paid using electronic withdrawal. If you would like to have your refund deposited directly into your account or pay a balance due by using an electronic withdrawal, please complete the following information.

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Yes	No
-----	----

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)

Owner of account Taxpayer Spouse Joint

Select type of account Checking Trad. Savings IRA Savings HSA Savings
 Archer MSA Savings Coverdell Ed.Savings

Name of financial institution

Financial Institution Routing Transit Number (if known)
(Use the routing number from a check, NOT a deposit slip. They can be different.
The Routing Transit Number must begin with 01 through 12 or 21 through 32.)

Your account number

Do you want your refund deposited directly into your financial institution account?

Yes	No
-----	----

If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?

What amount do you want withdrawn if not the entire balance due?

What date do you want the withdrawal done? (Mo/Da/Yr)



Interest Income and Foreign Information

Please enclose all Forms 1099-INT or other documents for interest received

(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

	Social Security No. of Home Buyer	Code	Tax-Exempt Interest	Investment Expenses
A				
B				
C				
D				
E				

	Federal Withholding	State Withholding	2009 Interest Amount
A			
B			
C			
D			
E			

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

Payer ID	New Hampshire Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it? Yes No



Dividend Income and Foreign Information

5B

Please enclose all Forms 1099-DIV or other documents for dividends received

Dividend Income:

(List all items sold during the year on Form 7.)

TSJ	Source	Form 1099-DIV			Tax-Exempt Interest	2009 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

Box 2a Total Capital Gain Distribution	Form 1099-DIV						
	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it?



Foreign Bank and Financial Accounts

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Passport _____ Yes No
 If not passport, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

Select Account Type	
1	Bank Account
2	Securities Account
3	Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City	State	ZIP/Postal Code	Country
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Last Name or Organization Name	First Name	Middle Initial	Taxpayer ID Number	# of Joint Owners
A				
B				

1 - No financial interest 2A - Joint ownership - spouse is joint owner 2B - Joint ownership - other joint owner

Street Address	City	State	ZIP/Postal Code	Country	Ownership Code
A					
B					

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No
 If Yes, enter name of foreign country _____
 Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it?



Brokerage Statement Details

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

	Savings & Loans, Bank and Other	U.S. Bonds and Obligations	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							

Note: For other amounts not listed, please attach a copy of your brokerage statement.



Consolidated Brokerage Statement

5D

Brokerage Name	TSJ	Account Number
----------------	-----	----------------

Brokerage Address

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5F.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

	Source	Savings/Loans, Bank, and Other	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

	Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	2009 Interest Amount
A						
B						
C						
D						
E						

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Interest is Nontaxable
A		
B		
C		
D		
E		



Consolidated Brokerage Statement Dividend Income and Foreign Information

5E

Dividend Income: (List all items sold during the year on Form 5F.)

	Source	Form 1099-DIV			Tax-Exempt Interest	2009 Gross Dividends Amount
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a		
A						
B						
C						
D						
E						

	Box 2a Total Capital Gain Distribution	Form 1099-DIV						
		Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nontaxable Distributions	Box 4 Federal Withholding	Box 5 Investment Expenses	State Withholding
A								
B								
C								
D								
E								

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
B		
C		
D		
E		



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5F

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Please enclose all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Securities which became worthless

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Kind of Property and Description	Gross Sales Price (Less Commissions)	Cost or Other Basis	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Federal Tax Withheld

Other Income:

Nature and Source	2010 Amount	2009 Amount

Other Adjustments to Income:

Nature and Source	2010 Amount	2009 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2010 Amount	2009 Amount

Foreign Bank Accounts and Trusts:

At any time during 2010, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2010, whether or not you had any beneficial interest in it?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state and ZIP code _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2010:

Did you dispose of this business? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Was there a change in determining quantities, costs or valuations between opening and closing inventory? Yes No
 Were you involved in the operations of this business on a regular, continuous and substantial basis? Yes No

	2010 Amount	2009 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

	2010 Amount	2009 Amount
Gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2010 Amount	2009 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other Costs of Cost of Goods Sold:

Description	2010 Amount	2009 Amount
Ending inventory		

Other Income:

Description	2010 Amount	2009 Amount



Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2010:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

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

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest

Taxes

Fair market value of leased vehicle . .

Vehicle rentals/leases



Business Expenses

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2010 Amount	2009 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses

Amount received for meals and entertainment

2010 Amount	2009 Amount

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business

Description of vehicle

Date vehicle was placed in service

Yes No
 Yes No

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2010	2009

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sale or Exchange of Your Home:

Please attach the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ

Date acquired (Mo/Da/Yr) _____

Date sold (Mo/Da/Yr) _____

Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2

Mileage:

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Number of automobile miles in move

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects

Costs of travel and lodging (do not include meals or automobile expenses)

Automobile expenses (gasoline, oil, etc.)

