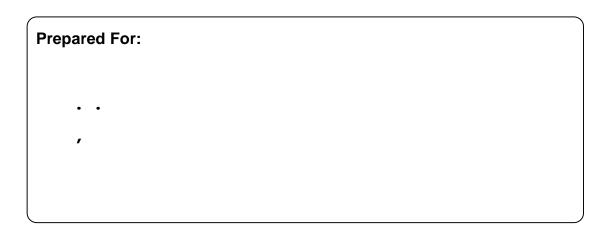
Prepared By:	
Marcia M Queen PO Box 950 Gilroy, CA 95020	

Tax Organizer For 2010 Income Tax Return



This Tax Organizer can be used to help identify the information needed to prepare your 2010 income tax return. Enter your 2010 information and if you need additional space, enclose a separate sheet with the details. If available, your prior year information has been included for you to use as a reference. You do not need to make 2009 entries.

Please return this organizer along with all Form W-2's, 1099's, and any other information you feel will assist with the preparation of your 2010 income tax return.

If you have any questions, please feel free to contact us at (408)848-5645.

PERSONAL IN							
Taxpayer's na	me <u></u>			Socia	al Security Nu		
Spouse's nam Home Addres	ie			SOCIA	al Security Nu		
City or town			State	Zip Code	tment Number	County	
Telephone #1			Telephone #2	Zip 0000			
E-mail Addres	 SS						
	-						
	Date of Bir	th Occupation		Blind	Disabled	Date of D	eath
Taxpayer				<u> </u>			
Spouse _					Ш		
FILING STATE	JS						
	filing statu	is to be used o <u>n</u> your :					
X Single			ck if parent (or someone else	e) can claim you as a	dependent on their	ir return	
	Filing Joi						
		Darate ☐ Chec Id (May be used if unmarrie	k if you lived apart from you			dont or quali	fina abild\
□ □ □Eau ∪	l Muuseiio		d and you paid over hair the ut not a dependent: Name				
│ □ Qualifvi	ina Widow	(er) (May be used if your sp	ut not a dependent. That is ouse died in 2008 or 2009 (end vou had a child liv	wing with you whon	o vou can claim	as a denendent)
	ing wido	Year spouse died		and you nad a onna n	wing with you wild.	ii you can cia	as a depondent,
		•					
OTHER INFOR	MATION						
		e \$3 to the Presidentia	al Election campaign	? (will not affect	vour refund o	r balance du	ıe)
	er - Yes⊑		Spouse - Yes		,		,
			•				
Do you want t	o allow the	e paid preparer to disc	uss your return with t	he IRS? Y	es□ N	o 🗌	
Do you wish to	o electroni	cally file your return?	Yes ☐ No [
Direct Denosi	t Informati	on (attach proof of de	nneit)				
		nstitution		Checking Ac	count \square	Savings A	ccount \square
Routing N	umber		A	.ccount Number			
_	_						
- IDEDENIENT							
DEPENDENTS Enter the f		ependent information	for any qualifying chi	ld or qualifying r	elative:		
	onowing a				Ciativo.	# of months	Child care
					Date of	lived	expenses paid
First Name		Last Name	SSN	Relationship	birth	with you	in 2010
	-						
 							
 							

