PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Tax Organizer Legend: Throughout the tax organizer, you will find c TSJ Codes - Enter "T" for taxpayer, "S"	olumns with the heading	Wages and Salaries 3 "TSJ" nt.



Questions (Page 1 of 3)

For any question answered Yes, please attach supporting detail or documents. Personal Information: Did your marital status change during 2010? If married, do you and your spouse want to file separate returns? Did your address change during 2010? Can you or your spouse be claimed as a dependent by another taxpayer? Dependents: Were there any changes in dependents from the prior year? Note: Including non-child dependents for whom you provided more than half the support Did you pay for child care while you worked or looked for work? Do you have any children under age 18 with unearned income more than \$950? Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$950? Did you adopt a child or begin adoption proceedings during 2010? Purchases, Sales and Debt: Did you have any debts canceled, forgiven or refinanced during 2010? Did you start a new business, purchase a new rental property, farm or acquire any new interest in any partnership or S corporation during 2010? Did you sell an existing business, rental property, farm or any existing interest in a partnership or S corporation during 2010? Did you sell, exchange or purchase any real estate in 2010? If so, please attach closing statements Did you withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any stock acquired under a qualified employee stock purchase plan? Did you pay any student loan interest in 2010? Are your total mortgages on your first and/or second residence greater than \$1,000,000? If so, please provide the principal balance and interest rate at the beginning and the end of the year Did you have an outstanding home equity loan at the end of 2010? If so, please provide the principal balance and interest rate at the beginning and end of the year Did you take out a home equity loan in 2010? Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? Did you engage in any put or call transactions? If Yes, please provide details. Did you close any open short sales during 2010? Did you sell any securities not reported on your Form 1099-B?



Questions (Page 2 of 3)

Itemized Deductions:	Yes	No
Did you contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? Did you incur any casualty or theft losses during the year? Did you make any large purchases, such as motor vehicles and boats? Did you incur any casualty or loss attributable to a federally declared disaster?		
Miscellaneous:		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA) during 2010? If you received a distribution from an MSA, please include Form 1099-SA		
Did you or your spouse have any transactions pertaining to a health savings account (HSA) during 2010? If you received a distribution from an HSA, please include Form 1099-SA.		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?		
Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?		
Did you withdraw amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include Form 1099 Q		
Did you or your dependents incur any post-secondary education expenses, such as tuition?		L
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If Yes, how many months were you covered? Did you move to a different home because of a change in the location of your job?		
Did you pay in excess of \$1,000 in any quarter, or \$1,700 during the year for domestic services performed in or around your home to individuals who could be considered household employees?		
Did you receive unreported tip income of \$20 or more in any month of 2010?		
Did you or your spouse receive distributions from long-term care insurance contracts? If Yes, please include Form 1099-LTC.		
Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account or other financial account in a foreign country?		
Did you create or transfer money or property to a foreign trust? Did you purchase a new "hybrid", or alternative technology vehicle, including a qualified plug-in electric drive motor vehicle in 2010?		
Did you use gasoline or special fuels for business or farm purposes (other than for a highway vehicle) during the year?		
Have you received a punitive damage award or an award for damages other than for physical injuries or illness?		
Were you notified by the IRS or other taxing authority of any changes in prior year returns?		
Did you lose your job during 2010 because of foreign competition and pay for your own health insurance? Did you install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? Did you install any energy efficiency improvements, or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?		
Have you been an identity theft victim and have you contacted the IRS? If Yes, please furnish the 6-digit identity protection personal identification number issued to you by the IRS		



Questions (Page 3 of 3)