Meals (Pennsylvania only)

Amount



Individual Retirement Account (IRA):

TS _____
Name of payer _____

IRA Questions for 2010:

Are you covered by an employer's retirement plan?
If no, is your spouse covered by an employer's retirement plan?
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
Did you receive distributions in 2010 from a traditional IRA, Roth IRA or Qualified Education Account?
Did you convert a traditional IRA to a Roth IRA in 2010?
Did you use your IRA as security for a loan this year?
Did you have any transactions with your IRA during the year?
If Yes, please explain.

Table with 2 columns: Yes, No. Rows for each question above.

IRA Values, Rollovers, and Distributions: Please enclose copies of all Forms 1099-R

Total value of all traditional IRAs on December 31, 2010
Outstanding rollovers on December 31, 2010
IRA distributions received during 2010
Total distributions converted to Roth IRAs
Total retirement plans converted to Roth IRAs

Table with 5 rows for inputting values for IRA values and distributions.

Contributions: Please enclose copies of all Forms 5498

IRA:
Contributions in 2010 for the 2010 tax return
Contributions in 2011 for the 2010 tax return
Amount for 2010 you choose to be treated as nondeductible
Roth IRA:
Contributions made for the 2010 tax year

Table with 4 rows for inputting contribution amounts for IRA and Roth IRA.

Pensions and Annuities: Please enclose all Forms 1099-R and any nontaxable distribution details

Table with columns: TSJ, Name of Payer, 2010 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, IRA?, 2009 Gross Distributions.

Self-Employed Retirement Plan: Please enclose copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?
Do you want to contribute the maximum amount allowed?

Table with columns: Taxpayer, Spouse. Rows for Yes/No for each question above.

Contributions to:

Simplified employee pension
Defined benefit plan
Defined contribution plan
SIMPLE plan

Table with columns: 2010 Amount. Rows for each contribution type above.



Rental and Royalty Property and Equipment & Depletion

10A

Location of Property: _____

Property and Equipment: Please attach a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2010 Amount	2009 Amount



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2010:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals and entertainment

2010 Amount	2009 Amount

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service

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

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

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Location of Property: _____

Partial Use of Your Home for Business:

2010

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home. Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home. Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business . . . _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals and entertainment

2010 Amount	2009 Amount

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

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

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

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Activity Name: _____

Partial Use of Your Home for Business:

2010

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Farm Income

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2010:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you dispose of this farm? _____
If Yes, what was the disposition date? _____ (Mo/Da/Yr)

2010 Amount	2009 Amount

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2010		2009	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

Sales of livestock, produce, grains, etc. you raised _____
 Total cooperative distributions (Forms 1099-PATR) _____
 Taxable cooperative distributions _____
 Total agricultural program payments _____
 Taxable agriculture program payments _____
 Total Commodity Credit Corporation (CCC) loans _____
 Total crop insurance proceeds and certain disaster payments received in 2010 _____
 Taxable crop insurance proceeds received _____
 Crop insurance proceeds deferred from prior year _____
 Custom hire (machine work) income _____
 Federal gasoline tax or fuel tax credit or refund _____
 State gasoline tax or fuel tax credit or refund _____

2010 Amount	2009 Amount

Other Income:

Description	2010 Amount	2009 Amount



Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2010:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2010 Miles	2009 Miles
2010 Amount	2009 Amount



Farm Business Expenses

12C

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: **Enter all expenses at 100 percent**

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		

Other Business Expenses:

Description	2010 Amount	2009 Amount

Reimbursements: **Please list only reimbursements NOT reported in Box 1 of your Form W-2**

	2010 Amount	2009 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Vehicle:
If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Farm Business Use of Home

12D

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2010

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Please enclose Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, 1099-G and 1098-E

Miscellaneous Income and Adjustments:

Table with 4 columns: TSJ (blank), 2010 Amount, 2009 Amount, TSJ (blank), 2010 Amount, 2009 Amount. Rows include Taxable pensions and annuities received, Nontaxable pensions and annuities received, Federal withholding on pensions and annuities, State withholding on pensions and annuities, Unemployment compensation received, Unemployment compensation repaid in 2010, Social security benefits received, Social security benefits repaid in 2010, Medicare premiums withheld, Tier 1 railroad retirement benefits received, Tier 1 railroad retirement benefits repaid in 2010, Taxable IRA distributions, Nontaxable IRA distributions, Total lump sum social security received, Lump sum taxable social security, Other federal withholding, Other state withholding, Economic recovery payment received in 2010.