MIS	CELLANEOUS QUESTIONS Implete the following questions. If your answer to any question below is Yes, enclose supporting docu	mentation	
	implete the following questions. If your answer to any question below is Tes, enclose supporting docu	Yes_	No
1.	Did you receive any notices or correspondence from the IRS or state agency during 2010?		
2.	Did you earn any foreign income or have any foreign taxes paid during 2010?		
3.	Did you pay a household employee cash wages of \$1,700 or more during 2010?		
4.	Did you purchase a home after December 31, 2009 and before May 1, 2010 and did not claim the First-Time Homebuyer Credit on your prior return?		
5.	Did you refinance a mortgage during 2010?		
6.	Did you pay any real estate taxes in 2010?		
7.	Did you sell your home during 2010?		
8.	Did you use any special fuels for farming purposes or other non-highway uses?		
9.	Did you receive any unreported tip income during 2010?		
10.	Do you have any children age 18 or under (or student under age 24) who had investment income of more than \$1,900?		
11.	If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?		
12.	Did you pay any expenses related to the adoption of an eligible child?		
13.	Did you purchase a new vehicle during 2010?		
14.	Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?		
15.	Did you receive an economic recovery payment in 2010?		
16.	Did you buy a home in 2008 and claim the First Time Homebuyer Credit?		
	DITIONAL COMMENTS OR QUESTIONS		
	THE COMMENT OF COMMENT		
-			

AGES AND SALARIES (Please enclose a	all copies of 2010 Form W-2)								
		2010								
T = Taxpayer S = Spouse	Box 1	Box 2	Box 17	2009						
T S Employer's Name	Wages and salaries	Federal income tax withheld	State income tax withheld	Taxable wages						
				+						

DIVIDEND INCOME	(Please enclose all copies	of 2010 Form 1099-DIV)

Special Codes:

 \dot{F} = Federal tax-exempt only B = Federal and state tax-exempt only

S = State tax-exempt only N = Nominee income

	Ш	Г		004			
T = Taxpayer S = Spouse J = Joint	Ш			2010			2009
			Box 1a	Box 1b	Box 2a	Box 4	Dividends and
T S J Payer's Name S	Special codes		Ordinary dividends	Qualified dividends	Capital gain distributions	Federal income tax withheld	Dividends and capital gain distributions

NTEREST INCOME - FORM 1099	-INT (PI	ease e	enclose all copi	es of 201	0 Forn	n 1099-INT)	
Special Codes: F = Federal tax-exempt only B = Federal and state tax-exempt only N = Nominee interest P = Portion of U.S. savings bonds reported	R = Redu M = Selle	iction fo r financ	rest paid on acqui r amortizable bon ed mortgage inter	d premium				
<u></u>	,							
T = Taxpayer S = Spouse J =	Joint				2010			2009
			Box 1		Box 3	3	Box 4	1
T S J Payer's Name		odes	Interest income	-	U.S. sa bonds	ivings s	Federal income tax withheld	Taxable Interest
Special Codes: S = State tax-exempt only N = Nominee interest		lease	enclose all cop			n 1099-OIE) 	
T = Taxpayer S = Spouse J =	Joint		<u> </u>		2010			2009
T S J Payer's Name		Special codes		sue		x 2 periodic	Box 4 Federal income tax withheld	Taxable amount
1 O Tayor o realite		00065	discoulli		miere		CONTROLLED	Taxable amount
 INDISTRIBUTED LONG-TERM C	APITAL	GAIN	S - FORM 24	39 (Plea	ise enc	lose all cop	oies of 2010 Form 2	439)
T = Taxpayer S = Spouse J =	Joint				2010			2009
	-	Total u	x 1a Indistributed	Box Unrecap	1b otured	Box 1d	es Federal incom	Total undistributed long-term
T S J Payer's Name			n capital gains	1250		(28%) ga		capital gains