Miscellaneous: (continued)				Yes No
Did you engage in any bartering transaction?	en tour en en en en e			
Did you make gifts of more than \$13,000 to any indiv	vidual?			
Did you have any foreign income or pay any foreign to	taxes during 2010?			
		•		•
Severance/Retirement:				
Did you retire or change jobs in 2010?				
Did you receive deferred, retirement or severance co	mpensation?			
	Date			
If Yes, enter the date received (Mo/Da/Yr).				
Did you or your spouse turn age 70 1/2 during the ye taking a distribution?	ear and have money in a	n IRA or other retirem	ent account while not	
Sale of Your Home:		-		
Did you sell your home in 2010? If Yes, did you own and occupy the home as your at least two years of the five year period prior				
Did you ever rent out this property?				
Did you ever use any portion of the home for busines	s purposes?			
Have you or your spouse sold a principal residence w	vithin the last two years?			
At the time of the sale, the residence was owned by t	the: Taxpayer	Spouse	Both	
				* * * * * * * * * * * * * * * * * * * *
Additional Information:				
For any trust you created or that you are trustee, have	e any beneficiaries died	during 2010?		
Did you or your spouse make any contributions to Qu	ualified State Tuition Plan	ns (Section 529 plans)	during 2010?	
If Yes, enter the following:				
Name of Designated Beneficiary	Social Security Number	State Sponsoring Plan	Account Number	2010 Amount Contributed
			V	



Personal Information, Dependent(s) and Wages

Тахр	ayer:			*								
•	•	First Name and Initial			Last	Name				Soci	al Security No	umber
		Occupation	<u></u>		- Date	of Birth (M	lo/Da/Yr)	Date of Death (Mo/Da	a/Yr)			
										•		
		Daytime/Work Telephone Numb	ber Ever	ning/Home Teleph	none Numb	oer Ce	ell Phone Num	ber	Fax N	lumber		
		Primary Email Address			Secondar	y Email Ad	dress					
Spou	se:				•							
		First Name and Initial			Last	Name				Socia	al Security Nu	umber
	•	Occupation			Date	of Birth (M	o/Da/Yr) [Date of Death (Mo/Da	9/Yr)	-		

Prese	ent Mailing Address:									_ ;		
	•	Street Address			•	•				Apar	tment Numbe	æ
		City					State			ZIP o	ode:	
-												
		Foreign Country										
									Yes	No		
May t	he IRS or other taxing a	authority discuss the retu	rn with the	preparer?				1 P 1 1 P 1 P 1				
Is the	taxpayer claimed as a	dependent on someone e	else's tax r	eturn?								
				*					Tax	payer	Spo	use
					,				Yes	No	Yes	No
Δτο να	yu considered legaliy bi	ind per IRS regulations?										
		the Presidential Election	Campaign	Fund?								
•									·			
Dep	endent Informatio	n:					Did d	ependent have	incon	ne over \$	3,650?	
·	Mark				-					Months	Ι	
	First Name and Initial	Last Nam	е	Social Se Numb			of Birth Da/Yr)	Relationship Taxpayer		Lived in	X if Disabled	Yes or No
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				•	•							
		ny person living with you										
		t on someone else's tax r		f			مرد ماهادد مصاد					
Please	e list the years that a rei	lease of claim to exemption	on is given	tor a depend	Jent Chi	id flot liv	ing with ye	,	-			
Wag	es and Salaries:	Please enclose a	II copies	of your c	urren	t year	Forms V	V-2				
			Τ					Tax Withhe	ıld	.		
TS	Employe	er's Name	Taxab	le Wages	F	laual	EICA (TIE			State	Loca	1
					rec	leral	FICA/TIE	.rr wieurca		Jule	Loca	ω1 ————————————————————————————————————
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Electronic Filing

Electronic Filing:	riease efficiose all copies of your cu	Hent year Forms W-Z	
·			
Electronic filing is the mea	ans by which your return is transmitted directly to	the IRS. The IRS has impleme	nted an electronic filing mandate
requiring certain preparers	s to file all returns that they prepare electronically	Some states also require cert	tain preparers to electronically file

state returns prepared The IRS and some states allow taxpayers to elect not to file their returns electronically		
Do you want to elect not to electronically file your federal return?	Yes	No
Do you want to elect not to electronically file your state return?		
If Yes and filing more than one state return, does election apply to all states?		
The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature electronically filing	documei	nt whei
Would you like to use a randomly generated PIN?	Yes	No
Taxpayer		
Spouse		
If No, please enter a 5-digit self-selected PIN:		
Taxpayer PIN	٠	
Spouse PIN		



