

General Information

Filing Status

To optimize between MFS and MFJ status and/or create separate returns based on information entered in a jointly filed return, access [Utilities > Filing Status Optimization](#)

Code (1 - 5)

1 = Single (default)

Nonresident alien single code

2 = Married filing joint

Elect to file joint return with nonresident alien spouse

3 = Married filing separate

Lived apart entire year

Claiming spouse

Nonresident alien married filing separate code

4 = Head of household

Qualifying person name _____

Social security number _____

5 = Qualifying widow(er)

Taxpayer Information

SSN _____

First name _____

Last name _____

Occupation _____

Presidential election campaign fund (1 = Yes, 2 = No, 3 = Blank, w/CP reminder)

Blind

Dependent of another

Meets certain children age 18 through 23 conditions (1 = Yes, 2 = No)

First time filing tax return

Child neither parent is alive (Under 18 or full-time student between 19 and 23)

Date of birth (mm/dd/yyyy) _____

Date of death _____

Daytime telephone/ext number _____

Home/evening telephone number _____

Authorize discussion with IRS (1 = Yes, 2 = No)

Bona fide resident of US possession

Custom paragraph first name if different _____

Salutation: _____

Spouse Information

Residence Information

Address _____

Apartment number _____

City, state, zip _____

Foreign province _____

Foreign country _____

Foreign country code (Electronic filing only)

Address indicator

Special processing _____

Combat zone deployment date _____

In care of addressee/name line 2 (Electronic filing only) _____

Dependents and General

Dependent information \$

Standard/itemized deduction (Force)

1 = Standard, 2 = Itemized

Earned income adjustment for dependent of another

Dual-status code

General footnote \$

Client complexity factor:

Additional

Overall (Force)

Client Contact Information and Third Party Designee

Appointment Information

Appointment date, time, and duration
Next year appointment date, time, and duration
Other appointment information

Client Contact Information

Email address fields link to [Setup > Client Communications](#)

Tax matters person
Taxpayer email address
Spouse email address

	Taxpayer	Spouse
Car telephone number	<input type="text"/>	<input type="text"/>
Fax telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Pager telephone number	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Extension	<input type="text"/>	<input type="text"/>
Preferred method of contact	<input type="text"/>	<input type="text"/>

Client Organizer and Proforma Options

Suppress next year's proforma
Due date of completed organizer
Print blank client organizer (For clients who do not have proforma'd information)
Organizer type options (Organizer type option selected here will override global settings)
Organizer delivery method used (1 = Paper, 2 = Email PDF, 3 = PDF to file, 4 = Web, 5 = None)
Organizer delivery method used in prior year
Organizer presentation used (1 = Classic, 2 = Lite, 3 = Lite with Inc Summary, 4 = Lite with Classic detail, 5 = Lite with Classic detail and Inc Summary)
Organizer presentation used in prior year
Tax return delivery method used (1 = Paper, 2 = Email PDF, 3 = PDF to file, 4 = Web)
Tax return delivery method used in prior year

Third Party Designee

Use this section to report a third party designee other than the designee entered on the [Setup > System Configuration > Preparers](#) tab. Third party designee information will print in the return signature block area. All three fields are required.

Designee PIN (Do NOT enter all zeroes. Enter electronic filing Personal Identification Number (PIN) on Screen PIN)
Designee name
Designee telephone number

Merged Client Information

UltraTax CS supports domestic partner/civil union returns for the following states: CA, CT, DC, IA, MA, NH, NJ, OR, and VT.

Merged data client type Domestic partner Married filing joint
Domestic partner client in prior year

	Taxpayer/Partner #1	Spouse/Partner #2
Client IDs for merged data	<input type="text"/>	<input type="text"/>
Client merge has unresolved errors	<input type="checkbox"/>	<input type="checkbox"/>
Separately list individual returns in DPR transmittal letter	<input type="checkbox"/>	<input type="checkbox"/>

Deposit, Electronic Funds Withdrawal

Direct Deposit/Electronic Funds Withdrawal

Enter electronic funds withdrawal (EFW) account information in this section and requested payment date on Screen ELF. Enter the taxpayer's daytime telephone number on Screen 1040. UltraTax will automatically update the direct deposit information on Form 1040, page 2 when a bank product is selected on Screen RAL. You cannot deposit into multiple accounts when using a bank product.

Primary account:

Routing transit number _____

Name of financial institution _____

Depositor account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA (Traditional, Roth, or SEP-IRA)) _____

Joint account (MFJ only; both names are on the account) _____

Non-US financial institution (International ACH transactions) _____

Refund Allocation Information

Refund allocation (Dollar OR percent):	Dollar	Percent (xxx.xx)	Maximum all bonds \$5,000 Bonds for names on tax return	Dollar (Multiple of \$50)	Percent (xxx.xx)
Direct deposit primary	_____	_____		_____	_____
Direct deposit secondary 1	_____	_____		_____	_____
Direct deposit secondary 2	_____	_____	Bonds other 1	_____	_____
Paper check	_____	_____	Bonds other 2	_____	_____

Refund allocation order (If more than one refund allocation method is used. Methods without data will be ignored): _____

- | | | |
|--|--|--|
| 1 = Direct deposit, bond purchase, paper check | 3 = Paper check, direct deposit, bond purchase | 5 = Bond purchase, direct deposit, paper check |
| 2 = Direct deposit, paper check, bond purchase | 4 = Paper check, bond purchase, direct deposit | 6 = Bond purchase, paper check, direct deposit |

Direct deposit refund (Force) (When total tax is zero and withholding is \$10,000 or more) _____

Secondary Bank Account(s)

Secondary account #1:

Routing transit number _____

Name of financial institution _____

Depositor account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA (Traditional, Roth, or SEP-IRA)) _____

Joint account (MFJ only; both names are on the account) _____

Non-US financial institution (International ACH transactions) _____

Secondary account #2:

Routing transit number _____

Name of financial institution _____

Depositor account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA (Traditional, Roth, or SEP-IRA)) _____

Joint account (MFJ only; both names are on the account) _____

Non-US financial institution (International ACH transactions) _____

Savings Bonds Registration Information

Proforma bond information to 2011 (1 = Bonds purchased other 1, 2 = Bonds purchased other 2, 3 = Both) _____

Bonds purchased other 1:

Owner's name _____

Co-owner or beneficiary name _____

Indicate name is for beneficiary _____

Bonds purchased other 2:

Owner's name _____

Co-owner or beneficiary name _____

Indicate name is for beneficiary _____

Wages

T, S

EIN (Box b)
 Employer's name

General Information

Wage code (1 = Minister, 2 = Military, 4 = National Guard)

Standard/Non-standard W-2 (S = Standard, N = Nonstandard)

Corrected

Current employer

Common reporting agent

Form 2555 allocation code

499R-2/W-2PR (For 1040-SS Only)

Delete on next year's proforma

W2 Facsimile

d	Control number	State ID number	1 Wages, tips	2 Fed W/H
	2nd State ID number	3rd State ID number	3 SS wages	4 SS W/H
	4th State ID number		5 Medicare wages	6 Medicare W/H
c	Employer's address, and ZIP code		7 SS tips	8 Allocated tips
			9 Advanced EIC	10 Dependent care benefits
e	Employee's address, and ZIP code (If different from <u>Screen 1040</u>)		11 Nonqualified plans	12 <input type="checkbox"/>
			13 Statutory employee	Retirement plan <input type="checkbox"/>
				Third-party sick pay <input type="checkbox"/>
	Employee's SSN (If different from <u>Screen 1040</u>)		14 Other <input type="checkbox"/>	
	Employee's Name (If different from <u>Screen 1040</u>)			
	First			
	Last			

State and City Information

15	State	State Use	16 State wages	17 State W/H	18 Local wages	19 Local W/H	Code	20 Name of locality
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ohio code	Name of school district	School dist W/H
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Interest, Dividends, Capital Gain and Losses, REMICs

Schedule B - Interest and Dividend Income

Interest income (Including foreign amounts)					\$	
Seller-financed mortgage interest income					\$	
	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202	
Dividend income <small>Including foreign amounts</small>	\$					
Name of foreign country or possession						
Elect exemption from foreign tax credit limitation						<input type="checkbox"/>
Amount exempt from foreign tax credit limitation (Force)						

Schedule B - Miscellaneous Information

Interest in or signature/authority over foreign account in a foreign country? (1 = Yes, 2 = No)

If yes, enter name of foreign country _____

Receive distribution from or a grantor/transferor to foreign trust? (1 = Yes, 2 = No)

Elect to determine fund basis using average basis (1 = Single category method, 2 = Double category method)

Elect to recognize current income on noninterest-bearing discount bonds

Schedule D Sales of Capital Assets

	Proceeds	Cost/Basis
Schedule for detail	\$	
Unrecaptured section 1250 gain from sale/exchange of Partnership interest		
Unrecaptured section 1250 gain reported on line 11 of section 1250 worksheet		
Unrecaptured section 1250 gain (Other than on K-1s) (AMT amounts, see Screen AMT)		
1202 Corp reported on 1099-DIV		
1202 Corp reported on Form 2439		

Schedule E - REMICs Information

Schedule for detail \$

Pension and Annuity Information

T, S
State

EIN
Payer's name

1099R Facsimile			
Payer's address, and ZIP code <input type="text"/>	1 Gross distribution <input type="text"/>		
Account number (optional) <input type="text"/>	2a Taxable amount <input type="text"/>		
Payee's address, and ZIP code (If different from <u>Screen 1040</u>) <input type="text"/>	2b Taxable amount not determined	Total distribution <input type="text"/>	
	3 Capital gain (included in box 2a) <input type="text"/>	4 Fed W/H <input type="text"/>	
State use <input type="checkbox"/>	5 Employee contributions/designated Roth basis <input type="text"/>	6 Net unrealized appreciation <input type="text"/>	
Amount of rollover <input type="text"/>	7 Distribution code <input type="text"/>	8 Other (xx.xx) % <input type="text"/>	
Qual. charitable distribution <input type="text"/>	IRA/SEP/SIMPLE <input type="text"/>		
Qual. HSA funding distribution <input type="text"/>	9a Percentage of total distribution (xx.xx) % <input type="text"/>		9b Total employee contributions <input type="text"/>
Qual. PSO exclusion <input type="text"/>	10 State W/H State Amount <input type="text"/>	11 Payer's state ID no. <input type="text"/>	12 State taxable amount If different <input type="text"/>
Not from IRA or elective deferral plan (8880) <input type="checkbox"/>	13 Local W/H <input type="text"/>	14 City code Name of locality <input type="text"/>	15 Local distribution (SDE reporting only) <input type="text"/>
Death benefit exclusion <input type="checkbox"/>			Health ins premiums <input type="text"/>
Pre-retirement age disability <input type="checkbox"/>			
Inherited IRA <input type="checkbox"/>			
Loss on annuity <input type="checkbox"/>			
RR tier 2 benefits <input type="checkbox"/>			
Standard/Non-standard <input type="checkbox"/>			
Corrected <input type="checkbox"/>			
Election history <input type="checkbox"/>			
Foreign employer pension <input type="checkbox"/>			
Ministerial pension with housing allowance <input type="checkbox"/>			
Form RRB-1099-R <input type="checkbox"/>			
Delete on next year's proforma <input type="checkbox"/>			

Pension/Annuity Information	
Pension code (1 = General rule, 2 = Simplified method) <input type="checkbox"/>	
Investment/cost in contract <input type="text"/>	
Annuity starting date <input type="text"/>	
Combined ages at annuity starting date <input type="text"/>	
No. of payments expected (Force) <input type="text"/>	
No. of months covered this year if not 12 <input type="text"/>	
Amts rec'd tax free post 1986 <input type="text"/>	
Expected return <input type="text"/>	
First periodic payment amount <input type="text"/>	
No. of payments received this year <input type="text"/>	
Investment recovered in past <input type="text"/>	
Elect to recompute variable annuity exclusion <input type="checkbox"/>	\$ <input type="text"/>

Roth IRA	
Conversion to Roth <input type="checkbox"/>	
Amount of minimum required distribution with Roth conv <input type="text"/>	
Recharacterization type <input type="text"/>	
Original conversion or contribution amount <input type="text"/>	
Contributions (or conversion) made 5 or more years ago <input type="text"/>	
Designated Roth	
1st year of designated Roth contribution <input type="text"/>	
Rollover to Roth IRA <input type="text"/>	
In-plan distribution <input type="text"/>	

Form RRB-1099-R	
RRB-1099-R Box 8 Repayments <input type="text"/>	Treatment for repayments of more than \$3,000 <input type="checkbox"/>

Pension and Annuity Information, Page 2

Payer's name _____

T, S _____
State _____

Form 5329 - Additional Taxes

Enter Part II - Additional Tax on Certain Distributions from Education Accounts on Screen 1099Q
Enter Parts III to VII - Additional Tax on Excess Contributions to IRAs, Education Savings Accounts,
and Health Savings Accounts on Screen 5329

Part I - Additional Tax on Early Distributions:

Early distribution code _____
Multiple exceptions explanation _____
Early distribution exception code _____
Exception amount _____

Part VIII - Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs):

Minimum required distribution _____
Distributions received in current year _____
Request waiver of excise tax due to inadequate minimum required distribution _____

Amended return _____
Print with firm data on form _____

Form 4972 - Lump-Sum Distributions Tax

Averaging method (1 = 10 yr with Cap gain, 2 = 10 yr, 3 = 20% Cap gain) _____
Entire distribution from qualified pension, profit sharing, or stock plan? (1 = Yes, 2 = No) _____
Part of the distribution rolled over? (1 = Yes, 2 = No) _____
Distribution paid to a death beneficiary? (1 = Yes, 2 = No) _____
Plan participant born before 1936 and participant for at least 5 years prior to the distribution? (1 = Yes, 2 = No) _____
Form 4972 used by participant in a prior year? (1 = Yes, 2 = No) _____
Form 4972 used by beneficiary in a prior year? (1 = Yes, 2 = No, Blank = N/A) _____
Include net unrealized appreciation in income _____
Federal estate tax attributable to lump-sum distribution _____

Ministerial Pension with Housing Allowance

Designated housing allowance _____
Actual housing expenses _____
Fair rental value of housing, including utilities _____

Social Security, Tier 1 Railroad Retirement Benefits

T, S
 State

SSA-1099 Facsimile	
Box 3 Benefits Paid in 2010+	Box 4 Benefits Repaid to SSA in 2010+ Box 5 Net Benefits for 2010 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3 Medicare premiums to Schedule A <input style="width: 100%;" type="text"/> Prescription drug (Part D) premiums to Sch A <input style="width: 100%;" type="text"/> State use <input style="width: 100%;" type="text"/> Enter prior year information in Lump sum social security benefits field below	DESCRIPTION OF AMOUNT IN BOX 4 Box 6 Voluntary Federal Income Tax Withheld

+Available for UltraTax CS data mining, not used in tax return preparation

RRB-1099 Facsimile	
	3 Gross Social Security Equivalent Benefit Portion of Tier 1 Paid in 2010+
1 Claim Number and Payee Code+	4 Social Security Equivalent Benefit Portion of Tier 1 Repaid to RRB in 2010+
2 Recipient's Identification Number	5 Net Social Security Equivalent Benefit Portion of Tier 1 Paid in 2010
	6 Workers' compensation Offset in 2010+
	7 Social Security Equivalent Benefit Portion of Tier 1 Paid for 2009 Enter in Lump sum social security benefits field below
	8 Social Security Equivalent Benefit Portion of Tier 1 Paid for 2008 Enter in Lump sum social security benefits field below
	9 Social Security Equivalent Benefit Portion of Tier 1 Paid for Years Prior to 2008 Enter in Lump sum social security benefits field below
	10 Federal Income Tax Withheld
	11 Medicare Premium Total