IRA, PENSION, AND ANNUITIES (Please	enclose al	II copies of 2010	Form	า 1099-R)					
T = Taxpayer S = Spouse	ſ			2010				2009	
- :		Box 1		Box 4					
T S Payer's Name	Check if IRA	Gross distribution	F	ederal income tax withheld	Amoun Regular IR	- 1	d over into: Roth IRA	Gross distribution	
			\pm						
			+			+			
			+						
Taxpayer Spouse Total IRA basis for 2009 and prior years									
Value of all traditional IRA's as of Dec		1, 2010			<u> </u>				
ANNUITIES AND DENSIONS DV									
ANNUITIES AND PENSIONS BY THE RAILROAD RETIREMENT BOARD	(Please e	enclose all copie	s of 2	010 Form RRB-	1099-R)				
					2010			2009	
T = Taxpayer S = Spouse				Box 7	E	30x 9			
T S Payer's Name				Total gross paid	Fed ta:	leral i x with	ncome held	Total gross paid	
					_				
PAYMENTS FROM QUALIFIED EDUCAT	ION PRO	OGRAMS (Plea	ise er	nclose all copies	of 2010	Form	1099-Q)		
		!			2010			2009	
T = Taxpayer S = Spouse				Box 1		Box	x 5		
T S Payer's Name			Gro	oss distributions	Private	State	Coverdell	Gross distributions	
PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS (Please enclose all copies of 2010 Schedule K-1)									
PARTNERSHIPS, 5 CORPORATIONS, E	STATES	AND TRUSTS	3 (F	lease enclose a	II copies	of 20	10 Sched	ule K-1)	
Schedule K-1 (1065) Partnerships:	STATES	AND TRUSTS	5 (F	Please enclose a	II copies	of 20°	10 Sched	ule K-1)	
	1			Please enclose a		of 20°	10 Sched	ID Number	
Schedule K-1 (1065) Partnerships: Partnership's name	1					of 20°	10 Sched	·	
Schedule K-1 (1065) Partnerships:	ID Nu	umber	Partr)	of 20°	10 Sched	·	
Schedule K-1 (1065) Partnerships: Partnership's name Schedule K-1 (1120S) S Corporations:	ID Nu	umber	Partr	nership's name)	of 20°	10 Sched	ID Number	

BUSINESS INCOME AND EXP	PENSES							
Indicate the owner of this busine	ess: 🔲 Tax	kpayer		Spouse	e 🗌 Join	ıt		
Business Name:				•				
Business product or service:								
Business Address:								
City, State, and Zip Code:								
Did you start or acquire this bus	iness during 20	010?	Yes	□ No				
Accounting Method:] Cash	□ Ac	ccrual		Other (d	describe)
Method used to value inventory	:		Cost	Lo	ower of cost or m	arket	Other (d	describe)
Income and Cost of Goods S	old					201	0 Amount	2009 Amount
Gross receipts or sales						201	Amount	2003 Amount
Returns and allowances								
Other income (enclose descrip					L			
Inventory at beginning of year								
Purchases less cost of items v								
Cost of labor · · · · · · · ·	•							
Materials and supplies								
Other costs								
Inventory at end of year								
inventory at end or year · · ·			<u></u>					
Expenses	2010 Amount	2009 Aı	mount	_			2010 Amou	nt 2009 Amour
Advertising					and licenses			
Commissions and fees · · · ·				Travel				
Contract labor				Meals	and entertainme	nt · ·		
Depletion				Utilities	3			
Employee benefits				Wages				
Insurance (other than health)				Other:				
Mortgage interest								
Other interest								
Legal and professional fees								
Office expenses · · · · · · ·								
Pension and profit sharing								
Rent - Vehicle, machinery								
Rent - Other								
Repairs and maintenance								
Supplies				-				
	•		•					•
Vehicle Information		_					0	
Vehicle description Business miles Actual expenses such as gas,	0	L	ate pia	icea in s	ervice	O.1	Cost or t	basis
Business miles	Con	nmuting	miles		David San Cara	Other	miles	
Actual expenses such as gas,	oii, repairs, etc	c			Parking fees	and to	oiis	
Sales, Purchases, and Dispos (New clients, enclose detailed listing of all of	sition of Asset	s in 201	0					
				:	D		D-(Calaa Deia
Asset description			Date a	cquirea	Purchase price		Date sold	Sales Price
		L						
Business Use of Home								
Area used exclusively for busi	ness	_ Total a	area of	home				
Was the home used as a day	care facility?	☐ Yes	S	☐ No	Date home	place	d in service	
Casualty losses	Insura	ınce					of home -	
Mortgage interest	Repai	rs and m	aintena	ance		Valu	e of land	
Real estate taxes paid								
			•	•	<u> </u>			

