INCOME TAX INFORMATION 2010

	Taxpayer (Husband)		Taxpayer (Wife)
Name			
Soc. Sec. No.			
Occupation			
Date of Birth			
Home Address			Zip Code
Telephone No.	Home:	Business:	County

CHILDREN AND OTHER DEPENDENTS (ONLY CHANGES FROM LAST YEAR)

NAME	SOC. SEC. NO.	RELATION	DATE OF BIRTH	MONTHS IN YOUR HOME	GROSS INCOME

ESTIMATED INCOME TAX DATA

	DUE DATE	FEDERAL		STATE__________________		STATE_____________	
		DATE PAID MO/DAY/YR	AMOUNT	DATE PAID MO/DAY/YR	AMOUNT	DATE PAID MO/DAY/YR	AMOUNT
2009 OVERPAYMENTS CREDITED TO 2010							
OTHER PAYMENTS ON 2010 TAXES							
1ST INSTALLMENT	04/15/10						
2ND INSTALLMENT	06/15/10						
3RD INSTALLMENT	09/15/10						
4TH INSTALLMENT	01/15/11						
TOTALS							

YES	NO		
		DO YOU WISH TO DESIGNATE $3.00 OF YOUR TAXES TO THE PRESIDENTIAL ELECTION CAMPAIGN FUND?	
		WAGES	FURNISH W-2'S
		INTEREST DIVIDENDS COMMISSIONS	FURNISH 1099'S
		RENT	FURNISH TOTAL INCOME RECEIVED AND LIST OF EXPENSES PAID FOR EACH PROPERTY
		SOCIAL SECURITY/PENSIONS	FURNISH INFORMATION LETTER FROM PAYER AND 1099Rs
		SELF-EMPLOYMENT	FURNISH INCOME RECEIVED, LIST OF EXPENSES PAID
		CAPITAL GAINS/LOSSES	FURNISH INFORMATION ON ITEMS SOLD (STOCK, PROPERTY, ETC.) DATES PURCHASED/SOLD, PRICE, COST, EXPENSE OF SALE *FOR MORE THAN 5 TRADES PER YEAR PLEASE PROVIDE THE DETAIL IN EXCEL FORMAT* **(NOTE: WE MUST HAVE YOUR ORIGINAL COST FROM YOUR RECORDS)**
		PARTNERSHIP/LLCs/SUB-S CORP	FURNISH COPY OF K-1
		MISCELLANEOUS	FURNISH INFORMATION FOR RECEIPT OF ALIMONY, JURY FEES, PRIZES, ROYALTIES EXERCISE OF STOCK OPTIONS, GAMBLING WINNINGS, STATE TAX REFUND FROM YOUR 2009 INCOME TAX RETURN.

DIVIDEND INCOME

ATTACH FROMS 1099 IF AVAILABLE

HWJ	SOURCE	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS	TOTAL CAPITAL GAIN	U.S OBLIGATION PERCENT	MUNI PERCENT	STATE MUNI PERCENT	FOREIGN TAX W/H

INTEREST INCOME

(Include interest from savings and loan association, credit unions, and bank deposits; U.S., municipal and other bonds, notes, etc.)

ATTACH FORMS 1099 IF AVAILABLE

HWJ	SOURCE	AMOUNT

FROM SELLER FINANCED MORTGAGES:

AMOUNT

NAME

ADDRESS

SOCIAL SECURITY #

CAPITAL GAINS

HWJ	KIND OF PROPERTY AND DESCRIPTION (EXAMPLE, 100 SHARES OF "Z" CO.)	ACQUIRED (MO., DAY, YR.)	SOLD (MO, DAY YR)	GROSS SALES PRICE	COST AND SALES EXPENSE	GAIN LOSS

OTHER INCOME

	FULLY TAXABLE PENSIONS/ANNUITIES		ALIMONY RECEIVED	
	FULLY TAXABLE PENSIONS/ANNUITIES		COMMISSIONS	
H	SOCIAL SECURITY		PRIZES	
W	SOCIAL SECURITY		UNEMPLOYMENT COMP	
	STATE INCOME TAX REFUND		OTHER MISC	

H = HUSBAND W = WIFE J=JOINT

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES

LIST ALL EXPENSES PAID BY YOU AND NOT REIMBURSED BY INSURANCE

PRESCRIPTIONS DRUGS-ENTER TOTAL ONLY	
EYE GLASSES	
HEARING AIDS	
LABORATIORY FEES	
X-RAYS	
NURSES	
HOSPITALS	
DOCTORS	
LONG TERM CARE PREMIUMS-HUSBAND	
LONG TERM CARE PREMIUMS-WIFE	
HEALTH INS PREMIUMS	
NON-EMPLOYER PYMTS INTO HSA ACCT	
MEDICARE PREMIUM (IF ANY)	
LODGING (BUT NOT MEALS) WHILE AWAY FROM HOME FOR ESSENTIAL MEDICAL CARE	
MED TRAVEL: # OF MILES ______________________________	

TAXES

REAL ESTATE TAX (PERSONAL RESIDENCE)	
OTHER REAL ESTATE TAX (DESCRIBE)	
PERSONAL PROPERTY TAX (AUTOS)	
SALES TAX PAID ON NEW AUTO PURCHASE	

INTEREST EXPENSE

HOME MORTGAGE	
HOME EQUITY LOAN	
POINTS PAID ON NEW HOME	
POINTS PAID ON REFINANCING	
STUDENT LOAN INTEREST	
INVESTMENT LOANS (DESCRIBE)	

SELLER FINANCED MORTGAGES

AMOUNT	
NAME	
ADDRESS	
SOCIAL SECURITY #	

CONTRIBUTIONS

NAME OF CHARITY	FOR WHICH YOU HAVE RECEIPTS, OR CANCELED CHECKS	OTHER
CHURCHES & SCHOOLS (LIST)		
OTHER (LIST)		
CHARITABLE TRAVEL: # OF MILES ______________________________		

IF YOU MADE CONTRIBUTIONS OF PROPERTY (OTHER THAN CASH), ATTACH A DESCRIPTION INCLUDING THE DATE YOU GAVE IT, THE ORIGINAL COST, AND HOW YOU DETERMINED THE VALUE. DONATIONS OF CLOTHING AND GOODS TO THE SALVATION ARMY AND GOODWILL MUST BE ITEMIZED.

CASUALTY OR THEFT LOSSES-ATTACH EXPLANATION

MISCELLANEOUS DEDUCTIONS

SAFE DEPOSIT BOX	
TAX SERVICE FEE	
UNIFORMS AND WORK TOOLS	
UNION AND PROFESSIONAL DUES	
INVESTMENT EXPENSES	
EMPLOYEE BUSINESS EXPENSES	
TEACHER CLASS ROOM EXP.	

OTHER ITEMS TO CHECK

YES	NO	
		DID YOU, AT ANY TIME DURING 2010 HAVE ANY INTEREST IN OR SIGNATURE OR OTHER AUTHORITY OVER A BANK, SECURITIES, OR OTHER FINANCIAL ACCOUNT IN A FOREIGN COUNTRY? FURNISH DETAILS.
		WERE YOU THE GRANTOR OF, OR TRANSFEROR TO, A FOREIGN TRUST DURING ANY TAXABLE YEAR, WHICH TRUST EXISTS IN 2010? FURNISH DETAILS.
		DO YOU HAVE AN INDIVIDUAL RETIREMENT ACCOUNT? NON-"ROTH" CONTRIBUTION FOR 2010: $____________________TAXPAYER $____________________SPOUSE "ROTH" CONTRIBUTION FOR 2010: $_____________________TAXPAYER $___________________SPOUSE
		ARE YOU COVERED BY A RETIREMENT PLAN AT WORK?
		DO YOU HAVE A KEOGH (SELF EMPLOYED) RETIREMENT PLAN? FURNISH DETAILS AS TO CONTRIBUTIONS MADE & ETC.
		DID YOU HAVE A JOB RELATED MOVE DURING THE YEAR FOR WHICH YOU WERE NOT FULLY REIMBURSED?
		DID YOU PAY ALIMONY DURING THE YEAR? NAME OF RECIPIENT_______________________________ SSN______________________________ AMOUNT____________________
		DID YOU PAY CHILD CARE EXPENSES IN 2010 NOT COVERED BY A CAFETERIA PLAN AT WORK

PAID TO	ADDRESS	SSN. OR FED.I.D.	AMOUNT

YES	NO	
		"HOPE CREDIT" - DID YOU PAY TUITION AND TUITION RELATED EXPENSES FOR THE FIRST TWO YEARS OF POST-SECONDARY SCHOOLING FOR YOURSELF OR ONE OF YOUR DEPENDENTS? (You must have a form 1098-T from the institution)
		HAS THE PERSON CLAIMING THE HOPE CREDIT EVER BEEN CONVICTED OF A FEDERAL OR STATE DRUG FELONY?
		"LIFETIME LEARNING CREDIT" - DID YOU PAY TUITION AND TUITION RELATED EXPENSES FOR EDUCATION FOR YOU, YOUR SPOUSE, OR YOUR DEPENDENTS? (You must have a from 1098-T from the institution)
		DID THE STUDENTS ABOVE RECEIVE DISTRIBUTIONS FROM AN EDUCATION IRA?
		DID THE STUDENTS ABOVE GRADUATE FROM A SOUTH CAROLINA HIGH SCHOOL DURING OR AFTER MAY 1997?
		DID THE STUDENTS ABOVE RECEIVE A LIFE SCHOLARSHIP OR PALMETTO FELLOWSHIP?
		DID YOU USE YOUR PERSONAL AUTOMOBILE FOR BUSINESS PURPOSES DURING THE YEAR FOR WHICH YOU WERE NOT REIMBURSED? TOTAL 2010 MILES _____________________ TOTAL 2010 BUSINESS MILES _____________________
		DO YOU HAVE EVIDENCE TO SUPPORT YOUR DEDUCTION? YES__________ NO__________ IS THE EVIDENCE WRITTEN? YES__________ NO__________
		DID YOU PURCHASE A NEW HOME THAT QUALIFIES FOR THE FIRST TIME BUYER OR EXISTING HOMEOWNER CREDIT? IF YES, PLEASE PROVIDE DOCUMENTATION OF THE PURCHASE
		DID YOU MAKE IMPROVEMENTS TO YOUR HOME THAT QUALIFY FOR THE RESIDENTIAL ENERGY TAX CREDIT?
		DID YOU PURCHASE AN ALTERNATIVE FUEL MOTOR VEHICLE DURING THE YEAR? PLEASE FURNISH CERTIFICATION.

QUESTIONS YOU HAVE FOR THE INTERVIEWER OR OTHER ITEMS YOU WISH TO DISCUSS.