State and Local Income Tax Refunds:

Table with 5 columns: TSJ, State, City, Tax Year, Income Tax Refund (State, Local).

Other Income:

Table with 4 columns: TSJ, Nature and Source, 2010 Amount, 2009 Amount.

Alimony Paid or Received:

Table with 6 columns: TSJ, Recipient's Name, Recipient's Social Security No., Alimony Received?, 2010 Amount, 2009 Amount.



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

Table with 3 columns: TS, 2010 Amount, 2009 Amount

Health Savings Accounts (HSAs)

Table with 4 columns: TS, Description, 2010 Amount, 2009 Amount

Form with questions: Were all distributions from your HSA for unreimbursed medical expenses? Did you or your spouse enroll in Medicare? Includes Yes/No checkboxes and input lines.

Other Adjustments to Income: Please enclose all Forms 1098-E for Student Loan Interest Paid

Table with 4 columns: TSJ, Nature and Source, 2010 Amount, 2009 Amount



Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid (Do not include medicare premiums paid)

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

Cobra assistance premiums in 2010

TSJ	2010 Amount	2009 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

2010 Amount	2009 Amount

Other Medical Expenses:

TSJ	Description	2010 Amount	2009 Amount

Taxes Paid: Please include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2010 Amount	2009 Amount

Real estate taxes paid on U.S. properties are deductible for taxpayers not itemizing in 2010. Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2010 Amount	2009 Amount

Other Taxes Paid:

TSJ	Description	2010 Amount	2009 Amount

If you purchased or sold your home in 2010, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2010:

		Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .		<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, please enclose the closing statement.)		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____			
Did you purchase a new home or sell your former home during the year?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please enclose the closing statements from the purchase and sale of your new and former homes.			
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?		<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2010 Amount	2009 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2010 Amount	2009 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2010 Amount	2009 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2010 Amount	2009 Amount



Cash Contributions:

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity. Attach Forms 1098-C received from the charity.

Table with 4 columns: TSJ, Organization or Description of Contribution, 2010 Amount, 2009 Amount

Table with 4 columns: TSJ, Conservation Real Property, 2010 Amount, 2009 Amount. Includes rows for 100% limit and 50% limit.

Table with 4 columns: TSJ, Description, 2010 Miles, 2009 Miles. Row for Number of miles traveled performing volunteer work for qualified charitable organizations.

Noncash Contributions Totaling Less Than or Equal to \$500:

Table with 4 columns: TSJ, Description of Donated Property, 2010 Amount, 2009 Amount

Noncash Contributions Totaling More Than \$500:

TSJ _____
Description of the donated property _____

Donee organization name _____

Donee organization address _____

Date the property was acquired by the taxpayer (Mo/Da/Yr) _____

Date the property was donated (Mo/Da/Yr) _____

Cost or basis of the donated property []

Fair market value of the donated property []

Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)

- Appraisal Thrift shop value Catalog Comparable sale

Other - please explain _____

Which of the following describes how this donated property was acquired?

- Purchase Gift Inheritance Exchange



Miscellaneous Itemized Deductions:

Union and professional dues
Tax preparation fee
Professional subscriptions
Hobby expense (To extent of income)
Safe deposit box
Uniforms and protective clothing
Work tools
Gambling losses
Estate taxes

Table with 3 columns: TSJ, 2010 Amount, 2009 Amount

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees
Investment expenses
Custodial fees
Employment agency fees
Certain educational expenses

Table with 4 columns: TSJ, Description, 2010 Amount, 2009 Amount

Casualty or Theft Loss:

TSJ
Property description

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
Business use
Income producing
Employee Use
Personal use due to Hurricane Katrina
Personal use attributable to a federally declared disaster
Personal use attributable to Midwestern disaster area
Personal use attributable to Kansas disaster area

Date acquired (Mo/Da/Yr)
Date damaged or lost (Mo/Da/Yr)

- Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



Itemized Deduction - Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2010	2009

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Employee Business Expenses

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

	2010 Amount	2009 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals and entertainment		
Other Business Expenses:		

Description	2010 Amount	2009 Amount

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

	2010 Amount	2009 Amount
Amount received for other expenses		
Amount received for meals and entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No

Vehicle:

If these vehicle expenses are to be divided between Schedule A (Itemized Deductions) and one or more businesses, please enter the percentage to apply to Schedule A _____ %