FARM INCOME AND EXPENSI	ES									
Indicate the owner of this farm:	☐ Tax	payer		Spouse	e [Joint				
Principal product								_		
Accounting Method:						Cash	Į	Accrual		
Did you materially participate in	the operation of	of this	<u>farm dur</u>	ing 2010)? □	Yes		□ No		
Income							2010	Amount	20	009 Amount
Sales of livestock and other ite										
Cost of livestock and other ite										
Sales of livestock, produce, gr										
Cooperative distributions										
Commodity Credit Corporation Commodity Credit Corporation										
Crop insurance proceeds and										
Custom hire										
Other income										
Inventory of livestock, produce						ly) . 🗀				
Cost of livestock, produce, etc										
Inventory of livestock, produce										
Expenses	2010 Amount	2009	Amount	.				2010 Amou	nt	2009 Amount
Chemicals					s and mai					
Conservation · · · · · · · · · · · · · · · · · · ·					and plants	•				
Employee benefits					e and war es purchas				-	
Feed purchased					es purchas					
Fertilizers and lime					 s				_	
Freight and trucking · · · · ·					nary and b				1	
Gasoline, fuel, and oil					nary and b				1	
Insurance				00.						
Mortgage interest · · · · · ·										
Other interest										
Labor hired										
Pension and profit-sharing										
Vehicles and machinery rent										
Other rentals										
Vehicle Information										
			Data pla	cod in c	orvico			Cost or h	aci	6
Rusiness miles	Com	mutin	n miles	ceu III S	ervice		hor	_ COSLOLI miles	Jasi	·
Vehicle description Business miles Actual expenses such as gas,	oil. repairs. etc	·	9 1111100		Parking	ofees a	nd to	lls		
gue,		-				9				
	-									
Sales, Purchases, and Dispo		ets in 2	2010							
(New clients, enclose detailed listing of all de Asset description	epreciable assets.)		Data a	cauirod	Purchase	nrino	Г	Date sold		Soloo prico
Asset description			Date at	Jquireu	Purchase	e price		Jale Solu	•	Sales price

RENTAL AND ROYALTY INCOME AND EXPENSI	ES			
Indicate the owner of this property: Taxpaye	yr 🗆 Chausa	g Join	<u> </u>	
Indicate the owner of this property: Taxpaye	er □ Spouse	e 🗀 Join	L	
Description of property				
Location of property				
Did you or your family use this property during the	tax year for perso	nal purposes for	more	_
than the greater of: (a) 14 days, or (b) 10% of the	e total days rented	l at fair market va	alue? 🗌 Ye	s 🗌 No
Did you meet the Active Participation requirements	s for this property	?		
(To meet these requirements, you must have participated in ma				
others to provide services in a significant and bona fide sense.			^{ng} □ Ye	e □ No
new tenants, deciding on rental terms, approving repair expendi Was this property fully disposed of during 2010?	itures, or other similar o	ecisions)	□ Ye	• =
viae the property rany disposed of daring 2010.			□ 16	5 - 110
In a comp			2010 Amount	2000 Amount
Income Rents received			2010 Amount	2009 Amount
Royalties received				
Royaldes received				l
Expenses			2010 Amount	2009 Amount
Advertising				
Cleaning and maintenance				
Insurance		<u>-</u>		
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest		<u> </u>		
Repairs		<u> </u>		
Supplies		<u> </u>		
Taxes				
Utilities		[
Other				
Vehicle Information				
Vehicle description Business miles Commutin Actual expenses such as gas, oil, repairs, etc	Date placed in s	ervice	Cost or	basis
Business miles Commutin	ng miles		Other miles	•
Actual expenses such as gas, oil, repairs, etc		Parking fees	and tolls	
Travel expenses				
Sales, Purchases, and Disposition of Assets in 2 (New clients, enclose detailed listing of all depreciable assets.)	2010			
Asset description	Date acquired	Purchase price	Date sold	Sales price
				2 200 \$1100