Direct Deposit and Withdrawal

Direct Deposit and Electronic Withdrawal Account Information:

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

(To properly file your return, please attach a voided check or a copy of a monthly statement for your account.)	:
Owner of account Taxpayer Spouse	Joint
Select type of account Checking Archer MSA Savings Coverdell Ed Savings IRA Savings Coverdell Ed Savings	HSA Savings
Name of financial institution	
Financial Institution Routing Transit Number (if known) (Use the routing number from a check, NOT a deposit slip. They can be different The Routing Transit Number must begin with 01 through 12 or 21 through 32.)	
Your account number	
	Yes No
Do you want your refund deposited directly into your financial institution account?	
If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?	
What amount do you want withdrawn if not the entire balance due?	
What date do you want the withdrawal done? (Mo/Da/Y	'r)
Owner of account Taxpayer Spouse	Joint
Select type of account Checking Archer MSA Savings Coverdell Ed Savings IRA Savings	HSA Savings
Name of financial institution	·
Financial Institution Routing Transit Number (if known) (Use the routing number from a check, NOT a deposit slip. They can be different. The Routing Transit Number must begin with 01 through 12 or 21 through 32.)	
Your account number	
Do you want your refund deposited directly into your financial institution account?	Yes No
If you are filing a balance due return electronically, do you want to pay the amount due using an electronic withdrawal?	
What amount do you want withdrawn if not the entire balance due?	
What date do you want the withdrawal done? (Mo/Da/Y	r)

Interest Income



Interest Information:

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

S.J	Name of Payer		Savings & L Bank and (Bonds and ligations	Code	Tax-Exempt Interest	2009 Interes Amount
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		Total						J
er-	-Financed Mortgage Interes Name of Individual to Whom Mortgage Interest Was Paid	Iden	ation: tification of Individual	2010 Intere		9 Interes	ıt.	
	Address of Indiv	idual to Wh	om Mortgage	Interest Was P	aid			
	Any Additional Information				· ****			
?T .	Any Additional information			•				
_			****					

Dividend Income



Dividend Information:

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

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a	2009 Gross Dividends Amount
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Note: Please list all items sold during the year on Form 7.



Business Income and Cost of Goods Sold

Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents	∍/Da/Yr)	Yes 2009 Amount 2009 Amount
TSJ Employer ID number Street address City, state and ZIP code Method of inventory Method of accounting Lisiness Questions for 2010: Did you dispose of this business? If Yes, what was the disposition date? (Mo Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Come: Gross receipts or sales	//Da/Yr) /? 2010 Amount	2009 Amount
Employer ID number Street address City, state and ZIP code Method of inventory Method of accounting Lisiness Questions for 2010: Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Come: Gross receipts or sales	//Da/Yr) /? 2010 Amount	2009 Amount
Street address City, state and ZIP code Method of inventory Method of accounting Isiness Questions for 2010: Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Come: Gross receipts or sales	//Da/Yr) /? 2010 Amount	2009 Amount
City, state and ZIP code Method of inventory Method of accounting siness Questions for 2010: Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents come: Gross receipts or sales	//Da/Yr) /? 2010 Amount	2009 Amount
Method of inventory Method of accounting Siness Questions for 2010: Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome:	//Da/Yr)/? 2010 Amount	2009 Amount
Siness Questions for 2010: Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome:	//Da/Yr)/? 2010 Amount	2009 Amount
Did you dispose of this business? If Yes, what was the disposition date? (Mo. Was there a change in determining quantities, costs or valuations between opening and closing inventory Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome:	//Da/Yr)/? 2010 Amount	2009 Amount
Did you dispose of this business? If Yes, what was the disposition date? (Mo. Was there a change in determining quantities, costs or valuations between opening and closing inventory were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome:	//Da/Yr)/? 2010 Amount	2009 Amount
Did you dispose of this business? If Yes, what was the disposition date? (Mo. Was there a change in determining quantities, costs or valuations between opening and closing inventory were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome:	//Da/Yr)/? 2010 Amount	2009 Amount
If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory. Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome: Gross receipts or sales	//Da/Yr)/? 2010 Amount	2009 Amount
If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing inventory. Were you involved in the operations of this business on a regular, continuous and substantial basis? Health insurance premiums paid for yourself and your dependents Ome: Gross receipts or sales	//Da/Yr)/? 2010 Amount	
ome:		
ome: Gross receipts or sales	2010 Amount	2009 Amount
ome:	2010 Amount	2009 Amount
Pross receipts or sales	2010 Amount	2009 Amount
st of Goods Sold:	2010 Amount	2009 Amount
Beginning inventory Purchases less cost of items withdrawn for personal use]
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		
Other Costs of Cost of Goods Sold:		
Description	2010 Amount	2009 Amount
	·	_
		4
		-
Inding inventory		- :
er Income:		
Description	2010 Amount	2009 Amount
		╛
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Business Expenses and Property & Equipment