Description of vehicle _____
Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
Was your vehicle available for personal use during off-duty hours? Yes No

	2010	2009
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2010 Amount	2009 Amount



Employee Business Expenses- Business Use of Home

17A

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2010	2009

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2010 Amount	2009 Amount	2010 Amount	2009 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2009 but paid in 2010
Employer-provided dependent care benefits that were forfeited in 2010
2009 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010		
Expenses incurred and not paid in 2010		

Provider 2:

Name
Street address
City, state and ZIP code
Social security number OR
Employer identification number
Telephone number (California only)

	2010 Amount	2009 Amount
Expenses incurred and paid in 2010		
Expenses incurred and not paid in 2010		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2010 Expenses Incurred	2009 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses. They do not include room, board or books.

Please enclose copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	Grade	2010 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$1,700 or more in 2010? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2009 or 2010? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Federal income tax withheld

Advance earned income credit (EIC) payments

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Table with 2 columns: 2010 Amount, 2009 Amount. Rows correspond to the Social Security and Medicare tax categories.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Total cash wages subject to FUTA tax

Michigan cash wages subject to FUTA tax

Table with 2 columns: 2010 Amount, 2009 Amount. Rows correspond to the FUTA tax categories.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2011

Table with 6 columns: Name of State, State Reporting Number, Taxable Wages, Contribution Paid to Unemployment Fund, X, 2009 Amount.



Refund Application:

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

Refunded Yes No
 Applied to your 2011 estimated tax liability Yes No

Federal Estimated Tax Payments:

2010 1st Quarter Estimate (Due 04-15-2010)
 2010 2nd Quarter Estimate (Due 06-15-2010)
 2010 3rd Quarter Estimate (Due 09-15-2010)
 2010 4th Quarter Estimate (Due 01-18-2011)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2009 overpayment applied to 2010 estimate

Tax Planning Information for Tax Year 2011:

Do you expect any of the following to occur in 2011?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, please provide details.



State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 1st Quarter Estimate
 2010 2nd Quarter Estimate
 2010 3rd Quarter Estimate
 2010 4th Quarter Estimate

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
 amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 1st Quarter Estimate
 2010 2nd Quarter Estimate
 2010 3rd Quarter Estimate
 2010 4th Quarter Estimate

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
 amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010

State and City Estimated Tax Payments:

TSJ ____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2010 1st Quarter Estimate
 2010 2nd Quarter Estimate
 2010 3rd Quarter Estimate
 2010 4th Quarter Estimate

2009 overpayment applied to 2010 estimate

Balance of prior year(s)' tax paid in 2010 plus
 amount paid with 2009 extensions

Estimated tax payments for 2009 paid in 2010



Foreign Employment Information

(Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year (after 1981) that Form 2555 was
 filed to claim either of the exclusions _____

Type of exclusions revoked in prior years _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
Most recent tax home		
First previous tax home		
Second previous tax home		
Third previous tax home		



Foreign Employment Information

(Page 2 of 3)

30A

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____

Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:

Purchased house, Rented house or apartment, Rented room,

Quarters furnished by employer

If any family members lived abroad with you during any part of the tax year, enter their names. Include the dates when the family members lived with you

Relationship	First Name	MI	Last Name	Date Arrived	Date Left	X if Entire Period

Was a statement made to foreign country authorities declaring you were not a resident of their country?	Yes	No
Were you required to pay income tax in that country?	<input type="checkbox"/>	<input type="checkbox"/>
Does the foreign country have an income tax?	<input type="checkbox"/>	<input type="checkbox"/>

State any contractual terms or other conditions relating to the length of employment abroad

What type of visa was used to enter the foreign country?

Explain any limitations of the visa as to length of stay or employment in a foreign country

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address

City

State

ZIP Code

X if rented

Occupants			
First Name	MI	Last Name	Relationship



Foreign Housing Expenses Worksheet

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, please indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			

Other Expenses:

Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses

Total expenses			
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Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

To you	<input type="checkbox"/>	<input type="checkbox"/>
To your family members	<input type="checkbox"/>	<input type="checkbox"/>



Complete for every month even if this may have been your first or last year in the U.S.

Table with columns: Travel To/From the U.S. (Left Foreign Country, Arrived U.S., Left U.S., Arrived Foreign Country), Days in Month, Days Worked In and Outside U.S. (Days Not Worked* (U.S., Foreign), Days Worked** (U.S., Foreign)). Rows for months January to December and a Total row.

* Weekends, holidays, vacation, sick, etc.