+Available for UltraTax CS data mining, not used in tax return preparation

Other Information	
Lump sum social security benefits	\$ <input style="width: 100%;" type="text"/>
SSA-1099 State withholding	<input style="width: 100%;" type="text"/>
RRB-1099 State withholding	<input style="width: 100%;" type="text"/>
Taxable SS/Tier 1 RR benefits (Force)	<input style="width: 100%;" type="text"/>

Other Income

Alimony, Unemployment, Other Income

	Taxpayer	Spouse	Fed W/H	State W/H
Alimony received	\$ _____	_____		
Unemployment compensation received	\$ _____	_____	_____	_____
Unemployment compensation repaid	\$ _____	_____		
Other income	\$ _____		_____	_____
Election to include value of restricted property in income in year of transfer				\$ _____

Alaska Permanent Fund Dividends

	Taxpayer	Spouse
Alaska Permanent Fund dividends	\$ _____	_____
Do not include Alaska Permanent Fund dividends on Form 8615		_____

Form 1040-SS

Adjustment to Puerto Rico income (For 1040-SS Only)	_____
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State and Local Tax Refunds

Prior Year Information

State/local income tax refunds

\$ _____

Tax refund worksheet amounts:

Taxpayer

Spouse

2009 adjusted gross income (Form 1040, line 37)	_____	_____
2009 allowable standard deduction	_____	_____
2009 total itemized deductions before limitations	_____	_____
2009 Sch A, total of lines 4, 14, 20, & gambling losses	_____	_____
2009 total allowed itemized deductions (Force)	_____	_____
2009 taxable income	_____	_____
2009 st/loc refund with no tax benefit derived due to AMT	_____	_____
2009 general sales tax deduction election (Schedule A, line 5b)	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
2009 state and local income tax paid (Schedule A, line 5)	_____	_____
2009 deductible general sales tax (General Sales Tax Deduction Worksheet, line 26)	_____	_____
2009 filing status	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
2008 adjusted gross income (Form 1040, line 37)	_____	_____
2008 allowable standard deduction	_____	_____
2008 total itemized deductions before limitations	_____	_____
2008 Sch A, total of lines 4, 14, 20, & gambling losses	_____	_____
2008 total allowed itemized deductions (Force)	_____	_____
2008 taxable income	_____	_____
2008 st/loc refund with no tax benefit derived due to AMT	_____	_____
2008 general sales tax deduction election (Schedule A, line 5b)	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
2008 state and local income tax paid (Schedule A, line 5)	_____	_____
2008 deductible general sales tax (General Sales Tax Deduction Worksheet, line 26)	_____	_____
2008 filing status	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
2007 adjusted gross income (Form 1040, line 37)	_____	_____
2007 allowable standard deduction	_____	_____
2007 total itemized deductions before limitations	_____	_____
2007 Sch A, total of lines 4, 14, 20, & gambling losses	_____	_____
2007 total allowed itemized deductions (Force)	_____	_____
2007 taxable income	_____	_____
2007 st/loc refund with no tax benefit derived due to AMT	_____	_____
2007 general sales tax deduction election (Schedule A, line 5)	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
2007 state and local income tax paid (Schedule A, line 5)	_____	_____
2007 deductible general sales tax (General Sales Tax Deduction Worksheet, line 26)	_____	_____
2007 filing status	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

Miscellaneous Income

T, S, J*
State*

FIN
Payer's name

General Information

Items marked with asterisk (*) are only applicable when Form/Schedule field equals blank or 1040
Fed/State, Federal code, Subject to self employment tax and State use codes will be applied to boxes 1 through 3, 5 through 8 and 14
All other form types will use the equivalent information on the applicable form/schedule's main screen

Activity identification **Form/Schedule** **Unit**
Report income on Schedule C as Gross receipts (Default is Schedule C Other income)
Corrected 1099-Misc+
Federal/State* (Blank = Both, F = Federal, S = State) (Applied to boxes 1 - 3, 5 - 8, and 14)
Federal code* (Applied to boxes 1 - 3, 5 - 8 and 14)
Subject to self employment tax* (1 = Yes, 2 = No) (Applied to boxes 1 - 3, 5 - 8, and 14)
Royalties qualify for capital gain treatment (Box 2 amount)
Taxable crop insurance proceeds received in current year (Box 10 amount)
Do not include box 14 proceeds as other income (Taxable amount is entered elsewhere in the return)
State use* (Applied to boxes 1 - 3, 5 - 8, and 14)
Delete on next year's proforma

1099-MISC Facsimile

Payer's address, and ZIP code+ <input type="text"/> <input type="text"/>		1 Rents <input type="text"/>			
		2 Royalties <input type="text"/>			
Telephone number+ <input type="text"/>		3 Other income <input type="text"/>		4 Federal income tax withheld <input type="text"/>	
		Recipient's federal identification number+ <input type="text"/>		5 Fishing boat proceeds <input type="text"/>	
Recipient's street address+ <input type="text"/>				7 Nonemployee compensation <input type="text"/>	
		Recipient's City, state, and ZIP code+ <input type="text"/>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale+ <input type="text"/>	
Account number (see instructions)+ <input type="text"/>				11 <input type="text"/>	
		Account number (see instructions)+ <input type="text"/>		13 Excess golden parachute payments <input type="text"/>	
15a Section 409A deferrals <input type="text"/>	15b Section 409A income <input type="text"/>			16 State W/H State Amount <input type="text"/>	17 State/Payer's state no. <input type="text"/>

+Available for UltraTax CS data mining and various state reporting purposes, not used in federal tax return preparation

Cancellation of Debt, Abandonment

T, S, J
 State
 Form
 Unit

FIN+
 Creditor's or Lender's name

1099-C Facsimile	
Creditor's address, ZIP code, and telephone number+ <input type="text"/> <input type="text"/>	1 Date canceled <input type="text"/>
Debtor's federal identification number+ <input type="text"/>	2 Amount of debt canceled <input type="text"/>
Debtor's street address+ <input type="text"/> Debtor's city, state, and ZIP code+ <input type="text"/>	3 Interest if included in box 2 <input type="checkbox"/> Deductible
Account number+ <input type="text"/> +Available for UltraTax CS data mining, not used in tax return preparation	4 Debt description+ <input type="text"/> 5 Was borrower personally liable for repayment of the debt? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6 Bankruptcy (if checked) <input type="checkbox"/>
	7 Fair market value of property <input type="text"/>

Cancellation of Debt	
Exclude 100% of canceled debt from income	<input type="checkbox"/>
Box 2 amount excluded from gross income, if not 100%	<input type="text"/>
Reason Box 2 amount is excluded from gross income	<input type="checkbox"/>
Description of other reason (If Reason Box 2 amount is not included in gross income is 5 = Other) <input type="text"/>	

1099-A Facsimile	
Lender's address, city, state, and Zip code+ <input type="text"/> <input type="text"/>	1 Date of lender's acquisition or knowledge of abandonment <input type="text"/>
Borrower's federal identification number+ <input type="text"/>	2 Balance of principal outstanding <input type="text"/>
Borrower's address+ <input type="text"/> Borrower's city, state, and ZIP code+ <input type="text"/>	3 <input type="text"/>
Account number+ <input type="text"/>	4 Fair market value of property <input type="text"/>
	5 Was borrower personally liable for repayment of the debt? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6 Description of property+ <input type="text"/>

Abandoned, Foreclosed, Repossessed Property	
Date acquired	<input type="text"/>
Date property abandoned, repossessed, or disposed	<input type="text"/>
Outstanding debt before transfer of property (If not reported on Box 2 of 1099-A)	<input type="text"/>
Proceeds received from foreclosure sale	<input type="text"/>
Basis of transferred property	<input type="text"/>
Depreciation allowed or allowable	<input type="text"/>
Alternative minimum tax gain/loss adjustment	<input type="text"/>
Treatment	<input type="checkbox"/>
Section 1250 property	<input type="checkbox"/>
Additional section 1250 depreciation after 1975	<input type="text"/>
Applicable percentage (Defaults to 100%) (xxx.xx)	<input type="text"/>
Business use percentage of property (Defaults to 100% if business form/schedule selected)	<input type="text"/>
Property in asset module, do not report Source Data Entry data	<input type="checkbox"/>

Gambling Winnings

T, S
 State

EIN
 Payer's name

General Information

Standard/Non-standard W-2G (S = Standard, N = Nonstandard)

Corrected

State use

Professional gambler

Delete on next year's proforma

W-2G Facsimile

Payer's address, and ZIP code <input type="text"/> <input type="text"/>	1 Gross winnings <input type="text"/>	2 Fed W/H <input type="text"/>
Telephone number <input type="text"/>	3 Type of wager <input type="text"/>	4 Date won <input type="text"/>
Payee's name, address, and ZIP code (If different from <u>Screen 1040</u>) <input type="text"/> <input type="text"/> <input type="text"/>	5 Transaction <input type="text"/>	6 Race <input type="text"/>
<input type="text"/>	7 Identical wager winnings <input type="text"/>	8 Cashier <input type="text"/>
<input type="text"/>	9 TIN <input type="text"/>	10 Window <input type="text"/>
<input type="text"/>	11 First ID <input type="text"/>	12 Second ID <input type="text"/>
<input type="text"/>	13 Payer's state ID no. <input type="text"/>	14 State W/H <input type="text"/>
<input type="text"/>	City Code Name of locality <input type="text"/>	Local W/H <input type="text"/>

Profit or Loss From Business

Unit

EIN

T, S, J

Business name

State

Principal business or profession

Schedule C - General Information

State use code \$

City code/name

State allocation

Business code

Business address (If different from home address on [Screen 1040](#))

City, state, zip code

Accounting method (1 = Cash, 2 = Accrual, 3 = Other)

If other:

Inventory method (1 = Cost, 2 = LCM, 3 = Other)

If other, attach explanation \$

Change in inventory \$

Material participation? (1 = Yes, 2 = No)

Began/acquired business this year

Minister, clergy or religious worker

Self-employment code (Blank = Subject to SE tax, 1 = Statutory employee, 2 = Minister (exempt), 3 = Not SE taxable, 4 = QJV Rental Real Estate)

Health insurance premiums

Long-term care premiums \$

Screen W2 unit# for statutory employee

Statutory employee wages (Force)

Form 2555 allowable % of foreign income (xx.xx)

Form 2555 allocation code

Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold on installment basis)

Income

Gross receipts or sales

Returns and allowances

Other income \$

Other income from recapture:

Section 179 expense deduction allowable in prior years

Section 179 recomputed depreciation

Section 280F expense deduction allowable in prior years (Force)

Section 280F recomputed depreciation (Force)

Cost of Goods Sold

Beginning inventory

Purchases

Labor \$

Materials

Other costs \$

Ending inventory

Profit or Loss From Business - Expenses, Passive, Other

Principal business or profession _____

Unit _____
 T, S, J _____
 State _____

Schedule C - Expenses

Advertising	_____
Car and truck (Force)	_____
Commissions/fees	_____
Contract labor	_____
Depletion (Force)	_____
Depreciation (Force)	_____
Employee benefits	\$ _____
Insurance (Other than health)	\$ _____
Mortgage interest	_____
Interest - other	\$ _____
Legal/professional fees	_____
Office expenses	_____
Pension/profit sharing	\$ _____
Rent - machinery	_____
Rent - other	_____
Repairs/maintenance	_____
Supplies	_____
Taxes/licenses	\$ _____
Travel	_____
Meals and entertainment (100% Subject to 50% limit)	_____
Meals and entertainment (100% Subject to DOT 80% limit)	_____
Meals and entertainment (Fully deductible)	_____
Utilities	_____
Wages (Less employment credit)	\$ _____
Other expenses	\$ _____
Elect to capitalize carrying charges	\$ _____
Suppress carry of Form 8829 interest, qualified mortgage insurance and taxes to Schedule A	_____
Net income for home office #1	_____
Net income for home office #2	_____

Passive Activity and Other Information

State allocation _____	Passive Activity Carryovers	Regular	AMT
Passive activity code _____	Operating	_____	_____
1 = Other passive activity	Sch D - Short-term	_____	_____
2 = Rental real estate with active participation (QJV RRE only)	Sch D - Long-term	_____	_____
3 = No limitation applied	Sch D - 28% rate	_____	_____
4 = Real estate professional (QJV RRE only)	Form 4797 - Part I	_____	_____
5 = Subject to recharacterization (QJV RRE only)	Form 4797 - Part II	_____	_____
Aggregation group _____	Comm revitalization	_____	_____
Include rental with active participation in	Other Carryovers		
Section 179 business income _____	Section 179 carryover	_____	
Significant participation hours _____			
Preference items \$ _____			
Election history \$ _____			

Rent and Royalty Property

Property kind/location _____

Unit _____
 T, S, J _____
 State _____

Rent and Royalty Property - General Information

Type of activity (1 = Rental real estate, 2 = Subject to recharacterization rules, 3 = Royalty) _____

Ownership percentage, if not 100 (xxx.xx) _____

Business use percentage, if not 100 (Not vacation home percentage) (xxx.xx) _____

Suppress carry of interest, qualified mortgage insurance and taxes to Schedule A _____

State use code _____

City code/name _____

State allocation _____

Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold on installment basis) _____

Income

Gross rents _____

Gross royalties _____

Other Income

Prior year Section 179 _____

Recomputed Section 179 _____

Prior year Section 280F _____

Recomputed Section 280F _____

Expenses

	Amount	Percentage (xxx.xx)		Amount	Percentage (xxx.xx)
Advertising	_____	_____	Other interest	\$ _____	_____
Auto (Force)	_____	_____	Repairs	_____	_____
Travel	_____	_____	Supplies	_____	_____
Cleaning & maintenance	_____	_____	Taxes	\$ _____	_____
Commissions	\$ _____	_____	Utilities	_____	_____
Insurance	\$ _____	_____	Depreciation (Force)	_____	_____
Legal & professional	_____	_____	Depletion (Force)	_____	_____
Management fees	\$ _____	_____	Commercial revitalization	_____	_____
Mortgage interest (Form 1098)	_____	_____	Other	\$ _____	_____
Other mortgage interest	\$ _____	_____	Refinancing points paid	\$ _____	_____
Qualified mtg insurance	_____	_____			

Explanation of mortgage interest exceeding Form 1098 amount _____

Other interest - information of others receiving Form 1098 statement _____

Elect to capitalize carrying charges _____

Carry non-business expenses to indicated home office: Form/Schedule _____ Unit _____ Home ID _____

Suppress carry of home office interest, qualified mortgage insurance and taxes to Schedule A _____

Net income for home office #1 _____

Net income for home office #2 _____

Rent and Royalty Property - Vacation Home and Passive

Property kind/location

Unit

T, S, J

State

Vacation Home, Personal Use Information

Use the Asset tab to enter vacation home percentage information applicable to this activity.

Select the Vacation Home Percentage button on the Setup > Activity dialog in the Asset listing.