FARM RENTAL INCOME AND	EXPENSES						
Indicate the owner of this farm	rental:] Taxpayer	Sp	ouse	☐ Joii	nt	
Property description:							
Did you actively participate in t	he operation of	this farm renta	l during	2010?	Yes	☐ No	
ncome					2010) Amount	2009 Amount
Income from the production of	flivestock proc	luce arains ar	nd other	crons		Amount	2009 Amount
Total cooperative distributions							
Agricultural program payment							
Commodity Credit Corporation							
Commodity Credit Corporation							
Crop insurance proceeds and							
Other income							
						'	
Expenses		2009 Amount				2010 Amou	nt 2009 Amoun
Chemicals				s and maintena			
Conservation				and plants pur			
Custom hire				e and warehou			
Employee benefits				es purchased .			
Feed purchased							
Fertilizers and lime				S			
Freight and trucking				nary and breed			
Gasoline, fuel, and oil			Other				
Insurance							
Mortgage interest							
Other interest							
Labor hired							
Pension and profit-sharing							
Vehicles and machinery rent							
Other rentals							
tablala katama dan							
/ehicle Information		Data nic	and in a	onico		Coot or h	agaig
Vehicle description Business miles		Date pla muting miles	aced in s	ervice	Oth	Cost or b	
Actual expenses such as gas,				Parking fe	hae aa	tolle	
Actual expenses such as gas,	oli, repairs, etc			. Faiking ie	es and		
Palas Durahasas and Discussi	ition of Asset	a in 2040					
Sales, Purchases, and Dispos (New clients, enclose detailed listing of all		S IN ZUTU					
Asset description		Date a	cquired	Purchase prid	ce C	ate sold	Sales price

PITAL GAINS AND LOSSES (Please = Taxpayer S = Spouse J = Joi	<u>. </u>	-orm 1099 	-B or similar stat	ements)	
T S J Description and number of sh	ares Date ac	equired	Date sold	Cost or other basis	Sales proceeds
-					
					+
THER INCOME		-			
/pe of income				2010 Amount	2009 Amount
state and local tax refunds (enclose Form	n 1099-G)				, and and
dimony received					
Inemployment compensation (enclose I	Form 1099-G)				
Social security benefits (enclose Form S	SSA-1099)		[
Other income such as gambling winnir	ngs, jury duty pay, etc				
(Include description and any support	ng documentation)				
THER ADJUSTMENTS					
				2010	2009
ype of adjustment				Amount	Amount
ducator expenses					
Susiness expenses for reservists, perf					
lealth savings account deduction					
Moving expenses (if moved in connec	• ,				
Self-employed SEP, SIMPLE, and qua					
Self-employed health insurance					
enalty for early withdrawal of savings	;				
Alimony paid (SSN)				
RA contributions made for 2010 c	heck if Traditional IRA	Check if Roth	IRA 🗌 · · · · 🔽		
Qualified student loan interest paid (er	nclose Form 1098-E) · · · · ·				
Domestic production activities Other (include description of adjustme					

ITEMIZED DEDUCTIONS				
			2010 Amount	2009 Amount
Medical and Dental (less reimbursements)				
Medical/dental care insurance premiums (other than	self-empl	oyed)		
Medicare B and D premiums from SSA-1099 and RR	B-1099-F	₹		
Qualified long-term care premiums				
Doctor, dentist, and hospital fees				
Prescription medicines and drugs				
Medical aids such as eyeglasses, contact lenses, and				
Total transportation expenses				
Other medical and dental expenses				
Taxes Paid				
State and local income taxes paid (other than withhold	ldinas and	d estimates)		
Actual state and local general sales taxes paid				
Real estate taxes				
Personal property taxes (such as auto registration)				
Interest Paid				
Home mortgage interest paid to financial institution (analosa Forr	n 1009 or statement)		
Home mortgage interest paid to individual	enciose Fon	ii 1096 oi Statement) · · ·		
Individual's name				
Individual's riante				
Individual's address				
	110	<u>-</u>		
Qualified mortgage insurance premiums (VA, FHA, F				
Investment interest expense			•	
Gifts to Charity (If additional lines are needed, attach similar sta	tement)			
Contributions of cash or check	1			
Name of charity	Date	2010 Amount		
Noncash contributions (attach Form 1098-C if vehicle donation	7			
Name and address of organization Date con		Fair Market Value		
Traine and address of organization Date our	inbatea	Tall Warket Value		

				2010 Amount	2009 Amount
sualty and Theft Losses				Amount	Amount
asualty and theft losses (enclose	e supporting documentation v	with description			
of the casualty, description of the prope	•	•			
insurance reimbursements, and the fair	market value before and after	r the casualty) · · ·			
scellaneous Deductions					
	_				
nreimbursed Employee Bus	siness Expenses	I = I axpayer	S = Spouse		
ehicle Information T or S Vehicle description Business miles Actual expenses such as ga	[Date placed in s	ervice	Cost or	basis
Business miles	Commuting	miles		Other miles	_
Actual expenses such as ga	s, oil, repairs, etc		Parking fees a	and tolls	
Travel expenses					
ehicle Information T or S					
Vehicle description Business miles Actual expenses such as ga		Date placed in s	ervice	Cost or	basis
Business miles	Commuting	miles	<u> </u>	Other miles	'
Actual expenses such as ga	s, oil, repairs, etc		Parking fees a	and tolls	
ales, Purchases, and Dispos	sition of Assets in 20°				
ales, Purchases, and Disposew clients, enclose detailed listing of all de	sition of Assets in 20′ preciable assets.)	10	Purchase price	Date sold	Sales pric
ales, Purchases, and Disposew clients, enclose detailed listing of all de	sition of Assets in 20′ preciable assets.)	10	Purchase price	Date sold	Sales pric
ales, Purchases, and Dispose w clients, enclose detailed listing of all detailed S Asset description	sition of Assets in 20′ preciable assets.)	10	Purchase price	Date sold	Sales pric
ales, Purchases, and Disposew clients, enclose detailed listing of all de	sition of Assets in 20′ preciable assets.)	10	Purchase price	Date sold	Sales pric
ales, Purchases, and Disposew clients, enclose detailed listing of all de	sition of Assets in 20′ preciable assets.)	10	Purchase price	Date sold	Sales pric
ales, Purchases, and Dispose we clients, enclose detailed listing of all de S Asset description usiness Use of Home Tol	sition of Assets in 20° preciable assets.)	Date acquired		Date sold	Sales pric
ales, Purchases, and Disposew clients, enclose detailed listing of all detailed Asset description	sition of Assets in 20° preciable assets.)	Date acquired			
ales, Purchases, and Dispose we clients, enclose detailed listing of all de S Asset description usiness Use of Home Toral Area used exclusively for business	sition of Assets in 20° preciable assets.) S ness Total a	Date acquired		placed in service	
ales, Purchases, and Disposew clients, enclose detailed listing of all description S Asset description usiness Use of Home Toure Area used exclusively for business Uses	sition of Assets in 20° preciable assets.) S ness Total a	Date acquired area of home		placed in service FMV of home	
ales, Purchases, and Dispose we clients, enclose detailed listing of all description S Asset description usiness Use of Home Total Area used exclusively for business Uses Mortgage interest	sition of Assets in 20° preciable assets.) S ness Total a Insurance Repairs and m	Date acquired area of home naintenance	Date home p	placed in service	
ales, Purchases, and Disposew clients, enclose detailed listing of all description S Asset description usiness Use of Home Toure Area used exclusively for business Uses	sition of Assets in 20° preciable assets.) S ness Total a Insurance Repairs and m	Date acquired area of home	Date home p	placed in service FMV of home	
ales, Purchases, and Dispose we clients, enclose detailed listing of all description S Asset description usiness Use of Home Total Area used exclusively for business Uses Mortgage interest	sition of Assets in 20° preciable assets.) S ness Total a Insurance Repairs and m	Date acquired area of home naintenance	Date home p	placed in service FMV of home Value of land	
ales, Purchases, and Dispose we clients, enclose detailed listing of all description S Asset description usiness Use of Home Total Area used exclusively for business Uses Mortgage interest	sition of Assets in 20° preciable assets.) S ness Total a Insurance Repairs and m	Date acquired area of home naintenance	Date home p	placed in service FMV of home Value of land	2009
ales, Purchases, and Disposew clients, enclose detailed listing of all de S Asset description usiness Use of Home Touch Area used exclusively for busing Casualty losses Mortgage interest Real estate taxes paid	sition of Assets in 207 preciable assets.) S ness Total a Insurance Repairs and m Utilities and of	Date acquired area of home naintenance ther expenses	Date home p	placed in service FMV of home Value of land	
ales, Purchases, and Dispose ew clients, enclose detailed listing of all description S Asset description usiness Use of Home Area used exclusively for busing Casualty losses Mortgage interest Real estate taxes paid nreimbursed employee busine ax preparation fees	sition of Assets in 20° preciable assets.) S ness Total a Insurance Repairs and m Utilities and of Ss expenses (such as union to the content of the c	area of home naintenance ther expenses	Date home p	placed in service FMV of home Value of land	2009
ales, Purchases, and Disposew clients, enclose detailed listing of all de S Asset description usiness Use of Home Touch Area used exclusively for busing Casualty losses Mortgage interest Real estate taxes paid	sition of Assets in 20° preciable assets.) S ness Total a Insurance Repairs and m Utilities and of ss expenses (such as uni	area of home naintenance ther expenses ion dues, small tools,	Date home p	placed in service FMV of home Value of land	2009

Cara provider para	۸ ما ما ما م					00	'NI ~-	LINI	- 1	Amount pa
Care provider name	Address					55	on or	EIN		during 20
						-				
						+				
						_				
						_				
						\dashv				
			II copies of 20							
Student name		Educ	-	ion	Fr	Sol Ji	r Sr	Oth	Tı	uition and Fe
Student name		Educ	cational Institu	ion	Fr	So Ji	r Sr	Oth	Τι	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	r Sr	Oth	Τι	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	Sr	Oth	Τι	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	r Sr	Oth	Tu	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	Sr Sr	Oth	Tu	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	r Sr	Oth	Tu	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	r Sr	Oth	Tu	uition and Fe
Student name		Educ	-	ion	Fr	So Ji	Sr	Oth	Tu	uition and Fe
			cational Institu	ion	Fr	So Ji	r Sr	Oth	Tu	uition and Fe
	ED TAX PAY		cational Institu	ion	Fr	So Ji	Sr	Oth	Tu	uition and Fe
EDERAL AND STATE ESTIMATE	ED TAX PAY		cational Institu				r Sr	Oth		
EDERAL AND STATE ESTIMATE Federal estimated payments			cational Institu		Fr		r Sr	Oth		uition and Fe
EDERAL AND STATE ESTIMATE Federal estimated payments Applied from 2009 overpayment			cational Institu				r Sr	Oth		
EDERAL AND STATE ESTIMATE Federal estimated payments Applied from 2009 overpayment 1st Quarter payment			cational Institu				Sr	Oth		
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CHILD AND DEPENDENT CARE EXPENSES (Enter expenses paid for each dependent in Dependent's section)