ncipal Business or Profession:		<u> </u>
	-	0000
penses:	2010 Amount	2009 Amoun
Advertising		
Car and truck expenses		a.
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	<u></u>	
nsurance (other than health)		
nterest - mortgage (paid to banks, etc.)		
nterest - other		
egal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
axes and licenses		
ravel		
leals and entertainment	1	
Meals and entertainment Utilities Wages		
Jtilities Vages		
Jtilities		
Itilities Vages lependent care benefits ler Expenses:	2010 Amount	2009 Amount
Itilities Vages Dependent care benefits	2010 Amount	2009 Amount
Itilities Vages lependent care benefits ler Expenses:	2010 Amount	2009 Amount
tilities /ages ependent care benefits er Expenses:	2010 Amount	2009 Amount
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Itilities Vages lependent care benefits er Expenses: Description	2010 Amount	2009 Amount
Vages Dependent care benefits Description	2010 Amount	2009 Amount
tilities Vages lependent care benefits er Expenses: Description perty and Equipment: Please attach a list if more space is needed		
tilities lages sependent care benefits er Expenses: Description Description Description Please attach a list if more space is needed Xif Acquisitions - Description	Date Acquired (Mo/Da/Yr)	2009 Amount
tilities /ages ependent care benefits er Expenses: Description Description Description Please attach a list if more space is needed Xif		
tilities /ages ependent care benefits er Expenses: Description Description Description Description Description		
tilities /ages ependent care benefits er Expenses: Description Description Description Please attach a list if more space is needed Xif		
tilities //ages ependent care benefits er Expenses: Description Description Description Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost
tilities lages lages lapendent care benefits ler Expenses: Description Description Description Description Description Description Description Description Description Description		
Description	Date Acquired (Mo/Da/Yr)	Cost



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

	Please enclose all Forms 1099-A, 10	99-B, 1099-S and	l copies of mu	itual fund st	atements	for the	year
id you h	ave any of the following during the year?		•				Yes
Mutua	al fund transactions						
Excha	nge of any securities or investments for someth						
Sales	of inherited property			e e e e e e e e e e e e e e e e e e e			
Sales	of any stock or stock options at a loss and pure	chases of the same or s	ubstantially simila	r stock or optior	ns 30 days		
befo	ore or 30 days after the sale						
Comm	odity sales, short sales or straddles		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Reinve	estment of the proceeds of the sale of a publicly	traded security into ar	SSBIC interest				
Reinve	estment of the proceeds of the sale of qualified	small business stock in	other qualified sn	nall business sto	ock		-
Debts	that became uncollectible			and the second		1 1 10	<u> </u>
Sale o	f any property where you will receive payments	Gross Sales	Cost or	Date	Date So	ıld F	ederal Tax
r\$J	Kind of Property and Description	Price (Less Commissions)	Other Basis	Acquired (Mo/Da/Yr)	(Mo/Da/		Withheld
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stallm	ent Sales: Do not include interest	received in princ	ipal amount				
SJ	Property Description	. L-12/00/10-4-	Date Sol (Mo/Da/\		10 Received	2 Principa	2009 Il Receive