Allocate interest, qualified mortgage insurance and taxes by the tax court method

Number of days home used personally

Number of days home rented

Number of days home owned (If not 365)

Personal use percentage (Force) (xxx.xx)

Rental portion of casualty and theft losses (Enter total amount after limitations)

Other direct rental expenses

Excess mortgage interest and qualified insurance premiums

Rental portion of excess casualty and theft losses (Enter total amount before limitation)

Carryover of disallowed vacation home operating expenses to 2010

Carryover of disallowed vacation home casualty and depreciation expenses to 2010

If "X", summary data entry suspends asset module transfer to this screen (Remove X to reinstate transfer)

Passive Activity and Other Information

State allocation Passive Activity Carryovers

Passive activity code **Operating** **AMT**

1 = Other passive activity **Sch D - Short-term**

2 = Rental real estate with active participation **Sch D - Long-term**

3 = No limitation applied **Sch D - 28% rate**

4 = Real estate professional **Form 4797 - Part I**

Aggregation group **Form 4797 - Part II**

Include rental with active participation in **Comm revitalization**

Section 179 business income

Preference items \$ Other Carryovers

Election history \$ Section 179 carryover

Farm

Unit
T, S, J
State

EIN

Description

Principal product

Schedule F - General Questions

Accounting method (1 = Cash, 2 = Accrual)

Agricultural activity

Was there material participation in the operation of this business this year? (1 = Yes, 2 = No)

Exclude farm income from self employment tax

Self-employed health insurance premiums

Self-employed long-term care premiums \$

State use code

City code/name

State allocation

Form 2555 allowable % of foreign earned income (xx.xx)

Form 2555 allocation code

Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold on installment basis)

Cash Income Items

Sales of items bought for resale \$

Basis of items bought for resale

Sales of items raised \$

Taxable crop ins rec'd in current year

Elect crop ins deferral to next year \$

Crop ins amt deferred from prior year

Accrual Income Items

Sales \$

Beginning inventory

Cost of products purchased

Ending inventory

Cash and Accrual Income Items

Distributions received from co-ops - total

Distributions received from co-ops - taxable

Agricultural program payments - total

Agricultural program payments - taxable

CRP payments received by retired SSA or SSDI recipients (Included in taxable payments entered above)

CCC loans reported under election \$

Elect to include CCC loans in income

Total CCC loans forfeited

Taxable CCC loans forfeited

Total crop insurance proceeds received in current year

Custom hire (machine work) income

Other income (Include gas or fuel tax credit or refund) \$

Other income from recapture:

- Section 179 expense deduction allowable in prior years**
- Section 179 recomputed depreciation**
- Section 280F expense deduction allowable in prior years (Force)**
- Section 280F recomputed depreciation (Force)**

Received applicable subsidies as defined by the Farm Act of 2008 for excess farm loss

Prior years of farm income or loss for this activity for excess loss calculation \$

Farm - Expenses, Passive, Other Information

Description

Unit

T, S, J

State

Schedule F - Expenses

Car and Truck (Force)	<input style="width: 100%;" type="text"/>
Chemicals	<input style="width: 100%;" type="text"/>
Conservation expenses	<input style="width: 100%;" type="text"/>
Custom hire	<input style="width: 100%;" type="text"/>
Depreciation (Force)	<input style="width: 100%;" type="text"/>
Employee benefits	<input style="width: 100%;" type="text"/>
Feed purchased	<input style="width: 100%;" type="text"/>
Fertilizer/lime	<input style="width: 100%;" type="text"/>
Freight/trucking	<input style="width: 100%;" type="text"/>
Gasoline/fuel/oil	<input style="width: 100%;" type="text"/>
Insurance	<input style="width: 100%;" type="text"/>
Mortgage interest	<input style="width: 100%;" type="text"/>
Interest - other	<input style="width: 100%;" type="text"/>
Labor hired <small>(Less employment credit)</small>	<input style="width: 100%;" type="text"/>
Pension/profit sharing	<input style="width: 100%;" type="text"/>
Rent/lease - machinery	<input style="width: 100%;" type="text"/>
Rent/lease - other	<input style="width: 100%;" type="text"/>
Repairs/maintenance	<input style="width: 100%;" type="text"/>
Seeds/plants	<input style="width: 100%;" type="text"/>
Storage/warehousing	<input style="width: 100%;" type="text"/>
Supplies	<input style="width: 100%;" type="text"/>
Taxes	\$ <input style="width: 100%;" type="text"/>
Utilities	<input style="width: 100%;" type="text"/>
Veterinary, etc.	<input style="width: 100%;" type="text"/>
Other expenses	\$ <input style="width: 100%;" type="text"/>
Preproductive period	<input style="width: 100%;" type="text"/>
Expenses not includible in the excess farm loss calculation	<input style="width: 100%;" type="text"/>
Elect to capitalize carrying charges	\$ <input style="width: 100%;" type="text"/>
Suppress carry of home office interest, qualified mortgage insurance and taxes to Schedule A	<input style="width: 100%;" type="text"/>
Net income for home office #1	<input style="width: 100%;" type="text"/>
Net income for home office #2	<input style="width: 100%;" type="text"/>

Passive Activity and Other Information

		Passive Activity Carryovers	Regular	AMT
State allocation	<input type="checkbox"/>	Operating	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Passive activity code	<input type="checkbox"/>	Sch D - Short-term	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>1 = Other passive activity</small>		Sch D - Long-term	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>3 = No limitation applied</small>		Sch D - 28% rate	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Aggregation group	<input type="checkbox"/>	Form 4797 - Part I	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Significant participation hours	<input type="checkbox"/>	Form 4797 - Part II	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Preference items	\$ <input style="width: 100%;" type="text"/>	Other Carryovers		
Election history	\$ <input style="width: 100%;" type="text"/>	Section 179 carryover	<input style="width: 100%;" type="text"/>	

Schedule K-1, 1065/1120S

EIN
 Name of entity

Unit
 T, S, J
 State

Forms 1065 & 1120S Schedule K-1 - General Information

Type of entity (1 = Partnership, 2 = S corp, 3 = Foreign partnership, 4 = Publicly traded partnership, 5 = Farm partnership, 6 = Foreign farm partnership)

Passive activity code (1 = Other passive, 2 = Rental real estate w/active participation, 3 = No limitation, 4 = Real estate professional)

Qualifies for section 1202 exclusion

Form 2555 share of gross foreign earned income/expenses \$

State use code \$

City code/name

Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold on installment basis)

Partner's / Shareholder's Share of Current Income

	1065	1120S		Federal	State, if different
			Income (Loss)		
1	1		Ordinary business income (loss)	<input type="text"/>	<input type="text"/>
2	3		Net rental real estate income (loss)	<input type="text"/>	<input type="text"/>
3	2		Other net rental income (loss)	<input type="text"/>	<input type="text"/>
4	-		Guaranteed payments (Partnership only)	<input type="text"/>	<input type="text"/>
			Portfolio Income		
5	4		Interest (Enter tax-exempt, AMT and state interest in statement dialog)	\$ <input type="text"/>	<input type="text"/>
6	5		Dividends (Enter qualified, tax-exempt, AMT and state dividends in statement)	\$ <input type="text"/>	<input type="text"/>
7	6		Royalties	<input type="text"/>	<input type="text"/>
			Capital gains (loss) and Section 1231		
8	7		Net short-term capital gain (loss) (Portfolio income)	<input type="text"/>	<input type="text"/>
9a	8a		Net long-term capital gain (loss) (Portfolio income)	<input type="text"/>	<input type="text"/>
9b	8b		Collectibles (28%) gain (loss) (Portfolio income)	<input type="text"/>	<input type="text"/>
9c	8c		Unrecaptured section 1250 gain	\$ <input type="text"/>	<input type="text"/>
10	9		Net section 1231 gain (loss) (Other than casualty)	<input type="text"/>	<input type="text"/>
			Other Income		
11A	10A		Other portfolio income (loss)	<input type="text"/>	<input type="text"/>
11B	10B		Form 4684 long-term loss trade/business	<input type="text"/>	<input type="text"/>
11B	10B		Form 4684 long-term loss income producing	<input type="text"/>	<input type="text"/>
11B	10B		Form 4684 long-term gain	<input type="text"/>	<input type="text"/>
11C	10C		Section 1256 contracts and straddles	<input type="text"/>	<input type="text"/>
11F	10E		Other income (loss) reported on Schedule E	\$ <input type="text"/>	<input type="text"/>
11F	10E		Other income (loss) reported on 1040 Page 1	<input type="text"/>	<input type="text"/>
11F			Form 4797 - Ordinary gains and losses	<input type="text"/>	<input type="text"/>
11F	10E		Net short-term capital gain (loss) (Business)	<input type="text"/>	<input type="text"/>
11F	10E		Net long-term capital gain (loss) (Business)	<input type="text"/>	<input type="text"/>
11F	10E		Collectibles (28%) gain (loss) (Business)	<input type="text"/>	<input type="text"/>
11F	10E		Section 1202 gain (Qualified small business stock)	\$ <input type="text"/>	<input type="text"/>
-	-		Self-charged interest (Passive activity only)	<input type="text"/>	<input type="text"/>

Name of entity _____

Unit _____

T, S, J _____

State _____

Partner's / Shareholder's Share of Deductions

1065	1120S		Federal	State, if different
12	11	Section 179 expense deduction	_____	_____
		Section 179 qualified real property	_____	_____
		Contributions		
13A	12A	Cash contributions (50%)	_____	_____
13B	12B	Cash contributions (30%)	_____	_____
13C	12C	Noncash contributions (50%)	_____	_____
13D	12D	Noncash contributions (30%)	_____	_____
13E	12E	Capital gain property to 50% organization (30%)	_____	_____
13F	12F	Capital gain property (20%)	_____	_____
		Interest Expense		
13H	12H	Investment interest expense - Schedule A	_____	_____
-	-	Investment interest expense - Schedule E	_____	_____
-	-	Debt financed acquisition interest	_____	_____
		Other Deductions		
13I	12I	Royalty expenses	_____	_____
13J	12J	Intangible drilling costs / Section 59(e)(2) (Expensed only)	_____	_____
13K	12K	Portfolio deductions - subject to 2% of AGI limitation	_____	_____
13L	12L	Portfolio deductions - not subject to 2% of AGI limitation	_____	_____
13M	-	Self-employed medical insurance premiums (Partnership only)	_____	_____
-	-	Self-employed long-term care premiums	_____	_____
13O	-	Dependent care benefits	_____	_____
13P	12M	Preproductive period expenses	_____	_____
-	-	Preproductive period expenses expensed	_____	_____
13Q	12N	Commercial revitalization deduction	_____	_____
13S	12O	Reforestation expense	_____	_____
13W	12S	Penalty for early withdrawal	_____	_____
13W	12S	Form 4684 short-term loss income producing	_____	_____
13W	12S	Other deductions	_____	_____
		Domestic Production Activities Information		
13U	12Q	Qualified production activities income - all	_____	_____
-	-	Qualified production activities income - oil-related	_____	_____
13V	12R	Employer's W-2 wages	_____	_____
-	-	Deductions attributable to QPAI - all	_____	_____
-	-	Deductions attributable to QPAI - oil-related	_____	_____

Name of entity _____

Unit _____
 T, S, J _____
 State _____

Itemized Deductions, Withholding, Depletion

1065 1120S			Federal	State, if different
13W	12S	Real estate taxes	_____	_____
-	12S	Medical insurance to Schedule A (Shareholder amounts not on W-2) <small>(For premiums included in the wages of the shareholder eligible for the Self-employed medical insurance deduction, enter wages and health insurance premiums on <u>Screen W2</u>)</small>	_____	_____
		Medical insurance subject to basis limitation	_____	_____
13W	12S	State income tax withheld	_____	_____
		Exclude state income tax withheld from basis calc	_____	
15O	13O	Federal income tax withheld/backup withholding	_____	_____
-	-	Depletion	_____	_____
-	-	Include depletion on Schedule E, page 1 (royalties)	_____	

Self-employment Earnings (Loss)

1065 1120S				
14A	-	Net earnings (loss) from self-employment	_____	_____
14B	17U	Gross farming or fishing income	_____	_____
14C	-	Gross nonfarm income	_____	_____
20Y	-	Conservation reserve pymts to SSA/SSDI recipients	_____	_____

Foreign Transactions

1065 1120S				
16B	14B	Gross income from all sources	_____	_____
16L	14L	Total foreign taxes paid (Sch A only. Use <u>Screen 1116</u> for Form 1116)	_____	_____
16M	14M	Total foreign taxes accrued (Sch A only. Use <u>Screen 1116</u> for Form 1116)	_____	_____
		Foreign taxes claimed as credit not deduction	_____	

Alternative Minimum Tax (AMT) Items

1065 1120S				
17A	15A	Post-1986 depreciation adjustment	_____	_____
		Adjusted gain or loss:		
17B	15B	Section 1231 gain/loss adjustment	_____	_____
17B	15B	Unrecaptured section 1250 gain adjustment	\$ _____	_____
17B	15B	Ordinary gain/loss adjustment	_____	_____
17B	15B	Short-term gain/loss adjustment	_____	_____
17B	15B	Long-term gain/loss adjustment	_____	_____
17B	15B	Collectibles (28%) gain/loss adjustment	_____	_____
-	-	Large partnership AMT adjustment	_____	_____
17C	15C	Depletion (other than oil and gas)	_____	_____
17D	15D	Oil, gas and geothermal properties - gross income	_____	_____
17E	15E	Oil, gas and geothermal properties - deductions	_____	_____
-	-	Excess intangible drilling costs	_____	_____
17F	15F	Depreciation pre '87	_____	_____
17F	15F	Long-term contracts	_____	_____
17F	15F	Tax shelter farm activities	_____	_____
-	-	Circulation expenditures	_____	_____
-	-	Research & experimental	_____	_____

Name of entity _____

Unit
 T, S, J
 State

Items Affecting Basis

1065	1120S		Federal	State, if different
18B	16B	Other tax-exempt income	<input type="text"/>	<input type="text"/>
18C	16C	Nondeductible expenses	<input type="text"/>	<input type="text"/>
19A	-	Cash and marketable securities distributions	<input type="text"/>	<input type="text"/>
19C	16D	Property distributions	<input type="text"/>	<input type="text"/>
-	16E	Repayment of loans from shareholders	<input type="text"/>	<input type="text"/>

Other Information

1065	1120S		Federal	State, if different
20A	17A	Investment income (Automatically computed)	<input type="text"/>	<input type="text"/>
-	-	Investment income adjustment	<input type="text"/>	<input type="text"/>
20B	17B	Investment expenses	<input type="text"/>	<input type="text"/>
20M	17L	Section 179 expense deduction allowable in prior yrs	<input type="text"/>	<input type="text"/>
20M	17L	Section 179 recomputed depreciation	<input type="text"/>	<input type="text"/>
-	-	Section 280F exp deduction allowable in prior yr (Force)	<input type="text"/>	<input type="text"/>
-	-	Section 280F recomputed depreciation (Force)	<input type="text"/>	<input type="text"/>
20M	17L	Received subsidy making farm subject to excess farm loss rules	<input type="text"/>	<input type="text"/>
20M	17L	Prior years income or loss for excess farm loss limitation calculation \$ <input type="text"/>	<input type="text"/>	<input type="text"/>
-	-	Expenses not includible in excess farm loss calculation	<input type="text"/>	<input type="text"/>
State 1065/1120S Section 179 Sale Information			Federal Calculated	State, if different
20L	17K	Capital gain (loss) from pass through sales (Screen K1Sale)	<input type="text"/>	<input type="text"/>
20L	17K	Ord gain (loss) from pass through sales (Screen K1Sale)	<input type="text"/>	<input type="text"/>
20L	17K	Cap gain from pass through like-kind exchange (Screen 8824)	<input type="text"/>	<input type="text"/>
20L	17K	Ord gain from pass through like-kind exchange (Screen 8824)	<input type="text"/>	<input type="text"/>

Unreimbursed Partnership Expenses

S corporation shareholder expenses not expensed by the S corporation are unreimbursed employee business expenses subject to the 2% AGI floor. Enter shareholder unreimbursed business expenses and assets in the Itemized Deductions folder for proper tax treatment.

