

2010	1040	US	Client Information	1
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Roger E. Coyner, CPA PLLC
 8500 N. Mopac Expy Ste 604
 Austin, TX 78759
 Telephone number: 512-340-0500
 Fax number: 512-340-0251
 E-mail address: roger@coynercpa.com

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2010 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2008 or 2009)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
Foreign Address	ZIP code		
	Region		
	Postal code		
	Country		

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Client Information (continued)

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Please add, change or delete information for 2010.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		Daytime Phone 1 = Work 2 = Home 3 = Mobile
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Pager number		
	Fax number		
	E-mail address		

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2010	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

Did your marital status change during the year?

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

Did your address change during the year?

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

Could you be claimed as a dependent on another person's tax return for 2010?

DEPENDENTS

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

Were there any changes in dependents?

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

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2010?

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

Did you have any children under age 19 or full-time students under age 24 at the end of 2010, with interest and dividend income in excess of \$950, or total investment income in excess of \$1,900?

INCOME

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

Did you receive unreported tip income of \$20 or more in any month?

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

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

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

Did you receive any disability income?

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

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

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

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

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

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

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

Did you buy or sell any stocks, bonds or other investment property in 2010?

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

Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2011?

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

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

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

Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) and you (and your spouse) did not own any other home during the 3-year period ending on the date of purchase?

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

Did you purchase a main home before October 1, 2010 (entering into a binding contract before May 1, 2010) which replaced a main home that you (and your spouse) maintained for 5 consecutive years during the 8-year period before this latest purchase?

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

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

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

Did you purchase a new alternative motor vehicle (hybrid, advanced lean burn, fuel cell, plug-in)?

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

Did you have any debts cancelled or forgiven?

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

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	RETIREMENT PLANS
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	EDUCATION
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	ITEMIZED DEDUCTIONS
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	ESTIMATED TAXES
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2009 taxes to your 2010 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2010 taxes, do you want the excess applied to your 2011 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2011 taxable income and withholdings to be different from 2010?
<input type="checkbox"/>	<input type="checkbox"/>	MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to electronically file your tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2010, please check the appropriate box and provide additional information if necessary.

YES	NO	MISCELLANEOUS (continued)
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur moving expenses due to a change of employment?
<input type="checkbox"/>	<input type="checkbox"/>	Did you engage the services of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse make any gifts to an individual that total more than \$13,000, or any gifts to a trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Did your spouse receive a \$250 economic recovery payment in 2010 that was made to social security recipients, railroad retirement recipients and certain veterans? Caution: Most eligible recipients received the \$250 payment in 2009 instead of 2010. Check the box only if the payment was received in 2010.
<input type="checkbox"/>	<input type="checkbox"/>	Were you (or your spouse) the beneficiary of COBRA premium assistance for any month during 2010?

Please enter all pertinent 2010 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2010 ESTIMATED TAX / 1040-ES (6)

Federal	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009				
1st quarter payment (due 4/15/10)				
2nd quarter payment (due 6/15/10)				
3rd quarter payment (due 9/15/10)				
4th quarter payment (due 1/17/11)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

State	Amount Paid	Date Paid	TS	2010 Voucher Amount
Overpayment applied from 2009				
1st quarter payment (due 4/15/10)				
2nd quarter payment (due 6/15/10)				
3rd quarter payment (due 9/15/10)				
4th quarter payment (due 1/17/11)				
Additional Estimated Tax Payments				
Paid with extension (not later than 4/18/11)				

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	10 = Series I treasury bonds

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2010 information.

APPLICATION OF 2010 OVERPAYMENT (7.1)

If you have an overpayment of 2010 taxes, do you want the excess refunded? or applied to 2011 estimate? ...

Other (please explain): _____

2011 ESTIMATED TAX INFORMATION

Do you expect your 2011 taxable income to be different from 2010? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2011 withholding to be different from 2010? Yes No

If "yes" explain any differences: _____

7.1

2010	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2010 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2009 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/10	2009 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 10)		
		1=IRA/SEP/SIMPLE							
		1=spouse							

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld		2009 Winnings
				Federal (Box 2)	State (Box 14)	

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

	2010 Amount	TS	2009 Amount	
Total gambling losses				
Winnings not reported on Form W-2G				

10, 13.1, 13.2

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Business Income (Schedule C)

No.

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	
Principal business code.....	
Business name, if different from Form 1040.....	
Business address, if different from Form 1040...	
City, state, ZIP code, if different from Form 1040	
Employer identification number.....	
Other accounting method.....	

Accounting method: 1=cash, 2=accrual.....		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....		
1=change of inventory method.....		
1=spouse, 2=joint.....		
1=first Schedule C filed for this business.....		
1=W-2 earnings as statutory employee.....		
1=not subject to self-employment tax.....		
1=did not "materially participate".....		
1=personal services is not a material income producing factor.....		
1=investment.....		
1=minister's Schedule C.....		
1=single member limited liability company.....		

INCOME

	2010 Amount	2009 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....		
Returns and allowances.....		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year.....		
Purchases.....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		

Inventory at end of the year.....		

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2010 Amount	2009 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Itemized Deductions

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Please enter all pertinent 2010 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

	2010 Amount	TS	2009 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2010 estimates are automatic.)

State income taxes - 1/10 payment on 2009 state estimate			
State income taxes - paid with 2009 state extension			
State income taxes - paid with 2009 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/10 payment on 2009 city/local estimate			
City/local income taxes - paid with 2009 city/local extension			
City/local income taxes - paid with 2009 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2010 purchases			
Use taxes paid with 2009 state return			
Taxes paid in 2010 on New passenger autos, light trucks, motorcycles, and motor homes purchased 2/17/09 - 12/31/09 *			
Vehicle #1 description			
Vehicle #1 purchase price			
Vehicle #1 sales tax paid			
Vehicle #1 other qualified taxes/fees paid			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - property held for investment			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..			
Foreign income taxes			
Other taxes:			

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Itemized Deductions (continued)

25 p2

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2010 Amount

TS

2009 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	_____	
Payee's SSN or FEIN	_____	
Payee's street address	_____	
Payee's city, state, ZIP	_____	
Amount paid	_____	_____

Points not reported on Form 1098:

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Investment interest (interest on margin accounts):

Passive interest

Certain home mortgage interest included above (6251)

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (50% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)

Number of charitable miles

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Itemized Deductions (continued)

25 p3

Please enter all pertinent 2010 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

Four horizontal lines for entering 2010 amounts.

2010 Amount

TS

2009 Amount

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

30% limitation (see above):

Four horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Four horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Four horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 4 rows.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering 2010 amounts.

Table with 3 columns: 2010 Amount, TS, 2009 Amount. 5 rows.

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Itemized Deductions (continued)

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2010 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used for purposes other than to buy, build, or improve your home. An example of this type of mortgage is a home equity loan use to pay off credit card bills, buy a car, or pay tuition.
- Total home acquisition debt exceeded \$1,000,000 at any time during 2010 (\$500,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2010 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2010 Amount	TS	2009 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Loan #2

Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2010			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2010			
Grandfather debt balance - beginning of year			

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

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Noncash Contributions (Form 8283)

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If your total noncash contributions are in excess of \$500 in 2010, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1099-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No.	<input style="width: 40px; height: 20px;" type="text"/>	Vehicle	Name of charitable organization (donee)..... Street address City, state, ZIP code 1=spouse, 2=joint Property description (other than vehicle)..... Year (yyyy) Make and model Condition and mileage..... Date of contribution (m/d/y) *..... Date acquired by donor (m/y) *..... How acquired by donor (Table 1 or describe)..... Donor's cost or basis Fair market value Method used to determine FMV (Table 2 or describe).....		
No.	<input style="width: 40px; height: 20px;" type="text"/>	Vehicle	Name of charitable organization (donee)..... Street address City, state, ZIP code 1=spouse, 2=joint Property description (other than vehicle)..... Year (yyyy) Make and model Condition and mileage..... Date of contribution (m/d/y) *..... Date acquired by donor (m/y) *..... How acquired by donor (Table 1 or describe)..... Donor's cost or basis Fair market value Method used to determine FMV (Table 2 or describe).....		
No.	<input style="width: 40px; height: 20px;" type="text"/>	Vehicle	Name of charitable organization (donee)..... Street address City, state, ZIP code 1=spouse, 2=joint Property description (other than vehicle)..... Year (yyyy) Make and model Condition and mileage..... Date of contribution (m/d/y) *..... Date acquired by donor (m/y) *..... How acquired by donor (Table 1 or describe)..... Donor's cost or basis Fair market value Method used to determine FMV (Table 2 or describe).....		

<p>1 How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2 Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
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