IRA, Pension, Annuity and Retirement Plan Information

Individual Re	tirement Account (IRA)) :		•				
T\$			•		•			
	ayer							
	•							
IRA Questions	s for 2010:					•	Yes	No
•	vered by an employer's retirer	• " " "			and the second			
	your spouse covered by an e						-	\perp
•	nt to limit your IRA contributio	and the second s					.	
-	o you want to contribute the man IRA deduction?	aximum allowable ame	=					
	eive distributions in 2010 fron							<u> </u>
	nvert a traditional IRA to a Rot							<u> </u>
· · · · · · · · · · · · · · · · · · ·	e your IRA as security for a loa							-
-	ve any transactions with your please explain.	IRA during the year?			and the second			
IRA Values, R	ollovers, and Distributions:	Please enclose	e copies o	f all Forms 10	99-R		•	
Total value	of all traditional IRAs on Dece	mber 31, 2010			•	[-		
•	g rollovers on December 31, 2	· · · · · · · · · · · · · · · · · · ·						
	itions received during 2010							
Total distrib	outions converted to Roth IRA					1		•
Total retirer	ment plans converted to Roth	IRAs						
Contributions	-							
					•			
IRA:	utions in 2010 for the 2010 tax	roturn				[-		
	utions in 2010 for the 2010 tax							
	for 2010 you choose to be tre							
Roth IRA:	10. 2010 / 00 01.0000 10 10 10							
Contribu	itions made for the 2010 tax y	ear			No. of the second			
					la la aliadadha			
ensions and	Annuities: Please ei	nclose all Forms	1099-R an	d any nontaxa	able distribu	ition details		
TSJ	Name of Payer	2010 Gross	Taxable	Federal Tax	State Tax	Is this a	2009 G	
133	Name of Fayer	Distributions	Amount	Withheld	Withheld	Rollover? IRA	? Distribu	tions
							İ	
	·				_			
elf-Employed	d Retirement Plan: P	lease enclose co	pies of all	Forms 1099-F	<u>3</u>			
	•				Taxpayer		Spouse	
	•	4.7			1 [10]		[Na]	
	olished a self-employed retiren	ient or SIMPLE plan w	ith	Yes	No	Yes	No	
	contributions? contribute the maximum amo	uint allowed?		. ,			 	
Contributions		ant anotion.			2010 Amount	201	0 Amount	\Box
	,	*		<u> </u>	-VIO CONOMIN			
	mployee pension plan							-
Defined ben						 		\dashv
	tribution plan					$+$ \vdash		
 SIMPLE plai 	n	and the second second	and the second	L				



Rental and Royalty Income and Expenses

ocation of Property:	· .	
TSJ		
Type of property		
	2010	2009
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value? How many days was this property used personally (including use by family members)?		
Thow many days was this property assa personally (molecular account of the many members).		
ncome:	2010 Amount	2009 Amount
Rents received		
Royalties received Other Income:		
	1	
Description	2010 Amount	2009 Amount
		•
xpenses:	2010 Amount	2009 Amount
Advertising Auto and travel Cleaning and maintenance Commissions Insurance Legal and other professional fees Management fees Mortgage interest paid to banks, etc Mortgage interest paid to individuals Other interest Repairs Supplies Taxes Utilities Dependent care benefits Other Expenses:		
Description	2010 Amount	2009 Amount



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

Miscellaneous Income and Adjustments:		TSJ	TSJ		TSJ	·	
			2010 Amount	2009	Amount	2010 Amount	2009 Amount
Taxal	ble pens	ions and annuities received					
		ensions and annuities received					
		olding on pensions and annuities		7			1
		ding on pensions and annuities]
		nt compensation received] .
		nt compensation repaid in 2010]
	-	y benefits received		7			7
		y benefits repaid in 2010					1
		miums withheld		1] .
	-	retirement benefits received		1			,
		retirement benefits repaid in 2010		1]
		listributions		1			1
		RA distributions		1 .			,
		m social security received	A.U. #P-		}		
		xable social security		1]
-		withholding					1
		ithholding	der de la constantina				1
		overy payment received in 2010					1
TSJ	State	City	Tax Year		Income Tax F		
-		· · · · · · · · · · · · · · · · · · ·		Sta	te	Local	
					<u></u>		
	-				<u>_</u> -		
-							
ther I	ncome):	<u> </u>				
TSJ		Nature and S	Source			2010 Amount	2009 Amount
		<u> </u>					
		<u> </u>					
						•	
imon	y Paid	or Received:					
TSJ		Recipient's Name	Reci Social S	oient's ecurity No.	Alimony Received?	2010 Amount	2009 Amount
				·	·		
							ļ



Miscellaneous Adjustments

TS	2010 Amount	2009 Amount	i		
'' -	2010 Amount	2000 Parisant			
			. · 		
Ith S	Savings Accounts	(HSAs)			
TS		Desc	cription	2010 Amount	2009 Amoun
	Contributions made for	2010			
all dis	Distributions received f	from all HSAs in 2010 HSA for unreimbursed m	nedical expenses?		Yes
all dis ou or y es, w	Distributions received for estributions from your H your spouse enroll in N what month did you en nonth did your spouse	from all HSAs in 2010 HSA for unreimbursed m Medicare? Iroll? enroll?			Yes
all dis ou or y yes, w hat m	Distributions received for estributions from your H your spouse enroll in N what month did you en nonth did your spouse	from all HSAs in 2010 HSA for unreimbursed m Medicare? Iroll? enroll?			Yes
all dis ou or y es, w nat m	Distributions received for estributions from your H your spouse enroll in N what month did you en nonth did your spouse	from all HSAs in 2010 HSA for unreimbursed m Medicare? Iroll? enroll? come: Please enc			
all dis ou or y yes, w hat m	Distributions received for estributions from your H your spouse enroll in N what month did you en nonth did your spouse	from all HSAs in 2010 HSA for unreimbursed m Medicare? Iroll? enroll? come: Please enc	lose all Forms 1098-E for	Student Loan Interest Paid	
all dis ou or y yes, w hat m	Distributions received for estributions from your H your spouse enroll in N what month did you en nonth did your spouse	from all HSAs in 2010 HSA for unreimbursed m Medicare? Iroll? enroll? come: Please enc	lose all Forms 1098-E for	Student Loan Interest Paid	Yes 2009 Amoun

000241 12-29-10



Form A-1 and A-2

Itemized Deductions - Medical and Taxes

	cal and Dental Expenses:	TSJ	2010 Amount	2009 Amount
Pre	scription medicines and drugs			
	al medical insurance premiums paid (Do not include medicare premiums paid)			
	g-term care expenses			1
	al insurance reimbursement]
	nber of miles traveled for medical care			
				Ţ·
	Aura dominios oto] .
	- tall			
				Ī. · .
				-
-	glasses and contacts			-
Cop	ora assistance premiums in 2010			
			2010 Amount	2009 Amount
Tax	payer long-term care insurance premiums paid	. [
	use long-term care insurance premiums paid	. [
-				
her	Medical Expenses:	-		
TSJ	Description		2010 Amount	2009 Amount
130	Description		2010111104111	
			***	-
				_
				<u> </u>
xes	Paid: Please include copies of your tax bills	TSJ	2010 Amount	2009 Amount
		TSJ	2010 Amount	2009 Amount
Pers	onal property taxes paid (include vehicle taxes)	TSJ	2010 Amount	2009 Amount
Pers		TSJ	2010 Amount	2009 Amount
Pers Gen	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ	2010 Amount	2009 Amount
Pers Gen	onal property taxes paid (include vehicle taxes)	TSJ	2010 Amount	2009 Amount
Pers Gene	sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state	TSJ		
Pers Gene	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items	TSJ	2010 Amount 2010 Amount	2009 Amount 2009 Amount
Pers Gene	sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state	TSJ		
Pers Gene	sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state	TSJ		
Pers Gene	sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state	TSJ		
Pers Gene	sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state	TSJ		
Pers Gen- Item	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes	TSJ		
Pers Gen- Item	sonal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state	TSJ		
Pers Gen Item	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes Taxes Paid:	TSJ		
Pers Gen Item TSJ	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes	TSJ	2010 Amount	2009 Amount
Pers Gen Item TSJ	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes Taxes Paid:	TSJ	2010 Amount	2009 Amount
Pers Gen Item TSJ	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes Taxes Paid:	TSJ	2010 Amount	2009 Amount
Pers Gen Item	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes Taxes Paid:	TSJ	2010 Amount	2009 Amount
Pers Gen Item	conal property taxes paid (include vehicle taxes) eral sales taxes paid on specified items ize real estate taxes by state Real Estate Taxes Taxes Paid:	TSJ	2010 Amount	2009 Amount



Itemized Deductions - Mortgage Interest and Points

	Questions for 2010					Yes
Did you refi If Yes, h Did you pur If Yes, p If Yes, a during If Yes, d	nance your home? (If Ye ow many years is your n chase a new home or se lease enclose the closin lso, did you (or your spo g the 3 year period prior id you (and your spouse		of your new an in a principal d use the sam	d former ho residence i	omes n the US a principal residence	
ome Mort	gage Interest Paid	To Financial Institutions:	•			•
TSJ		Paid To		Receive 1098? No	2010 Amount	2009 Amount
her Home	Mortgage Interes	et Paid:		· .		
TSJ	Name	Address	ID Nu	mber	2010 Amount	2009 Amount

ductible l	Points:		Did You	Receive		
	Points:	Paid To		Receive 1098? No	2010 Amount	2009 Amount
	Points:	Paid To	Form	1098?	2010 Amount	2009 Amount
rsJ			Form	1098?	2010 Amount	2009 Amount
rsJ ortgage In	Points: surance Premiumate or accrued for qualified	s:	Form	1098?	2010 Amount	2009 Amount 2009 Amount
rsu ortgage In	surance Premium	s:	Form	1098? No		
rsu ortgage In	surance Premium	s:	Form	1098? No		
ortgage In Premiums pa	surance Premium aid or accrued for qualific	s:	Yes	1098? No		
Premiums pa	surance Premium aid or accrued for qualific	s: ed mortgage insurance	Yes	1098? No		
ortgage In Premiums pa	surance Premium aid or accrued for qualific	s: ed mortgage insurance d that is allocable to property held for inves	Yes	1098? No	2010 Amount	2009 Amount



Itemized Deductions - Contributions

Cash Contributions:

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

	Organization or Description of Contribution	2010 Amount	2009 Amount
]
	·		·
			-
TSJ	Conservation Real Property	2010 Amount	2009 Amount
	100% limit		
	50% limit		
TSJ	Description	2010 Miles	2009 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		
TSJ	Description of Donated Property	2010 Amount	2009 Amount
	A de Alle College Control College Coll		
	t O stational Tabelian Mana Thomas (FGO)		
ıcas	sh Contributions Totaling More Than \$500:		
SJ .	sh Contributions Totaling More Than \$500:		
3J escri	ption of the donated property		
SJ escri onee	ption of the donated property organization name		
SJ escri onee	ption of the donated property organization name organization address		
SJ escri onee onee ate tl	ption of the donated property organization name		
SJ escri onee onee ate thate those	organization address ne property was acquired by the taxpayer (Mo/Da/Yr)		
SJ escri onee onee ate tl ate tl ost o	organization name organization address ne property was acquired by the taxpayer (Mo/Da/Yr) ne property was donated (Mo/Da/Yr) r basis of the donated property		of \$5,000 of similar
SJ escri onee onee onee onee onee onee onee one	organization name organization address ne property was acquired by the taxpayer (Mo/Da/Yr) ne property was donated (Mo/Da/Yr) r basis of the donated property arket value of the donated property of the following methods was used to determine the fair market value? CAUTION: Generally, ty will require an appraisal (does not apply to marketable securities)		of \$5,000 of similar
SJ escri onee onee onee ate tl ate tl ost o air ma	organization name organization address ne property was acquired by the taxpayer (Mo/Da/Yr) ne property was donated (Mo/Da/Yr) r basis of the donated property arket value of the donated property of the following methods was used to determine the fair market value? CAUTION: Generally, ty will require an appraisal (does not apply to marketable securities) Appraisal Thrift shop value Catalog Continer please explain	contributions in excess	of \$5,000 of similar
SJ escri onee onee onee ate tl ate tl ost o air ma	organization name organization address ne property was acquired by the taxpayer (Mo/Da/Yr) ne property was donated (Mo/Da/Yr) r basis of the donated property arket value of the donated property of the following methods was used to determine the fair market value? CAUTION: Generally, ty will require an appraisal (does not apply to marketable securities) Appraisal Thrift shop value Catalog Contine please explain of the following describes how this donated property was acquired?	contributions in excess	of \$5,000 of similar



Federal Tax Payments

Refund Application:			
If you have an overpayment of 2010 taxes, do you want the excess:			·
Refunded Applied to your 2011 estimated tax liability Yes No			
Federal Estimated Tax Payments:	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate (Due 04-15-2010) 2010 2nd Quarter Estimate (Due 06-15-2010) 2010 3rd Quarter Estimate (Due 09-15-2010) 2010 4th Quarter Estimate (Due 01-18-2011)			
2009 overpayment applied to 2010 estimate			
Tax Planning Information for Tax Year 2011:			
Do you expect any of the following to occur in 2011?			Yes No
A change in your marital status			
A change in the number of your dependents			
A substantial change in your income			
A substantial change in your withholding	1		
A substantial change in deductions			
If you answered Yes to any of the above questions, please provide details.			
		·	
		1.000000	
			-



State and City Tax Payments

State and City Estimated Tax Payments:	TSJ State/City		and the second s
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate			
2010 3rd Quarter Estimate		ii ii	
2010 4th Quarter Estimate			
2010 141 (444-14)			
2009 overpayment applied to 2010 estimate	garanta da santa da manana da m		- 16-10
Balance of prior year(s)' tax paid in 2010 plus			
amount paid with 2009 extensions			
amount paid with 2000 Oxfortion 1.			
Estimated tax payments for 2009 paid in 2010			
State and City Estimated Tax Payments:	TSJ		
	State/City	******	
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate		-	
		 	
2010 4th Quarter Estimate	i to the same of t		. 4100
		Г	
2009 overpayment applied to 2010 estimate		L	
Balance of prior year(s)' tax paid in 2010 plus		Г	
amount paid with 2009 extensions	$\mathbf{r}_{i} = (\mathbf{r}_{i}, \mathbf{r}_{i}, $		
		Г	
Estimated tax payments for 2009 paid in 2010	The second second second	. , , L	
·	4		
			1
State and City Estimated Tax Payments:	TSJ		
	State/City	·····	
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2010 1st Quarter Estimate			
2010 2nd Quarter Estimate			
2010 3rd Quarter Estimate			
2010 3rd Quarter Estimate 2010 4th Quarter Estimate			-
2010 4th Quarter Estimate		1	
2009 overpayment applied to 2010 estimate			
Balance of prior year(s)' tax paid in 2010 plus		٢	·-
amount paid with 2009 extensions	1.0. 1.0. 1.0.	L	
		г	
Estimated tax payments for 2009 paid in 2010		L	



Colorado Information

		Тахр	payer	Spo	use
esidency Information:		From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Colorado for all of	f 2010, enter the dates you				
did live in Colorado				***	
Enter the state names other than Cold	orado where you had income	·			
oluntary Contributions:					
Enter the amount you wish to contribu	ite on your 2010 tax return to:				
Colorado Healthy Rivers Fund Alzheimer's Association Fund Military Family Relief Fund Make-A-Wish Foundation of Colora Multiple Sclerosis Fund Colorado Breast and Women's Rep Adult Stem Cell Cure Fund	m Fund Degram Fund Demetery Fund Demotery Fu				
er Any Additional Colorado	Information:			44.87	

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	1.078			FMD .	