Unreimbursed partner expenses (Other than depreciation, auto, and home office) \$
 K1 Asset Depreciation, Auto, and Home Office will be treated and included with the unreimbursed partnership expenses and reported on Sch E pg 2.

Suppress carry of home office interest, qualified mtg insurance & taxes to Schedule A

Net income for home office #1

Net income for home office #2

Passive Activity Info and Carryovers, Sec 179 Carryover

	Passive Activity Carryovers	Regular	AMT
Aggregation group <input type="checkbox"/>	Operating	<input type="text"/>	<input type="text"/>
Recharacterization of passive income <input type="checkbox"/>	Sch D - Short-term	<input type="text"/>	<input type="text"/>
Significant participation hours <input type="checkbox"/>	Sch D - Long-term	<input type="text"/>	<input type="text"/>
Include rental with active participation in	Sch D - 28% rate	<input type="text"/>	<input type="text"/>
Section 179 business income <input type="checkbox"/>	Form 4797 - Part I	<input type="text"/>	<input type="text"/>
Other Carryovers	Form 4797 - Part II	<input type="text"/>	<input type="text"/>
Sec 179 carryover <input type="text"/>	Other losses - 1040 pg 1	<input type="text"/>	<input type="text"/>
	Comm revitalization	<input type="text"/>	<input type="text"/>

Name of entity _____

Unit _____
 T, S, J _____
 State _____

Increases to Partner Basis

Calculate Partner Basis Worksheet _____

Beginning of year:	Federal	State, if different
Partner's basis	_____	_____
Partner's AMT basis	_____	_____
Capital contributions cash	_____	_____
Capital contributions property	_____	_____
Current year share of liabilities: (Sch K-1 (1065), Code K)		
Nonrecourse	_____	_____
Qualified nonrecourse financing	_____	_____
Recourse	_____	_____
Prior year share of liabilities: (Prior year Sch K-1 (1065), Code K)		
Nonrecourse	_____	_____
Qualified nonrecourse financing	_____	_____
Recourse	_____	_____
Partnership liabilities assumed during year	_____	_____
Increase in share of partnership liabilities (Force)	_____	_____
Excess depletion deduction over property basis (Other than oil and gas)	_____	_____
Other increases in basis (Not entered elsewhere)	\$ _____	_____

Decreases to Partner Basis

Decrease in share of partnership liabilities (Force)	_____	_____
Depletion up to share of allocated adjusted basis (Oil and gas wells)	_____	_____
Other decreases in basis (Not entered elsewhere)	\$ _____	_____
Gain on complete disposal of partnership (Force)	_____	_____
Gain on complete disposal of sale - AMT if different (Force)	_____	_____
Include capital losses on complete disposal of partnership		_____

Gain Recognized on Excess Distributions

See Partner's Basis Worksheet Page 1, line 34 for calculated recognized gain on excess distribution _____

Recognized gain on excess distribution:

Character of gain (1 = Ordinary, 2 = Short-term capital, 3 = Long-term capital)	_____	_____
Ordinary gain (Force)	_____	_____
Short-term capital gain (Force)	_____	_____
Long-term capital gain (Force)	_____	_____

See Schedule K-1 (1065), Box 19, Code B instructions for additional information

Recognized gain on appreciated property:

Character of gain (1 = Ordinary, 2 = Short-term capital, 3 = Long-term capital)	_____	_____
Amount of gain recognized	_____	_____

See AMT Partner's Basis Worksheet Page 1, line 34 for calculated recognized gain on excess distribution

AMT Recognized gain on excess distribution:

AMT Ordinary gain (Force)	_____	_____
AMT Short-term capital gain (Force)	_____	_____
AMT Long-term capital gain (Force)	_____	_____

Name of entity _____

Unit _____

T, S, J _____

State _____

Partner Basis Carryovers

	Regular		State, if different	
	Regular	AMT	Regular	AMT
Nondeductible expenses	_____	_____	_____	_____
Ordinary business	_____	_____	_____	_____
Rental real estate	_____	_____	_____	_____
Other rentals	_____	_____	_____	_____
Schedule D - Short-term (Portfolio)	_____	_____	_____	_____
Schedule D - Long-term (Portfolio)	_____	_____	_____	_____
Schedule D - 28% rate (Portfolio)	_____	_____	_____	_____
Schedule D - Short-term (Business)	_____	_____	_____	_____
Schedule D - Long-term (Business)	_____	_____	_____	_____
Schedule D - 28% rate (Business)	_____	_____	_____	_____
Form 4797 - Part I	_____	_____	_____	_____
Form 4797 - Part II	_____	_____	_____	_____
Other portfolio losses	_____	_____	_____	_____
Section 1256 contracts and straddles	_____	_____	_____	_____
Other losses - Schedule E	_____	_____	_____	_____
Other losses - 1040 Page 1	_____	_____	_____	_____
Section 179	_____	_____	_____	_____
Portfolio deductions - 2% AGI limitation	_____	_____	_____	_____
Portfolio deductions - no AGI limitation	_____	_____	_____	_____
Investment interest expense - schedule A	_____	_____	_____	_____
Depletion	_____	_____	_____	_____
Deductions - royalty income	_____	_____	_____	_____
Intangible drilling expensed	_____	_____	_____	_____
Preproductive period expenses	_____	_____	_____	_____
Commercial revitalization deduction	_____	_____	_____	_____
Reforestation expense deduction	_____	_____	_____	_____
4684 long-term loss trade/business	_____	_____	_____	_____
4684 long-term loss income producing	_____	_____	_____	_____
4684 short-term loss income producing	_____	_____	_____	_____
Dependent care benefits	_____	_____	_____	_____
Penalty on early withdrawal	_____	_____	_____	_____
Federal income tax withheld	_____	_____	_____	_____
State income tax withheld	_____	_____	_____	_____
SE health insurance premiums	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Other deductions	_____	_____	_____	_____

Name of entity _____

Unit _____
 T, S, J _____
 State _____

Stock Basis In S Corporation

Calculate Shareholder Basis Worksheet

Regulation 1.1367-1(g) election (Election automatically prints if election was not made in prior year)

Election was made in a prior year

Year election was made (For Election Report) _____

Suppress proforma of nondeductible expense carryovers (Only available when Regulation 1.1367-1(g) election has not been made)

	Federal	State, if different
Beginning of year stock basis	_____	_____
Beginning of year stock basis, AMT	_____	_____
Capital contributions	_____	_____
Excess depletion deduction over property basis (Other than oil and gas)	_____	_____
Other stock basis increases	\$_____	_____
Depletion up to share of allocated adjusted basis (Oil and gas wells)	_____	_____
Other stock basis decreases	\$_____	_____
Gain on complete disposal of stock (Force)	_____	_____
Gain on complete disposal of stock - AMT if different (Force)	_____	_____
Include capital losses on complete disposal of stock	_____	_____

Loan Basis In S Corporation

Beginning of year loan basis	_____	_____
Beginning of year loan basis, AMT	_____	_____
Loans to corporation	_____	_____
Other loan basis increases	\$_____	_____
Loan basis restored (Force)	_____	_____
AMT loan basis restored, if different (Force)	_____	_____
Beginning of year loan face amount	_____	_____
Other loan basis decreases	\$_____	_____

Recognized Gain on Excess Distributions & Loan Repayment

See Shareholder's Basis Worksheet Page 1, line 35 for calculated recognized gain on excess distribution

Recognized gain on excess distribution:

Holding period of recognized gain (1 = Short-term capital, 2 = Long-term capital) _____

Short-term capital gain (Force) _____

Long-term capital gain (Force) _____

See Shareholder's Basis Worksheet Page 1, line 42 for calculated recognized gain on repayment of shareholder loan

Recognized gain on repayment of shareholder loan:

Character of gain (1 = Ordinary, 2 = Short-term capital, 3 = Long-term capital) _____

Ordinary gain (Force) _____

Short-term capital gain (Force) _____

Long-term capital gain (Force) _____

AMT Recognized Gains: See AMT Shareholder's Basis Worksheet Page 1 for calculated amounts

AMT Short-term capital gain excess distribution (Force) _____

AMT Long-term capital gain excess distribution (Force) _____

AMT Repayment shareholder loan ordinary gain (Force) _____

AMT Repayment shareholder loan short-term capital gain (Force) _____

AMT Repayment shareholder loan long-term capital gain (Force) _____

Name of entity _____

Unit _____

T, S, J _____

State _____

Shareholder Basis Carryovers

	State, if different			
	Regular	AMT	Regular	AMT
Nondeductible expenses	_____	_____	_____	_____
Ordinary business	_____	_____	_____	_____
Rental real estate	_____	_____	_____	_____
Other rentals	_____	_____	_____	_____
Schedule D - Short-term (Portfolio)	_____	_____	_____	_____
Schedule D - Long-term (Portfolio)	_____	_____	_____	_____
Schedule D - 28% rate (Portfolio)	_____	_____	_____	_____
Schedule D - Short-term (Business)	_____	_____	_____	_____
Schedule D - Long-term (Business)	_____	_____	_____	_____
Schedule D - 28% rate (Business)	_____	_____	_____	_____
Form 4797 - Part I	_____	_____	_____	_____
Form 4797 - Part II	_____	_____	_____	_____
Other portfolio losses	_____	_____	_____	_____
Section 1256 contracts and straddles	_____	_____	_____	_____
Other losses - Schedule E	_____	_____	_____	_____
Other losses - 1040 Page 1	_____	_____	_____	_____
Section 179	_____	_____	_____	_____
Cash contribution - 50% AGI limitation	_____	_____	_____	_____
Cash contribution - 30% AGI limitation	_____	_____	_____	_____
Noncash contribution - 50% AGI limitation	_____	_____	_____	_____
Noncash contribution - 30% AGI limitation	_____	_____	_____	_____
Noncash contr - 50% cap gn / 30% AGI limit	_____	_____	_____	_____
Noncash contribution - cap gn property 20%	_____	_____	_____	_____
Portfolio deductions - 2% AGI limitation	_____	_____	_____	_____
Portfolio deductions - no AGI limitation	_____	_____	_____	_____
Investment interest expense - Schedule A	_____	_____	_____	_____
Depletion	_____	_____	_____	_____
Deductions-royalty income	_____	_____	_____	_____
Intangible drilling expensed	_____	_____	_____	_____
Preproductive period expenses	_____	_____	_____	_____
Commercial revitalization deduction	_____	_____	_____	_____
Reforestation expense deduction	_____	_____	_____	_____
4684 long-term loss trade/business	_____	_____	_____	_____
4684 long-term income producing	_____	_____	_____	_____
4684 short-term loss income producing	_____	_____	_____	_____
Penalty on early withdrawal	_____	_____	_____	_____
Federal income tax withheld	_____	_____	_____	_____
State income tax withheld	_____	_____	_____	_____
Medical insurance premiums	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Other deductions	_____	_____	_____	_____
Foreign taxes	_____	_____	_____	_____

Schedule K-1, 1041

EIN
 Name of entity

Unit
 T, S, J
 State

Form 1041, Schedule K-1 - General Information

Grantor trust
City code/name
Disposition of activity (1 = Entire disposition, 2 = Entire disposition of passive activity sold installment basis)

Income and Directly Allocable Deductions

K1 Code	Federal	State, if different
1 Interest (Enter tax-exempt, AMT and state interest in statement dialog)	\$ <input type="text"/>	<input type="text"/>
2 Dividends (Enter qualified, tax-exempt, AMT and state dividends in statement dialog)	\$ <input type="text"/>	<input type="text"/>
3 Net short-term capital gain	<input type="text"/>	<input type="text"/>
4a Net long-term capital gain	<input type="text"/>	<input type="text"/>
Capital gain from passive activities	<input type="text"/>	<input type="text"/>
4b Net 28% rate gain	<input type="text"/>	<input type="text"/>
4c Unrecaptured section 1250 gain - Trust, RIC, REIT	<input type="text"/>	<input type="text"/>
Unrecaptured section 1250 gain - Partnership interest	<input type="text"/>	<input type="text"/>
5 Other portfolio and nonbusiness income	<input type="text"/>	<input type="text"/>
6 Ordinary business income	<input type="text"/>	<input type="text"/>
7 Net rental real estate income	<input type="text"/>	<input type="text"/>
8 Other rental income	<input type="text"/>	<input type="text"/>
9A Depreciation	<input type="text"/>	<input type="text"/>
9B Depletion	<input type="text"/>	<input type="text"/>
9C Amortization	<input type="text"/>	<input type="text"/>

Grantor Trust Income, Expenses, and Other Information

Net section 1231 gain (loss)
Section 1202 gain subject to 50% exclusion
Section 1202 gain subject to 60% exclusion
Investment interest expense
Investment expenses
Section 179 expense deduction (Grantor trust only)
State and local taxes
Real estate taxes
Other taxes
Charitable contributions
Charitable contribution code
Penalty for early withdrawal of savings

Name of entity _____

Unit _____

T, S, J _____

State _____

Final Year Deductions, AMT Items, and Other Information

K1 Code	Federal	State, if different
10 Estate tax deduction	_____	_____
11A Excess deductions on termination	_____	_____
11B Short-term capital loss carryover	_____	_____
11C Long-term capital loss carryover	_____	_____
11D Net operating loss carryover - regular tax	_____	_____
11E Net operating loss carryover - minimum tax	_____	_____
12A Adjustment for minimum tax purposes	_____	_____
AMT adjustment attributable to:		
12B Qualified dividends (Enter on Screen K1T dividends statement)	_____	_____
12C Net short-term capital gain	_____	_____
12D Net long-term capital gain	_____	_____
12E Unrecaptured section 1250 gain	_____	_____
12F Net 28% rate gain	_____	_____
12G Accelerated depreciation pre '87	_____	_____
12G Accelerated depreciation post '86	_____	_____
12H Depletion	_____	_____
12I Amortization	_____	_____
12J Exclusion items	_____	_____
13A Trust paid fed estimated tax	_____	_____
Trust paid state estimated tax	_____	_____
13B Credit for backup withholding	_____	_____
Credit for state backup withholding	_____	_____
14B Foreign taxes (Schedule A only. Use Screen 1116 for Form 1116)	_____	_____
Foreign taxes claimed as credit not deduction		_____
14C Qualified production activities income- all	_____	_____
Qualified production activities income - oil-related	_____	_____
14D Employer's W-2 wages	_____	_____
Investment income adjustment	_____	_____
Subject to 2% AGI limitation	_____	_____
14F Gross farming or fishing income	_____	_____
Commercial revitalization deduction	_____	_____

Passive Activity and Other Information

Passive activity code	Passive Activity Carryovers	Regular	AMT
1 = Other passive	Operating	_____	_____
2 = Rental real estate with active participation	Sch D - Short-term	_____	_____
3 = No limitation	Sch D - Long-term	_____	_____
4 = Real estate professional	Sch D - 28% rate	_____	_____
Aggregation group	Form 4797 - Part I	_____	_____
Recharacterization of passive income	Form 4797 - Part II	_____	_____
Significant participation hours	Comm revitalization	_____	_____
Include rental with active participation in	Other Carryovers	_____	_____
Section 179 business income	Sec 179 carryover	_____	_____
	<small>Grantor trust only</small>		

Sale of Personal Residence

Description _____

T, S, J

State

Sale of Principal Residence - Sale Information

- Electing to pay tax on entire gain** (No exclusion will be calculated and entire gain will be reported on Schedule D)
- Report on Schedule D if not required**
- Date former home was acquired** _____
- Date former home was sold** _____
- Selling price of home** _____
- Expense of sale** _____
- Basis of home sold** _____
- Surviving spouse that qualifies for full exclusion**
- Buyer's part of real estate tax code/amount** (Form 1099-S Box 5) _____
- 1099-S property in asset detail, do not report Source Data Entry data**
- State use**
- If "X", summary data entry suspends asset module transfer to this screen** (Remove X to reinstate transfer)

Exclusion Information

Information in this section will be ignored if the election to pay tax on entire gain is marked in the Sale Information tab section

- Meet use and ownership test without exceptions** (2 years use within 5 year period preceding sale date)
- Depreciation claimed for periods after May 6, 1997** _____
- Aggregate number of days of nonqualified use after December 31, 2008** _____
- Number of days property was owned** _____

Enter reduced exclusion days ONLY if sale qualifies to claim a reduced maximum exclusion

- | | Taxpayer | Spouse |
|---|----------|--------|
| Reduced exclusion days: (Enter only days within 5-year period ending on sale date) | | |
| Number of days each person used property as main home | _____ | _____ |
| Number of days each person owned property used as main home | _____ | _____ |
| Number of days between date of sale of the other home and this home | _____ | _____ |
| Maximum exclusion amount (Force) | _____ | |

Form 6252 - Current Year Installment Sale

- Mortgage and other debts the buyer assumed** _____
- Total current year payments received** _____
- Related party name** _____
- Address** _____
- City, state, zip code** _____
- Taxpayer identifying number** _____
- Was the property sold a marketable security?** (1 = Yes, 2 = No)
- Date of second sale** _____
- Indicate special condition if applicable** (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)
- Explanation if no tax avoidance purpose** \$
- Selling price of property sold by related party** _____

Prior Year Installment Sale

Description _____

Unit _____

Form _____

T, S, J _____

State _____

Form 6252 - Prior Year Installment Sale General Information

Treatment _____
Section 1250 property _____
Installment sale from like-kind exchange (Section 453(f)(6)) _____
Installment sale of home _____
Sale of auto asset _____
State use _____
Delete on next year's proforma _____

Gross Profit and Contract Price

Date acquired _____
Date sold _____
Gross sales price or insurance proceeds received _____
Mortgage and other debts the buyer assumed _____
Cost or other basis _____
Depreciation allowed or allowable _____
Commissions and other expenses of sale _____
Income recapture from Form 4797 _____
Section 121 exclusion from sale of main home _____
Alternative minimum tax gain/loss adjustment _____

Installment Sale Income

Prior year gross profit percentage (Force) (xxx.xxxx) _____
Prior year gross profit percentage, AMT if different (Force) (xxx.xxxx) _____
Total current year payments received _____
Prior year payments received \$ _____
Balance of unrecaptured section 1250 gain to be taxed _____
Balance of AMT unrecaptured section 1250 gain to be taxed _____
Total ordinary income to recapture (Section 1252, 1254 or 1255 property only) _____
Ordinary income previously recaptured _____
Beginning of year, remaining gross profit (Used for passive loss and AMT adjustments) _____

Related Party Installment Sale Information

Related party name _____
Address _____
City, state, zip code _____
Identifying number _____
Was the property sold a marketable security? (1 = Yes, 2 = No) _____
Date of second sale _____
Special condition if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____
Explanation if no tax avoidance purpose \$ _____
Selling price of property sold by related party \$ _____

Sales

Description _____

Unit _____

Form _____

T, S, J _____

State _____

Forms 4797 and 6252 - General Information

Treatment (A code should be manually entered for all assets not in the asset module) _____

Section 1250 property _____

Sale of auto asset _____

Gross proceeds reported on Form 1099-S or 1099-B (Form 4797, line 1) _____

Buyer's part of real estate tax code/amount (Form 1099-S Box 5) _____

1099-S property in asset detail, do not report Source Data Entry data _____

Disposition due to casualty/theft (Part III assets only: used to determine gains to carry to Form 4684, Sec. B) _____

Postponed gain due to casualty/theft _____

Sale to related party _____

State use _____

Delete on next year's proforma _____

If "X", summary data entry suspends asset module transfer to this screen (Remove X to reinstate transfer) _____

Sale Information

Date acquired _____

Date sold _____

Gross sales price or insurance proceeds received _____

Cost or other basis _____

Commissions and other expenses of sale _____

Depreciation allowed or allowable _____

Alternative minimum tax gain/loss adjustment _____

Form 4797, Part III - Recapture

1250 26(a) **Additional depreciation after 1975** _____

26(b) **Applicable percentage** (Defaults to 100%) (xxx.xx) _____

26(d) **Additional depreciation after 1969** _____

1252 27(a) **Soil, water and land clearing expenses** _____

27(b) **Applicable percentage** (Defaults to 100%) (xxx.xx) _____

1254 28(a) **Intangible drilling and development costs** _____

1255 29(a) **Applicable payments excluded from income under sec 126** _____

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed _____

Total current year payments received _____

Form 6252 - Related Party Installment Sale Information

Related party name _____

Address _____

City, state, zip code _____

Identifying number _____

Was the property sold a marketable security? (1 = Yes, 2 = No) _____

Date of second sale _____

Special condition if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____

Explanation if no tax avoidance purpose _____

Selling price of property sold by related party _____

Traditional and Roth IRA

Traditional IRA

Enter traditional IRA distribution information on Screen 1099R

	Taxpayer	Spouse
Covered by a retirement plan? (1 = Yes, 2 = No)	<input type="checkbox"/>	<input type="checkbox"/>
Have program compute IRA deduction (1 = Deductible only, 2 = Deductible and nondeductible)	<input type="checkbox"/>	<input type="checkbox"/>
Total traditional IRA contribution	_____	_____
Traditional IRA contributions made (Used for custom paragraph)	_____	_____
Adjustment to earned income (For traditional & Roth IRA computation only)	_____	_____
Designated nondeductible contributions (Force)	_____	_____
Designated nondeductible cont made in 2011 for 2010	_____	_____
Traditional IRA basis	_____	_____
Traditional IRA value on 12/31/10 (including rollovers)	\$ _____	_____
Total distribution received on all traditional IRAs (For calculation of Schedule A loss deduction only)	<input type="checkbox"/>	<input type="checkbox"/>
Nondeductible contributions made on or before total distrib rec'd	_____	_____
Nondeductible contributions made after total distribution rec'd	_____	_____
Force (1 = Force address and firm information to print, 2 = Do not print Form 8606)	<input type="checkbox"/>	<input type="checkbox"/>

Roth IRA

Enter Roth IRA distribution information on Screen 1099R

Have program compute maximum Roth IRA contribution	<input type="checkbox"/>	<input type="checkbox"/>
Total Roth IRA contribution	_____	_____
Roth IRA contributions made (Used for custom paragraph)	_____	_____
Adjustment to modified adjusted gross income (For Roth IRA comp only)	_____	_____
Conversion from traditional IRAs to Roth IRAs	<input type="checkbox"/>	<input type="checkbox"/>
Elect out of averaging for traditional IRAs	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA conversion recharacterizations for traditional IRAs	_____	_____
Conversion from qualified retirement plan to Roth IRAs	_____	_____
Elect out of averaging for qualified retirement plans	<input type="checkbox"/>	<input type="checkbox"/>
Roth IRA conversion recharacterizations for qual retirement plans	_____	_____
Roth IRA basis, Form 8606 line 17 (Force)	_____	_____
Roth IRA contribution basis on 12/31/09	_____	_____
Roth IRA contribution recharacterizations	_____	_____
Roth IRA conversion basis on 12/31/09	_____	_____
Roth IRA value on 12/31/10 (including rollovers)	\$ _____	_____
Total distribution received on all Roth IRAs (For calculation of Schedule A loss deduction only)	<input type="checkbox"/>	<input type="checkbox"/>
Contributions made on or before total distribution received	_____	_____
Contributions made after total distribution received	_____	_____
Indicate surviving spouse election	<input type="checkbox"/>	<input type="checkbox"/>
Conversion basis not subject to additional 10% tax (Form 5329 only)	_____	_____

Health, Medical Account Contributions

EIN
 Trustee Name

T, S
 State

5498-SA Facsimile

Trustee's address, and ZIP code+ <input style="width: 95%;" type="text"/>	1 Archer MSA contributions made in 2010 and 2011 for 2010 <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	2 Total contributions made in 2010 <input style="width: 95%;" type="text"/>
Participant's address, and ZIP code+ (If different from Screen 1040) <input style="width: 95%;" type="text"/>	3 Total HSA or Archer MSA contributions made in 2011 for 2010 <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	4 Rollover contribution+ <input style="width: 25%;" type="text"/> 5 FMV of HSA, Archer MSA, or MA MSA <input style="width: 25%;" type="text"/>
Account number+ <input style="width: 25%;" type="text"/>	6 HSA (Form 8889) <input style="width: 25%;" type="text"/> Archer MSA (Form 8853) <input style="width: 25%;" type="text"/> Medicare Advantage MSA (Form 8853) <input style="width: 25%;" type="text"/>

+Available for UltraTax CS data mining, not used in tax preparation

Additional Information

Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)

Number of months in qualified high deductible health plan

Have program compute maximum allowable contribution

Total HSA/MSA contribution to be made for 2010

HSA/MSA limitation (Force)

Excess contributions for 2009 taken as constructive contributions for 2010

Delete on next year's proforma

Form 8853 - Medical Savings Account

Amount of annual deductible

Employer maintaining high deductible plan

Compensation from employer maintaining HDHP (Force)

Self-employed activity identification Form/Schedule Unit

Earned income from activity for which the plan was established (Force)

Form 8889 - Health Savings Account

HDHP in effect for December 2010 (1 = Yes, 2 = No)

Taxpayer contributions for 2010 (Force)

Qualified HSA funding distribution from health flexible spending arrangement (FSA)

Qualified HSA funding distribution from health reimbursement arrangement (HRA)

Form 8889, line 6 (Force)

Employer contributions (Force)

Health, Medical Account Distributions

T, S
State

EIN
Trustee Name

1099-SA Facsimile		
Trustee's/Payer's address, and ZIP code+ <input style="width: 95%;" type="text"/>	1 Gross distribution <input style="width: 95%;" type="text"/>	2 Earnings on excess contributions <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	3 Distribution code <input style="width: 95%;" type="text"/>	4 FMV on date of death <input style="width: 95%;" type="text"/>
Recipient's address, and ZIP code+ (If different from Screen 1040) <input style="width: 95%;" type="text"/>	5 HSA (Form 8889) <input type="checkbox"/> Archer MSA (Form 8853) <input type="checkbox"/> MA MSA (Form 8853) <input type="checkbox"/>	
Account number+ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
+Available for UltraTax CS data mining, not used in tax preparation		

Additional Information	
Portion of gross distribution rolled over or a withdrawal of excess contributions	<input style="width: 95%;" type="text"/>
Unreimbursed qualified medical expenses	<input style="width: 95%;" type="text"/>
Amount of exception to additional tax (Force)	<input style="width: 95%;" type="text"/>
If distribution due to death of account holder, enter qualified decedent medical expenses	<input style="width: 95%;" type="text"/>
If MA (Medicare Advantage) MSA, enter value of account on 12/31/09	<input style="width: 95%;" type="text"/>
Delete on next year's proforma	<input type="checkbox"/>

Form 8889 Maintenance of Coverage	
HDHP coverage started in 2009 and in effect for December 2009 (1 = Yes, 2 = No)	<input type="checkbox"/>
HDHP coverage ended before 12/31/10 (1 = Yes, 2 = No)	<input type="checkbox"/>
Date HDHP coverage began <input style="width: 30%;" type="text"/>	Date HDHP coverage ended <input style="width: 30%;" type="text"/>
Total HSA deductions for 2009	<input style="width: 95%;" type="text"/>
HSA limitation for 2009 (Force)	<input style="width: 95%;" type="text"/>
Qualified HSA distributions	<input style="width: 95%;" type="text"/>
Date of qualified HSA funding distribution	<input style="width: 30%;" type="text"/>
Qualified HSA funding distribution	<input style="width: 95%;" type="text"/>
Amount of HSA exceptions to 10% tax	<input style="width: 95%;" type="text"/>

1099-LTC Long Term Care Benefits	
Policyholder's identification number + <input style="width: 95%;" type="text"/>	1 Gross long-term care benefits paid <input style="width: 95%;" type="text"/>
Insured's social security number <input style="width: 30%;" type="text"/>	2 Accelerated death benefits paid <input style="width: 95%;" type="text"/>
Insured's name <input style="width: 30%;" type="text"/>	3 Check one: Per diem <input type="checkbox"/> Reimbursed amount <input type="checkbox"/>
4 Qualified contract <input type="checkbox"/>	5 Check, if applicable: Chronically ill <input type="checkbox"/> Terminally ill <input type="checkbox"/>

Are there other individuals who received LTC payments during 2010? (1 = Yes, 2 = No)	<input type="checkbox"/>
If the insured is terminally ill, were payments received on account of terminal illness? (1 = Yes, 2 = No)	<input type="checkbox"/>
Number of days during the long-term care period	<input style="width: 95%;" type="text"/>
Costs incurred for qualified long-term care services during the long-term care period	<input style="width: 95%;" type="text"/>

Moving Expenses

Description _____

Unit _____

T, S, J _____

State _____

Form 3903 - Moving Expenses

City code _____

Form 2555 allocation code _____

Armed forces move _____

Number of miles from old home to new workplace _____

Number of miles from old home to old workplace _____

Move is outside United States or its possessions _____

Transportation and storage expenses _____

Travel and lodging (not including meals) _____

Total amount reimbursed for moving expenses (Force) _____

Keogh, SEP, and SIMPLE Plan Contributions

Description _____

Unit _____

Form _____

T, S _____

State _____

Keogh, 401(k), SEP, and SIMPLE Contributions

Select the folder of the activity to which the plan relates.

Use the Screen Keogh in the 1040 Adjustments folder only if related to other SE income entered on Screen Income in the Income folder.

Compute maximum allowable contribution (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____

Limitation percentage (Force) (xx.xx) _____

Adjustment to earned income (For Keogh/401(k)/SEP/SIMPLE computation only) _____

Use the fields below to calculate the allowable contribution in lieu of the program computing the maximum allowable contribution

Total Keogh contributions _____

Total Solo 401(k) contributions (Do not include SIMPLE 401(k) contributions) _____

Total SEP contributions _____

Total SARSEP contributions _____

Total defined benefit plan contributions _____

Total contributions made to a profit-sharing plan _____

Total contributions made to a money purchase plan _____

Total contributions to SIMPLE 401(k) plan (Do not include matching contributions) _____

Total contributions to SIMPLE IRA (Do not include matching contributions) _____

SIMPLE employer matching contributions (Force) _____

Catch-up Contributions

Enter catch-up contributions only if the plan participant is age 50 or over by the end of the tax year

Include catch-up contribution in computing maximum allowable contribution _____

Catch-up contribution - Solo 401(k)/SARSEP _____

Catch-up contribution - SIMPLE plans _____

SIMPLE employer matching catch-up contributions (Force) _____

Elective Deferrals

Include elective deferral in computing maximum allowable contribution _____

Elective deferral amounts - Solo 401(k)/SARSEP (excluding catch-up contributions) _____

Elective deferrals designated as Roth contributions (including catch-up contributions) _____

Domestic Production Deduction

Description _____

Unit _____

Form _____

T, S, J _____

State _____

Current Year Deduction

	Oil-Related	Total
Domestic production gross receipts (DPGR)	_____	_____
Allocable cost of goods sold	_____	_____
Deductions and losses allocable or ratably apportioned to DPGR	_____	_____
Form W-2 wages		_____
Domestic production activities deduction from cooperatives		_____
Individual allowed to use the small business simplified overall method		_____
Loss allowed percentage (Force) <small>(xxx.xx)</small>		_____

Prior Year Suspended Deduction

Allocable cost of goods sold		_____
Deductions and losses allocable or ratably apportioned to DPGR		_____
Flow-through qualified production activities income		_____
Suspended loss allowed percentage (Force) <small>(xxx.xx)</small>		_____

Other Adjustments

Form 1040 Page 1 Adjustments

	T/S	Recipient SSN	Amount
Alimony paid	\$		
		Taxpayer	Spouse
Educator expenses (Amounts entered over \$250 per person will flow to Schedule A)	\$		
Self-employed health insurance premiums (Not entered elsewhere)	\$		
Self-employed long-term care premiums (Not entered elsewhere)	\$		
Screen W2 unit# under IRC Sec. 318(a)(1) family attribution rules <small>(For Form 1040, page 1 self-employed health insurance deduction)</small>			
Other adjustments	\$		

Dual-Status Statement Information

Other statement income (Enter income from 1040 or 1040NR dual-status statement)	\$	
Filing 1040 with 1040NR statement		
Income from 1040NR statement		
Tax on income not effectively connected with US trade/business (Force)		
1040NR federal income tax withheld adjustment		

Student Loan, Tuition and Fees Deduction, Education Credits

Form 8815 - Exclusion of Interest from Series EE and I Bonds

Enrollee and institution information:	Qualified expenses	\$	_____
	Nontaxable benefits		_____
Total proceeds from Series EE and I bonds issued after 1989 and cashed in 2010			_____
Interest income from Series EE and I bonds (Force)			_____

Student Loan Interest Deduction

Qualified education loan interest paid in 2010	T/S	\$	_____
Adjustment to modified adjusted gross income			_____
Dependent of another but claiming student loan interest deduction			_____

Tuition and Fees Deduction and Education Credits

To optimize between the education deduction or credits, enter eligible student information here. The optimization will occur during a print preview or when selecting [File > Print Returns](#).

	T/S	Qualified Expenses
Eligible student information	\$	_____
Exclude state(s) net due/-overpayment in education expense optimization		_____
Adjustment to modified adjusted gross income		_____
Tax from recapture of prior year education credits		_____
Dependent of another claiming education credit (Parent not claiming dependent even though eligible)		_____

Education Program Payments

T, S
State

EIN
Payer's/Trustee's name

General Information	
Type of account (1 = Private QTP, 2 = State QTP, 3 = ESA)	<input type="checkbox"/>
Relationship to account (1= Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	<input type="checkbox"/>
Final distribution	<input type="checkbox"/>
Corrected	<input type="checkbox"/>
Delete on next year's proforma	<input type="checkbox"/>

1099Q Facsimile		
Payer's/Trustee's address, and ZIP code <input type="text"/> <input type="text"/> Telephone number <input type="text"/>	1 Gross distribution <input type="text"/>	
	2 Earnings <input type="text"/>	
Recipient's TIN <input type="text"/>	3 Basis <input type="text"/>	4 Trustee-to-trustee transfer <input type="checkbox"/> Amount of rollover <input type="text"/>
Recipient's address, and ZIP code (If different from Screen 1040) <input type="text"/> <input type="text"/>	5 Check one: Section 529 program -- Private <input type="checkbox"/> or State <input type="checkbox"/> Coverdell ESA <input type="checkbox"/>	6 Check if the recipient is not the designated beneficiary <input type="checkbox"/>
Account number (optional) <input type="text"/>		

Contributions	
Beneficiary's SSN	<input type="text"/>
Beneficiary's first name	<input type="text"/>
Beneficiary's last name	<input type="text"/>
Amount contributed in current year	<input type="text"/>
Have program calculate maximum ESA contribution	<input type="checkbox"/>
Basis of this account on 12/31/09	<input type="text"/>
Value of this account on 12/31/10	<input type="text"/>
Form 5329, Part II exception amount	<input type="text"/>
Adjustment to modified adjusted gross income (For education savings account contribution only)	<input type="text"/>
State use	<input type="checkbox"/>
Account number (For states: AR / CT / IL / IN / MD / VA)	<input type="text"/>

Payments from QTPs/ESAs	
Adjusted qualified education expenses	<input type="text"/>
Elementary and secondary education expenses	<input type="text"/>
Distribution by beneficiary of previously taxed contributions	<input type="text"/>
Other current year adjustments to basis	<input type="text"/>

At-Risk Limitations

Description

Unit

Form

T, S, J

State

Amount At-Risk

AMT at-risk amount fields DO NOT default to Regular at-risk amount fields. Blank AMT at-risk amount fields are treated as zero.

Beginning at-risk code (1 = Adjusted basis (simplified), 2 = Investment in activity (detailed), 3 = 2009 Form 6198 line 19b (detailed))

State allocation

	Regular	AMT	Regular State, if different	AMT State, if different
Beginning at-risk amount	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
At Effective Date				
Increase in at-risk	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Decrease in at-risk	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Since Effective Date or 12/31/09				
Increase in at-risk	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Decrease in at-risk	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Guaranteed payments (Force)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Total losses deducted in prior years beginning after 1978	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Amounts previously included in gross income	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Exclude recourse partnership liabilities from the detailed computation of at-risk section

Carryover At-Risk

AMT at-risk amount fields DO NOT default to Regular at-risk amount fields. Blank AMT at-risk amount fields are treated as zero.

	Regular	AMT	Regular State, if different	AMT State, if different
All At-Risk Entities				
Operating				
Schedule D - Short-term (Portfolio)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Schedule D - Long-term (Portfolio)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Schedule D - 28% rate (Portfolio)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Schedule D - Short-term (Business)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Schedule D - Long-term (Business)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Schedule D - 28% rate (Business)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Form 4797 - Part I	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Form 4797 - Part II	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Section 179	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Commercial revitalization deduction	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

At-Risk Limitations, Page 2

Description

Unit

Form

T, S, J

State

Carryover At-Risk, Schedule K-1

State allocation

Schedule K-1 Entities Only	Regular	AMT	Regular State, if different	AMT State, if different
Nondeductible expenses	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Rental real estate	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Other rentals	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Other portfolio losses	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
1256 contracts and straddles	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Other losses - Sch E	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Other losses - 1040 Page 1	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Cash charitable contributions				
Subject to 50% AGI limitation	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Subject to 30% AGI limitation	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Noncash charitable contributions				
Subject to 50% AGI limitation	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Subject to 30% AGI limitation	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
50% cap gain subj to 30% AGI limit	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Capital gain property 20%	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Portfolio deductions				
Subject to 2% AGI limitation	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Not subject to 2% AGI limitation	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Investment interest expense				
Schedule A <small>(Allowed by prior year Form 4952)</small>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Depletion	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Deductions - royalty income	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Intangible drilling expenses	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Preproductive period expenses	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Reforestation expense deduction	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
4684 long-term loss trade/business	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
4684 long-term loss income producing	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
4684 short-term loss income producing	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Dependent care benefits	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Penalty on early withdrawal	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Federal tax withheld	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
State income tax withheld	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Medical insurance premiums	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Real estate taxes	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Other deductions	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Foreign taxes	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>

Itemized Deductions

Medical Expenses

	TSJ	Amount		TSJ	Amount
Medical and dental expenses	\$	<input type="text"/>	Prescription drugs	\$	<input type="text"/>
Insurance premiums <small>Other than items entered elsewhere</small>	\$	<input type="text"/>	Medical miles driven (.165)		<input type="text"/>
Long-term care premiums <small>Other than items entered elsewhere</small>	\$	<input type="text"/>	Elect to deduct decedent's medical expenses	\$	<input type="text"/>

Tax Expenses

	TSJ	Amount		TSJ	Amount
State and local income tax <small>Other than amounts entered elsewhere</small>	\$	<input type="text"/>	Sales Tax Information		
'09 income taxes paid in '10	\$	<input type="text"/>	Resident state/rate (For IRS table value)		<input type="text"/>
Real estate	\$	<input type="text"/>	Additional state/locality information		
Personal property	\$	<input type="text"/>		\$	<input type="text"/>
Other taxes	\$	<input type="text"/>	Major purchases	\$	<input type="text"/>
Qualified new motor vehicle taxes (Paid in '10 on '09 purchase)		\$	Actual expenses	\$	<input type="text"/>
Adjustment to modified AGI <small>For New Motor Vehicle Tax Deduction only</small>		<input type="text"/>	Non-taxable income	\$	<input type="text"/>
			<small>Other than amounts entered elsewhere</small>		
			Force st/local income or sales tax deduction		<input type="text"/>
Do not include refundable portion of refundable tax credits allowed per Notice 2005-31					

Interest Expenses

	TSJ	Amount		TSJ	Amount
Home mortgage interest:			Prepaid mortg insurance	\$	<input type="text"/>
From Form 1098	\$	<input type="text"/>	Refinancing points paid	\$	<input type="text"/>
Other	\$	<input type="text"/>	Investment interest	\$	<input type="text"/>
Other person(s) who received Form 1098		\$	<small>Other than on K-1s</small>		

Charitable Contributions

	TSJ	Amount		TSJ	Amount
Cash or check	\$	<input type="text"/>	Noncash contributions	\$	<input type="text"/>
Miles driven (.14)		<input type="text"/>	Goodwill		<input type="text"/>
			Salvation Army		<input type="text"/>

Miscellaneous Expenses

Subject to 2% Limitation			Not Subject to 2% Limitation		
	TSJ	Amount		TSJ	Amount
Unreimbursed employee exp	\$	<input type="text"/>	Other expenses	\$	<input type="text"/>
Union dues (Force)	\$	<input type="text"/>	Bond premium amort	\$	<input type="text"/>
Tax preparation		<input type="text"/>	Gambling losses	\$	<input type="text"/>
Other expenses	\$	<input type="text"/>	Elect to capitalize carrying charges		\$
Hobby expenses	\$	<input type="text"/>			
Safe deposit box rental		<input type="text"/>			
Investment expenses	\$	<input type="text"/>			
Suppress carry of home office interest, qualified mortgage insurance, and taxes to Schedule A					
Net income for home office #1					<input type="text"/>
Net income for home office #2					<input type="text"/>

Home Mortgage Interest

Description of loan/property _____

Unit _____
T, S, J _____

Home Mortgage Interest Limitations

Enter mortgage information from Form 1098 EITHER here or on Screen A, but NOT in both places.
Complete a separate screen for each loan secured by the residence.
For more information on all debt types, see IRS Publication 936, Home Mortgage Interest Deduction.

Loan origination date _____

Fair market value of home(s) (As of date last debt secured; if multiple loans exist for the same home, enter FMV only once) _____

No. of months loan was outstanding in 2010 (If not 12) _____

Principal payments made in 2010 _____

Interest payments made in 2010 _____

Points reported on Form 1098 _____

Beginning Balance (As of 12/31/09 or first day mortgage was outstanding)	Ending Balance (As of 12/31/10 or last day mortgage was outstanding)
--	--

Grandfather debt <small>Taken out before 10/14/87</small>	_____	_____
Home acquisition/improvement debt <small>Taken out after 10/13/87; proceeds used to buy, build, or substantially improve home</small>	_____	_____
Home equity debt <small>Taken out after 10/13/87; proceeds NOT used to buy, build or substantially improve home</small>	_____	_____
Average balance for 2010 grandfather debt (Force)		_____
Average balance for 2010 home acquisition/improvement debt (Force)		_____
Average balance for 2010 all types of debt (Force)		_____

Elect out of treatment as debt secured by qualified residence _____

Election history _____

Delete on next year's proforma _____

Information for AMT Home Mortgage Interest Adjustment

Note: Any interest amounts entered above, that are omitted from the fields below, will be treated as eligible mortgage interest paid on home acquisition/improvement debt for purposes of calculating the AMT home mortgage interest adjustment on Form 6251.

Portion of interest entered above paid on home equity debt not used to build or improve home	_____
Portion of interest entered above paid on refinanced debt	_____
Interest from above paid on excess refinanced debt reinvested	_____
Portion of interest entered above paid on loan originating prior to July 1, 1982 (Qualified grandfather debt for AMT purposes)	_____

Employee Business Expenses

Occupation

Unit

T, S

State

Form 2106 / SBE - General Information

Special occupations (2106 only) (1 = Qualified artist, 2 = Handicapped employee, 3 = Fee-basis official, 4 = Nonfarm Sch SE, 5 = Reserve component)

Amount for Schedule A - unreimbursed employee business expenses (Force)

Minister, clergy or religious worker

State use code

City code/name

Form 2555 allocation code

Net income for home office deduction: Home office #1 (Force) (2106 only)

Home office #2 (Force) (2106 only)

Suppress carry of home office interest, qualified mortgage insurance and taxes to Schedule A

If "X", summary data entry suspends asset module transfer to this screen (Remove X to reinstate transfer)

Employee Business Expenses and Other Information

Enter additional vehicle expense information on [Screen 2106-2](#)

Parking fees and tolls

Local transportation

Travel expense

Other business expenses

Nonvehicle depreciation

Section 179 carryover

Section 179 carryover, State if different

Meals and entertainment (Subject to 50% limitation only)

Meals for individuals subject to DOT hours of service limitation (80% allowance)

Section 280F expense deduction allowable in prior years (Force)

Section 280F recomputed depreciation (Force)

Supplemental Business Expenses (SBE)

Form/Schedule	Unit	Allocation percentage	Allocation percentage	Bus % (xxx.xx)	Auto % (xxx.xx)	Bus % (xxx.xx)	Auto % (xxx.xx)
<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Suppress carry of excess supplemental business expenses to 2106

Reimbursements:

Other amounts

Meals & entertainment

Meals for DOT service limitation

Employer Reimbursements Not Included in Box 1 of W-2

All fields in this section are force fields for 2106 only

Other amounts

Meals & entertainment

Meals for DOT service limitation

Employee Vehicle Expenses

Occupation

Unit
 T, S
 State

Form 2106 - Continued

City code/name
 If "X", summary data entry suspends asset module transfer to this screen (Remove X on [Screen 2106](#) to reinstate transfer)

Vehicle Expenses - General Information

Off duty hours vehicle use permitted? (1 = Yes, 2 = No)
 Is another vehicle available for personal purposes? (1 = Yes, 2 = No)
 Evidence to support deduction? (1 = Yes-written, 2 = Yes-not written, 3 = No)

Description vehicle 1
 Description vehicle 2
 Description vehicle 3
 Description vehicle 4

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Method (1 = Optimize, 2 = Actual costs only, 3 = Standard mileage only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date placed in service	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Total mileage	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Business miles (50 cents)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Average daily round trip commuting miles	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Commuting mileage	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Actual Expenses

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Gasoline, oil, repairs, insurance, etc.	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Vehicle rentals	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Inclusion amount	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Interest (SBE only)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Property taxes (SBE only)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Value of employer-provided vehicle	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Cost or other basis	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Section 179 expense	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Table/Depreciation method	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Business use percentage (xxx.xx)	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Depreciation	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Property received from like-kind exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Noncash Contributions Less Than \$5,000

T, S, J
State

Form 8283, Section A - General Information

Enter Form 1098-C contributions of motor vehicles, boats, and airplanes on Screen 1098C

Contribution type (1 = 50%, 2 = 20%, 3 = 30%, 4 = 50% capital gain (30%))

Elect to apply 50% reduction rule to capital gain property contributions

State use

Description of donated property _____

Donee organization:

Name _____

Address _____

City, state, zip code _____

Date of contribution or date received by donee organization _____

Date acquired by donor _____

How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)

Donor's cost or basis _____

Fair market value _____

Contribution amount if different than FMV _____

Explanation if reduced FMV or if qualified conservation contribution _____ \$

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)

If other: _____

Tax from recapture of fractional interest in tangible personal property _____

Partial Interest Information

Amount claimed as deduction for this tax year _____

Amount claimed as deduction for any prior tax years _____

Donee organization (if different):

Name _____

Address _____

City, state, zip code _____

Place property is located or kept _____

Person with actual possession _____

Restricted Use

Restriction on right to use or dispose? (1 = Yes, 2 = No)

If yes, explanation of restriction on right to use or dispose _____ \$

Give rights to anyone other than donee organization? (1 = Yes, 2 = No)

If yes, explanation for giving rights to someone other than donee organization _____ \$

Restriction for a particular use? (1 = Yes, 2 = No)

If yes, explanation of restriction for a particular use _____ \$

Noncash Contributions Greater Than \$5,000

T, S, J
State

Form 8283, Section B - General Information

Contribution type (1 = 50%, 2 = 20%, 3 = 30%, 4 = 50% capital gain (30%))
Type of property

Donated Property Information for Properties A and B

Description of property A	<input type="text"/>	
Description of property B	<input type="text"/>	
	Property A	Property B
Overall physical condition	<input type="text"/>	<input type="text"/>
Date acquired by donor	<input type="text"/>	<input type="text"/>
How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	<input type="text"/>	<input type="text"/>
Donor's cost or basis	<input type="text"/>	<input type="text"/>
Bargain sale amount received	<input type="text"/>	<input type="text"/>
Deduction code	<input type="text"/>	<input type="text"/>
	<small>1 = Appraised FMV, 2 = Amount claimed as deduction, 3 = Average trading price</small>	
Contribution amount	<input type="text"/>	<input type="text"/>
Deduction amount for Schedule A (Force)	<input type="text"/>	<input type="text"/>
State use	<input type="text"/>	<input type="text"/>

Donated Property Information for Properties C and D

Description of property C	<input type="text"/>	
Description of property D	<input type="text"/>	
	Property C	Property D
Overall physical condition	<input type="text"/>	<input type="text"/>
Date acquired by donor	<input type="text"/>	<input type="text"/>
How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	<input type="text"/>	<input type="text"/>
Donor's cost or basis	<input type="text"/>	<input type="text"/>
Bargain sale amount received	<input type="text"/>	<input type="text"/>
Deduction code	<input type="text"/>	<input type="text"/>
	<small>1 = Appraised FMV, 2 = Amount claimed as deduction, 3 = Average trading pricing</small>	
Contribution amount	<input type="text"/>	<input type="text"/>
Deduction amount for Schedule A (Force)	<input type="text"/>	<input type="text"/>
State use	<input type="text"/>	<input type="text"/>

Appraiser Information

Identifying letter of appraised property or applicable 1098C property

Specific item description

Identifying number

Business address

City, state, zip code

Donee Acknowledgment

Date received by donee organization

Name **EIN**

Address

City, state, zip code

Does the organization intend to use the property for an unrelated use? (1 = Yes, 2 = No)

Identifying letter or number of property requiring donee acknowledgement

Contributions of Motor Vehicles, Boats, and Airplanes

T, S
State

EIN
Donee's name

1098-C Facsimile

Corrected

Donee's street address, city, state and ZIP code

Donee's telephone number+

Donor's street address, city, state and ZIP code+

1 Date of contribution

2 Make, model and year of vehicle

3 Vehicle or other identification number

4a Donee certifies that vehicle was sold in arm's length transaction to unrelated party

4b Date of sale

4c Gross proceeds from sale

5a Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use

5b Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose

5c Detailed description of material improvements or significant intervening use and duration of use \$

6a Did you provide goods or services in exchange for the vehicle? Yes No

6b Value of goods and services provided in exchange for the vehicle

6c Donee certifies that any goods and services provided consisted solely of intangible religious benefits
Description of goods and services \$

7 Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked

+Available for UltraTax CS data mining, not used in tax preparation

Other Information for Donated Property

Reporting method (1 = Form 8283, page 1, 2 = Form 8283, page 2)

Contribution type (1 = Subject to 50% limitation, 2 = Subject to 30% limitation, 3 = Subject to 20% limitation, 4 = 50% capital gain (30%))

Type of property

Overall physical condition of property

Vehicle mileage on date of contribution

Date acquired by donor

How acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)

Donor's cost or adjusted basis

Fair market value on date of contribution

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)

If other:

Bargain sale amount received

Deduction code (1 = Appraised FMV, 2 = Amount claimed as deduction, 3 = Average trading price)

Contribution amount (Enter only if deduction code is indicated above; otherwise, defaults to fair market value on date of contribution)

Deduction amount for Schedule A (Force)

Contemporaneous written acknowledgement (Electronic filing only) \$

Suppress printing Form 1098-C Copy B

Explanation if reduced FMV \$

Home Office Expenses

Description

Unit

Form

T, S, J

State

Home Office General Information

Home identification

Home description

If "X", summary data entry suspends asset module transfer to this screen (Remove X to reinstate transfer)

Part I - Business Use of Home

Total area of home

Area used exclusively for business

Information for day-care facilities only:

Total hours used

Total hours in year, if less than 8,760

Special computation for certain day-care facilities:

Area used regularly and exclusively for day-care business

Area used partly for day-care business

Part II - Allowable Deductions

	Direct	Indirect
Casualty losses (Force)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Deductible mortgage interest	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Deductible qualified mortgage insurance premiums	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Real estate taxes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Excess mortgage interest and qualified mortgage insurance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Insurance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Rent	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Repairs and maintenance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Utilities	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other expenses	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Excess casualty losses		<input style="width: 100%;" type="text"/>
Carryovers from 2009 to 2010:	Operating expenses	<input style="width: 100%;" type="text"/>
	Casualty losses	<input style="width: 100%;" type="text"/>
	Casualty loss CO holding period	<input style="width: 40px;" type="text"/>
	Depreciation	<input style="width: 100%;" type="text"/>
Business expenses not from business use of home		<input style="width: 100%;" type="text"/>

Part III - Depreciation

Depreciation percentage (xx.xxx)

Depreciation \$

Auto Expenses

Unit

Description

Form

Auto Information

If "X", summary data entry suspends asset module transfer to this screen (Remove X to reinstate transfer)

Vehicles 1 - 3

Veh 1 - Date Description

Veh 2 - Date Description

Veh 3 - Date Description

	Vehicle 1	Vehicle 2	Vehicle 3
Method (1 = Optimize, 2 = Actual costs, 3 = Standard mileage)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------	----------------------	----------------------	----------------------

Commuting miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------	----------------------

Business miles (50 cents)	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------------------	----------------------	----------------------	----------------------

Vehicle questions for Schedule C only:

Vehicle available during off-duty hours? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------	----------------------

Another vehicle for personal use? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Supporting evidence for business use? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Is this evidence written? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Parking, fees and tolls	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------------------	----------------------	----------------------	----------------------

Gasoline, oil, repairs, insurance, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	----------------------	----------------------

Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------------	----------------------	----------------------	----------------------

Property taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------	----------------------

Vehicle rentals	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------	----------------------

Inclusion amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------

Depreciation	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Vehicles 4 - 6

Veh 4 - Date Description

Veh 5 - Date Description

Veh 6 - Date Description

	Vehicle 4	Vehicle 5	Vehicle 6
Method (1 = Optimize, 2 = Actual costs, 3 = Standard mileage)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------	----------------------	----------------------	----------------------

Commuting miles	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------	----------------------

Business miles (50 cents)	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------------------	----------------------	----------------------	----------------------

Vehicle questions for Schedule C only:

Vehicle available during off-duty hours? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------	----------------------	----------------------

Another vehicle for personal use? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Supporting evidence for business use? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Is this evidence written? (1 = Yes, 2 = No)	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Parking, fees and tolls	<input type="text"/>	<input type="text"/>	<input type="text"/>
--------------------------------	----------------------	----------------------	----------------------

Gasoline, oil, repairs, insurance, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	----------------------

Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------	----------------------	----------------------	----------------------

Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------------	----------------------	----------------------	----------------------

Property taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------	----------------------

Vehicle rentals	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------------------	----------------------	----------------------	----------------------

Inclusion amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
-------------------------	----------------------	----------------------	----------------------

Depreciation	<input type="text"/>	<input type="text"/>	<input type="text"/>
---------------------	----------------------	----------------------	----------------------

Depreciation and Amortization

Business activity _____

Unit _____
Form _____

Using general asset accounting Election made under section 1.168(i)-6(i) \$ _____
If "X", summary data entry suspends asset module transfer to this screen (Remove X to reinstate transfer)

Section 179, Special Depreciation Allowance, Other and MACRS

Section 179 property detail Cost \$ _____ Expense _____
 Section 179 property detail - qualified real property Cost \$ _____ Expense _____
 Section 179 property carryover Basis _____ At-risk _____ Regular _____
 Special depreciation allowance for nonlisted property _____
 Property subj to sec 168(f)(1) elect \$ _____ Other depr (inc ACRS) _____
 MACRS deductions for nonlisted property in service before the current year _____

	Date	Basis	Period	Convention	Method	Deduction
3 year	_____	_____	_____	_____	_____	_____
5 year	_____	_____	_____	_____	_____	_____
7 year	_____	_____	_____	_____	_____	_____
10 year	_____	_____	_____	_____	_____	_____
15 year	_____	_____	_____	_____	_____	_____
20 year	_____	_____	_____	_____	_____	_____
25 Year	_____	_____	_____	_____	_____	_____
Resident	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Non-Res	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Class Life	_____	_____	_____	_____	_____	_____
12 year	_____	_____	_____	_____	_____	_____
40 year	_____	_____	_____	_____	_____	_____

Listed Property - Depreciation

Supporting evidence (1 = Yes, 2 = No) Evidence is written (1 = Yes, 2 = No)
 Special depreciation allowance for listed property _____

	Cost	Basis	Deduct	Exp
Property used more than 50% detail	\$ _____	_____	_____	_____
Property used less than 50% detail	\$ _____	_____	_____	_____

Listed Property - Information Regarding Vehicle Use

Total miles driven during the year:	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4	Vehicle #5
Business	_____	_____	_____	_____	_____
Commuting	_____	_____	_____	_____	_____
Other personal (non-commuting)	_____	_____	_____	_____	_____

Available for off-duty personal use (1 = Yes, 2 = No)
 Used primarily by > 5% owner or related person? (1 = Yes, 2 = No)
 Another vehicle available for personal use (1 = Yes, 2 = No)
 Additional vehicles \$ _____

Listed Property - Questions for Employers Providing Vehicles

Policy prohibiting personal use:
 Including commuting (1 = Yes, 2 = No) Provide more than five vehicles (1 = Yes, 2 = No)
 Excluding commuting (1 = Yes, 2 = No) Demonstration use? (1 = Yes, 2 = No)
 Treat all use by employees as personal use? (1 = Yes, 2 = No)

Amortization

Amortization detail Cost \$ _____ Amortization _____
 Amortization for property placed in service prior to the current year _____

Alternative Minimum Tax

Form 6251 - Alternative Minimum Taxable Income

Certain home mortgage int (Force)	_____
Refund of taxes (Not reported on 1040 line 10)	\$ _____
AMT NOL deduction (Force)	_____
Depletion	_____
Private activity bonds (Force)	_____
Section 1202 stock (Force)	_____
Incentive stock options	_____
Electing large partnerships	_____
Disposition of property (Force)	_____
Depreciation adjustment (post '86)	_____
Passive activities (Force)	_____
Loss limits (Force)	_____
Circulation costs	_____
Long-term contracts	_____
Mining costs	_____
Research and experimental	_____
Certain installment sales	_____
Intangible drilling costs (Force)	_____
Pollution control (Force)	_____
Tax shelter farm activities	_____
Depreciation (pre '87)	_____
Patron's adjustment	\$ _____
Related adjustments	_____
Charitable contributions of certain property (Force)	_____
Other adjustments	_____
If "X", summary data entry suspends asset module transfer to shaded field (Remove X to reinstate transfer)	<input type="checkbox"/>
Elect simplified foreign tax credit limitation	<input type="checkbox"/>
AMT foreign tax credit (Force)	_____

Form 6251 - Tax Computation Using Maximum Capital Gains Rate

Form 6251, line 37 (Force)	_____
Form 6251, line 38 (Force)	_____
Form 6251, line 39 (Force)	_____
AMT short-term capital gain/loss adjustment	_____
AMT long-term capital gain/loss adjustment	_____
AMT 28% rate gain/loss adjustment	_____
AMT unrecaptured section 1250 gain adjustment:	
Partnerships or S corporations	_____
Trusts or estates	_____
Other	_____

Credit for Prior Year Minimum Tax

Form 8801 - General Information

2009 filing status	<input type="checkbox"/>
2009 Form 6251, sum of lines 1, 6, 7, and 11	<input type="text"/>
2009 Form 6251, adjustments & preferences treated as exclusion items	<input type="text"/>
2009 Form 1041, Schedule K-1 exclusion items (Box 12J)	<input type="text"/>
2009 Minimum tax credit NOL deduction	<input type="text"/>
2009 Child's earned income plus minimum exemption amount (2009 AMT exemption worksheet line 9)	<input type="text"/>
2009 US real property net gain	<input type="text"/>
2009 Minimum tax foreign tax credit	<input type="text"/>
2009 Form 6251, line 35	<input type="text"/>
2009 Form 6251, line 36	<input type="text"/>
Electric vehicle CO to 2010	<input type="text"/>
Meets certain children age 18 through 23 conditions 2009 (1 = Yes, 2 = No)	<input type="checkbox"/>

Prior Year Maximum Capital Gains Information

*If the prior year Qualified Dividends and Capital Gain Tax Worksheet (or Schedule D Tax Worksheet) not completed, enter amount that would have been reported if it had been completed.

2009 Qualified Dividends & Capital Gain WS In 6 or Sch D Tax Worksheet In 13*	<input type="text"/>
2009 Sch D line 19*	<input type="text"/>
2009 Sch D Tax WS line 10	<input type="text"/>
2009 Qualified Dividends & Capital Gain WS In 7 or Sch D Tax Worksheet In 14*	<input type="text"/>
2009 Form 2555 line 45	<input type="text"/>
2009 Qualified Dividends & Capital Gain WS In 3 or Sch D Tax Worksheet In 9*	<input type="text"/>
2009 Form 1040, line 9b	<input type="text"/>
2009 Sch D line 7*	<input type="text"/>
2009 Sch D line 14*	<input type="text"/>
2009 Sch D line 15*	<input type="text"/>
2009 Net 28% capital gain/loss	<input type="text"/>
2009 Form 4952, In 4g	<input type="text"/>
2009 Form 4952, In 4e	<input type="text"/>

Tentative Refundable Credit

2007 Form 8801 line 28	<input type="text"/>
2008 Form 8801 line 18	<input type="text"/>
2008 Form 8801 line 20	<input type="text"/>
2009 Form 8801 line 18	<input type="text"/>
2009 Form 8801 line 20	<input type="text"/>
2009 Form 8801 line 59	<input type="text"/>

Projected Next Year Credit

Adjustments and tax preferences treated as exclusions (Force)	<input type="text"/>
Minimum tax credit NOL deduction	* <input type="text"/>
Minimum tax foreign tax credit	* <input type="text"/>
Proforma NOL and foreign tax credit to Screen 8801 next year	<input type="checkbox"/>
2009 Form 8801 line 19 (Minimum tax credit carryforward from 2008)	<input type="text"/>

Self-employment Tax, Other Taxes, 4137

Schedule SE

	Taxpayer	Spouse
Method used (1 = Regular, 2 = Farm optional, 3 = Nonfarm optional, 4 = Both 2 and 3)	□	□
Form 4029 filed with IRS	□	□
Electing church wages for an employee other than minister	_____	_____
Nonfarm adjustment to SE income	_____	_____
Farm adjustment to SE income	_____	_____
Exempt net profit received as a notary public	_____	_____
Chapter 11 bankruptcy income (loss) subject to SE tax	_____	_____
Tier 1 railroad retirement compensation adjustment	_____	_____

Other Taxes

	Taxpayer/Joint	Spouse
Housing credit recapture (Form 8611)	_____	_____
Other taxes	\$ _____	_____
Deduction for Capital Construction Fund	_____	_____
IRC section 1341 credit	_____	_____
COBRA premium assistance received in 2010	_____	_____

Form 4137 - Social Security/Medicare Tax on Unreported Tips

	Taxpayer	Spouse
General information (Other than on W-2s)	\$ _____	\$ _____
Cash and charge tips < \$20 per month received/not reported	_____	_____
Explanation for not reporting tips to employer	\$ _____	\$ _____

Form 8919 - Social Security/Medicare Tax on Unreported Wages

	Taxpayer	Spouse
General information	\$ _____	\$ _____

Tax on Children with Investment Income

Form 8615 - Taxpayer Information

Investment Income

Net Cap Gain & Qual Div

Directly connected itemized deductions

Estimated amounts code

Parent's Income and Tax Information

SSN/First name/Last name

Filing status

*If the Foreign Earned Inc Tax WS was used to figure tax, enter the amount from line 4 of that worksheet instead of the income tax reported on Form 1040, line 44

Taxable inc (1040 In 43/ Frgn Earn Inc Tax WS Ln 3)

Schedule D line 19 (Unrecaptured 1250)

Foreign Earned Income Tax Wrk In 3

Sch J line 2a (Elected farm income)

Income tax (1040 In 44, less 4972, 8814 & 8889 tax)*

Sch J line 2b (Elected net capital gain)

Qualified dividends

Sch J line 2c (Elected unrecap 1250 gain)

Sch D Tax Wrk In 7 (Or smaller of Sch D In 15 or In 16)

Sch J sum of lines 8, 12, 16

Form 4952 line 4e

Sch J line 22

Form 4952 line 4g

Sch J Worksheet 5 line 7

Schedule D line 18 (28% rate gain)

Sch J Worksheet 5 line 11

Children's Income and Tax Information

Indicate this is the parent's return

Child #1

Child #2

Child #3

SSN

First name

Last name

Date of birth (mm/dd/yyyy)

Taxable income

Qualified div on line 5

8615 line 5

Cap Gain Line 5 ratio

NCG on line 5

4952 line 4e

4952 line 4g

Sch D line 18 (28% rate gain)

Sch D line 19 (Unrecaptured 1250)

Frgrn Earn Inc Tax WS In 2

Child #4

Child #5

Child #6

SSN

First name

Last name

Date of birth (mm/dd/yyyy)

Taxable income

Qualified div on line 5

8615 line 5

Cap Gain Line 5 ratio

NCG on line 5

4952 line 4e

4952 line 4g

Sch D line 18 (28% rate gain)

Sch D line 19 (Unrecaptured 1250)

Frgrn Earn Inc Tax WS In 2

Parent's Election To Report Child's Interest and Dividends

Form 8814 - Parent's Election to Report Child's Income

Child's SSN	_____	Child's date of birth	_____		
Child's name	_____				
Child number	_____				
Taxpayer/Spouse/Joint (T, S, J)	_____				
Interest income	\$ _____				
	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202
Dividend income	\$ _____	_____	_____	_____	_____
Alaska Permanent Fund dividends	\$ _____				

Form 8814 - Parent's Election to Report Child's Income

Child's SSN	_____	Child's date of birth	_____		
Child's name	_____				
Child number	_____				
Taxpayer/Spouse/Joint (T, S, J)	_____				
Interest income	\$ _____				
	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202
Dividend income	\$ _____	_____	_____	_____	_____
Alaska Permanent Fund dividends	\$ _____				

Form 8814 - Parent's Election to Report Child's Income

Child's SSN	_____	Child's date of birth	_____		
Child's name	_____				
Child number	_____				
Taxpayer/Spouse/Joint (T, S, J)	_____				
Interest income	\$ _____				
	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202
Dividend income	\$ _____	_____	_____	_____	_____
Alaska Permanent Fund dividends	\$ _____				

Form 8814 - Parent's Election to Report Child's Income

Child's SSN	_____	Child's date of birth	_____		
Child's name	_____				
Child number	_____				
Taxpayer/Spouse/Joint (T, S, J)	_____				
Interest income	\$ _____				
	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202
Dividend income	\$ _____	_____	_____	_____	_____
Alaska Permanent Fund dividends	\$ _____				

Form 8814 - Parent's Election to Report Child's Income

Child's SSN	_____	Child's date of birth	_____		
Child's name	_____				
Child number	_____				
Taxpayer/Spouse/Joint (T, S, J)	_____				
Interest income	\$ _____				
	Ordinary	Qualified Dividends	Total Capital Gains	Section 1250	Section 1202
Dividend income	\$ _____	_____	_____	_____	_____
Alaska Permanent Fund dividends	\$ _____				

Additional Taxes on Qualified Plans

Form 5329 - Excess Contributions to IRAs

Enter Part I - Additional Tax on Early Distributions on [Screen 1099R-2](#)

Enter Part II - Additional Tax on Certain Distributions from Education Accounts on [Screen 1099Q](#)

Enter Part VIII - Additional Tax on Excess Accumulation in Qualified Retirement Plans on [Screen 1099R-2](#)

	Taxpayer	Spouse
Part III - Additional Tax on Excess Contributions to Traditional IRAs:		
2009 excess contributions, Form 5329 line 16	_____	_____
Trad IRA contributions less than maximum allowable contribution	_____	_____
2010 withdrawals of prior year excess contributions	_____	_____
Excess contributions to traditional IRA	_____	_____
Part IV - Additional Tax on Excess Contributions to Roth IRAs:		
2009 excess contributions to Roth IRA, Form 5329 line 24	_____	_____
Roth IRA contributions less than maximum allowable contribution	_____	_____
Excess contributions to Roth IRA	_____	_____

Form 5329 - Excess Contributions to ESAs

Part V - Additional Tax on Excess Contributions to Coverdell ESAs:		
2009 excess contributions to ESA, Form 5329 line 32	_____	_____
Value of Education Savings Account on 12/31/10	_____	_____
ESA contributions less than maximum allowable contribution	_____	_____
Excess contributions to Education Savings Account	_____	_____

Form 5329 - Excess Contributions to Health Accounts

Part VI - Additional Tax on Excess Contributions to Archer MSAs:		
2009 excess contributions to MSA, Form 5329 line 40	_____	_____
If different from amount entered on Screen 5498SA :		
Value of Medical Savings Account on 12/31/10 (Force)	_____	_____
If different from amount calculated on Form 8853:		
MSA contributions less than maximum allowable contribution (Force)	_____	_____
Excess contributions to Medical Savings Account (Force)	_____	_____
Part VII - Additional Tax on Excess Contributions to Health Savings Accounts:		
2009 excess contributions to HSA, Form 5329 line 48	_____	_____
If different from amount entered on Screen 5498SA :		
Value of Health Savings Account on 12/31/10 (Force)	_____	_____
If different from amount calculated on Form 8889:		
HSA contributions less than maximum allowable contribution (Force)	_____	_____
Excess contributions to Health Savings Account (Force)	_____	_____
Amended return	_____	_____
Print with firm data on form	_____	_____

Earned Income, Dependent Care, Child Tax Credits, and Sch R

Earned Income Credit

Pension or annuity from nonqual plan or sec 457 plan included in wages (EIC, CTC and Schedule M) _____

(Do not include amounts already entered in Screen W2, box 11)

Adjustment to earned income (For Earned Income Credit calculation only) _____

Disqualifying investment income (Force) _____

Not qualifying for earned income credit

Have IRS figure the credit

Elect to include nontaxable combat pay in earned income (T = Taxpayer, S = Spouse, B = Both)

Answer the following questions for preparer due diligence requirements on Form 8867

Taxpayer (or spouse if MFJ) qualifying person of another? (1 = Yes, 2 = No)

EIC disallowed or reduced for a year after 1996? (1 = Yes, 2 = No)

Taxpayer's (and spouse if MFJ) main home NOT in US for more than half the year? (1 = Yes, 2 = No)

Information reasonably obtained in order to complete Form 8867? (1 = Yes, 2 = No)

Information furnished by the taxpayer within the scope of the knowledge requirements? (1 = Yes, 2 = No)

All records and information used to prepare Schedule EIC retained by the preparer? (1 = Yes, 2 = No)

Answer the following three questions if the child could be the qualifying child of any other person

Could any other person check "Yes" on Form 8867, lines 9, 10, 11, and 12 for the child? (1 = Yes, 2 = No)	Child 1	Child 2	Child 3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's relationship to other person	_____	_____	_____
---	-------	-------	-------

Taxpayer's qualifying child based on tie-breaker rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(1 = Yes, 2 = No, Blank = Don't know)

Form 2441 - Child and Dependent Care

Enter qualifying person information for dependents on Screen 1040

Provider information \$ _____

Qualifying person information for nondependents \$ _____

Total qualified expenses incurred in 2010 (Force) _____

Taxpayer is considered unmarried for Form 2441 purposes (MFS status only)

	Taxpayer	Spouse
Dependent care benefits from a sole proprietorship	_____	_____

Prior year employer provided benefits used during grace period	\$ _____	_____
---	----------	-------

Forfeitures or carryovers of current year employer provided benefits	\$ _____	_____
---	----------	-------

Earned income for exclusion, if student, disabled, or MFS (Force)	_____	_____
--	-------	-------

Earned income for credit, if student or disabled (Force)	_____	_____
---	-------	-------

Child Tax Credit

Not qualifying for child tax credit(s)

Adjustment to modified adjusted gross income (For Child Tax Credit calculation only) _____

Adjustment to taxable earned income (For Child Tax Credit calculation only) _____

Total social security, Medicare, and Tier 1 taxes paid (Force) _____

Schedule R - Credit for the Elderly or Disabled

	Taxpayer	Spouse
Statement permanent & total disability	<input type="checkbox"/>	<input type="checkbox"/>

Physician statement is required	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Date permanently and totally disabled	_____	_____
--	-------	-------

Nontaxable disability/pension income received in 2010	_____	_____
--	-------	-------

Taxable disability income	_____	_____
----------------------------------	-------	-------

8880, 8885, 8396, 8582-Cr

Form 8880 - Qualified Retirement Savings Contribution Credit

	Taxpayer	Spouse
Full-time student	<input type="checkbox"/>	<input type="checkbox"/>
Elective deferrals in current year (Force)	_____	_____
Certain retirement distributions received for tax year (including extensions):		
Current year (Force)		
2009 (Enter 0 (zero) if no retirement distributions)	Filing status not MFJ in 2009 <input type="checkbox"/>	_____
2008 (Enter 0 (zero) if no retirement distributions)	Filing status not MFJ in 2008 <input type="checkbox"/>	_____

Form 8885 - Health Coverage Tax Credit

Taxpayer months qualifying for the Health Coverage Tax Credit: All

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Taxpayer HCTC Advance Payments received for any months not checked above _____

Spouse months qualifying for the Health Coverage Tax Credit: All

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Spouse HCTC Advance Payments received for any months not checked above _____

	Taxpayer	Spouse
Qualified health insurance payments	_____	_____
Portion of insurance paid by Archer MSA or HSA	_____	_____

Form 8396 - Mortgage Interest Credit

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

Address (If different from Screen 1040) _____

City, state, zip code _____

Name of issuer of mortgage credit certificate _____

Mortgage credit certificate number _____

Issue date of certificate _____

Interest paid on certified indebtedness amount from Form 1098 (Force) _____

Interest paid on certified indebtedness amount, other (Force) _____

Certificate credit rate (xx.xxx) _____

Current year credit limit _____

	2007	2008	2009
Mortgage interest credit carryover	_____	_____	_____

Form 8582-CR Election to Increase Basis of Credit Property

Elect the increase in basis of credit property disposed

Name of activity disposed \$ _____

Description of credit property \$ _____

Amount of unallowed credit that reduced the property's basis _____

Form 3800 - General Business Credit

General business credit limited by AMT (If average annual gross receipts exceed \$50,000,000)

Residential Energy Credit

T, S, J

Form 5695 - Energy Credit Information

Attach additional units for married filing joint returns where more than one home was used as a home during the year for the Residential Energy Efficient Property Credit.

Nonbusiness Energy Property Credit:

Costs incurred to main home located in the United States? (1 = Yes, 2 = No)

Insulation material or system to reduce heat loss or gain costs

Exterior windows costs

Exterior doors costs

Qualified metal roof costs

Energy-efficient building property costs

Boiler costs

Circulating fan costs

2009 Form 5695, line 11 credit amount

Residential Energy Efficient Property Credit:

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified geothermal heat pump property costs

Qualified fuel cell property costs

Kilowatt capacity of the qualified fuel cell property

Home office unit

Home office business percentage (Force) ^(xxx.xx)

Joint Occupancy

Enter amounts in this section if you owned the home jointly with someone or for MFJ returns using FSO processing. Enter the total amount paid by you and all other owners.

Nonbusiness Energy Property Credit:

Insulation material or system to reduce heat loss or gain costs

Exterior window costs

Exterior doors costs

Qualified metal roof costs

Energy-efficient building property costs

Boiler costs

Circulating fan costs

Residential Energy Efficient Property Credit:

Qualified solar electric property costs

Qualified solar water heating property costs

Qualified small wind energy property costs

Qualified fuel cell property costs

Qualified geothermal heat pump property costs