** Include weekends and holidays if you worked on these days.

During 2010, in which state(s)/city(ies) did you work? Please list the dates

Table with columns: State/City, From (Mo/Da/Yr), To (Mo/Da/Yr), Days Worked

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2009 ___ 2008 ___



You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2010 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, please indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

Table with columns Taxpayer and Spouse. Rows include Employer: Gross base salary, Tax deferred savings (401K), Bonus - 2010, Bonus - other years, Cost of living allowance, Education, Dependent travel, Housing, Group life insurance, Tax equalization, Foreign taxes reimbursed - 2010, - 2009 and prior years, Moving.

Table with columns Taxpayer and Spouse. Row: Other Allowances - Description

Table with columns Taxpayer and Spouse. Rows include Non-cash Remuneration: Home (lodging), Meals, Car.

For additional employers, please provide details on a continuation sheet.



2009

Calendar grid for 2009 showing months from January to December with days of the week and dates.

2010

Calendar grid for 2010 showing months from January to December with days of the week and dates.

2011

Calendar grid for 2011 showing months from January to December with days of the week and dates.

000431 11-03-10



NOTE: Only complete Forms 34 and/or 35 if in 2010:

- You made gifts of cash or marketable securities to an individual that exceeded \$13,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, please include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, please provide details below.

If your most recent gift tax return was not prepared by us, please include a copy.

For gifts other than cash, please include a copy of any appraisal(s) of assets.

If no appraisal is available, please describe how the value was determined.

For each gift made outright to an individual during the year, please provide the following information:

Gift 1:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			

Gift 2:

Person giving the gift	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Joint
Name of person receiving the gift	_____		
Address of person	_____		
Your relationship to the person (e.g., son, granddaughter or friend)	_____		
Age of the person	_____		
Date(s) of gift(s)	(Mo/Da/Yr) _____		
Description and amount of assets gifted (e.g., \$13,000 in cash or 500 shares of ABC stock)	_____		
Cost basis of assets gifted if other than cash			
Value of assets gifted if other than cash			



NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, please provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., \$13,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, please include a copy of any appraisal(s) of assets. If no appraisal is available, please describe how the value was determined.

Please include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



General Information:

Spouse daytime telephone number (including area code)

Name and address of present employer:

Taxpayer

Spouse

Did you have any business income from operations outside Alabama? ... Yes No

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Alabama for all of 2010, enter the dates you did live in Alabama

Enter the state names other than Alabama for which you had income

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

General use
Automotive vehicles
Farm machinery and equipment

Voluntary Contributions:

Enter the amount you wish to contribute on your 2010 tax return to:

Senior Services Trust Fund
AL Arts Development Fund
AL Nongame Wildlife Fund
Child Abuse Trust Fund
AL Veteran's Program
AL Indian Children's Scholarship Fund
Alabama Organ Center Donor Awareness Fund
Alabama National Guard Foundation Incorporated
Cancer Research Institution
Penny Trust Fund
Foster Care Trust Fund
Mental Health Consumers of Alabama
AL Breast & Cervical Cancer Program
Neighbors Helping Neighbors Fund
AL 4-H Club
Alternative Fuels Fund
Alabama Military Support Foundation

Alabama Election Campaign Fund Contribution - Democratic Party

- Republican Party

Enter Any Additional Alabama Information:

Empty lines for additional information



General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
--------------------	------------------

If you did not live in Louisiana for all of 2010, enter the dates you did live in Louisiana _____

Enter the state names other than Louisiana where you had income _____

Voluntary Contributions:

Enter the amount you wish to contribute on your 2010 tax return to:

Wildlife Habitat and Natural Heritage Trust Fund	
Community Based Primary Health Care Fund	
Louisiana Prostate Cancer Fund	
Louisiana Animal Welfare Commission	
Military Family Assistance Fund	
National Lung Cancer Partnership	
Additional Donation to the Military Family Assistance Fund	
Coastal Protection and Restoration Fund	
Additional Donation to Coastal Protection and Restoration Fund	
The START Program	
Louisiana Chapter of the National Multiple Sclerosis Society	
Additional Donation to Louisiana Chapter of the National Multiple Sclerosis Society	

Disability Credits:

Taxpayer		Spouse	
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Yes	No	Yes	No
-----	----	-----	----

Do you qualify as deaf?

Do you have a loss of limb?

Do you qualify as mentally incapacitated?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dependent Name	X the Applicable Box(es)			
	Deaf	Loss of Limb	Mentally Incapacitated	Blind

Enter Any Additional Louisiana Information:

