Advantage Tax Services

Welcome to the Advantage Tax Services Organizer for the 2010 tax year. Please make sure this Organizer is complete and all requested material is provided. Provide original W-2s and 1099 statements and copies of all other documents. This will allow us to process your return in the fastest and most efficient manner. Only complete the sections which apply to your tax situation. Please call if you have any questions.

PERSONAL DATA *(Please Print)*

First Name	M.I.	Last Name (as on your SS Card)	Social Security Number	Date of Birth
Taxpayer:			– –	/ /
Spouse:			– –	/ /

Street Address	Apt. #	City	State	Zip Code
Current Tax Address:				
Mailing Address:				

Tax Address: *The current state to which you pay tax and the address we use on your tax return. Note: Must be able to receive mail.*
Mailing Address: *The address where we mail your documents if different from your tax address.*

Occupation	Employer	Date of Hire	Preferred Name/Nickname
Taxpayer:		/ /	
Spouse:		/ /	

Email:	Home Phone Number:	Cell Phone Number:
Spouse's Email:	Spouse's Home Number:	Spouse's Cell Number:
Best way to contact you:	May we notify you via text messages to your cell phone when your return is complete? ☐ Yes ☐ No **If yes, tell us which carrier to use (e.g. Verizon, Sprint, etc.)**	

FILING STATUS *(Check One)*

☐ **Single** ☐ **Married Filing Joint** ☐ **Qualifying Widow(er)** Spouse's date of death ____/____/____

☐ **Married Filing Separate** *If you file MFS and itemize your deductions, your spouse must itemize their deductions as well.*	Spouse Name:	Spouse Soc. Sec. #: – –
	Did you live with your spouse any time during 2010?	☐ Yes ☐ No
	If yes, did you live with your spouse any time after June 30?	☐ Yes ☐ No
☐ **Head of Household** *If you are the custodial parent & someone else is taking the exemption for your child, complete this section. Otherwise, list all dependents in the following section.*	Name:	Soc. Sec. #: – –
	Relationship:	# of months lived with you:
	Who is claiming this person on their tax return?	

DEPENDENT INFORMATION

*Dependent's income must be under **$3650** unless they are a full time student **under the age of 24**. If your dependent children do not live with you, **YOU MUST PROVIDE CURRENT FORM 8332 RELEASE OF CLAIM**.*

Name (as it appears on the SS Card)	Date of Birth	SSN	Relationship	Income	# Months at home	Full Time Student?
	/ /	– –		$		☐ Yes ☐ No
	/ /	– –		$		☐ Yes ☐ No
	/ /	– –		$		☐ Yes ☐ No
	/ /	– –		$		☐ Yes ☐ No
	/ /	– –		$		☐ Yes ☐ No

Divorced/Separated Parents: Do you alternate claiming child(ren) in even/odd years? ☐ Yes ☐ No *If yes, please provide details.*

IMPORTANT QUESTIONS

Yes	No	Please Answer All Questions	Amount
☐	☐	Did you make any out of state purchases without paying sales tax that you need to claim on your state return?	$
☐	☐	Do you have any children under age 24 with investment income over $1900? If yes, please provide 1099 statements.	
☐	☐	Did you adopt a child during 2010? If yes, contact us for additional information.	
☐	☐	Do you owe any back taxes to the IRS or your state?	
☐	☐	Do you have any delinquent student loans or owe back child support?	
☐	☐	Did the IRS garnish your refund last year?	
☐	☐	Did you have any debts cancelled, forgiven or refinanced? If yes, provide details and Form 1099-A and/or 1099-C.	
☐	☐	At any time during 2010, did you have an interest in, or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?	
☐	☐	If yes, did the combined value of these accounts exceed $10,000 at any time during 2010?	
☐	☐	Do you agree to allow Advantage Tax Services to discuss this return with the IRS should questions arise?	

Yes	No	Please Answer All Questions	Amount
		What is your maiden name or previous married name?	
☐	☐	Did Advantage Tax Services prepare your 2009 tax return?	
		If you answered yes, please skip ahead to the next section. ***If no, please answer the remaining questions and include a copy of your 2009 federal and state tax returns.***	
☐	☐	Did you receive a federal refund last year? If yes, amount?	$
☐	☐	Did you receive a state and/or local tax refund last year? If yes, amount?	$
☐	☐	Did you pay additional tax when you filed your state or local tax return last year? If yes, amount?	$
☐	☐	Did you itemize your deductions for 2009?	
☐	☐	Did you take a distribution from a retirement plan (401K, IRA, SEP, Roth) during 2008 or 2009?	
☐	☐	Have you been (or are you being) audited for 2008 or 2009?	
☐	☐	Did you claim a Net Operating Loss (NOL) or carry over loss in 2009?	
		Who referred you to Advantage Tax Services?	

STATE RESIDENCY INFORMATION

All clients complete this section, even if you only lived in one state or lived in a state with no income tax.
If you paid taxes to more than one state, you may receive a separate W-2 for each state. We must have ALL of these W-2's.

State	Own	Rent	Other	Date Moved In	Date Moved Out	Still a Resident?	County	School District
	☐	☐	☐	/ /	/ /	☐Yes ☐No		
	☐	☐	☐	/ /	/ /	☐Yes ☐No		
	☐	☐	☐	/ /	/ /	☐Yes ☐No		

If you are required to file a state return and ***DO NOT*** want Advantage Tax Services to prepare your state return for you, initial here.
(Remember, you ***should not*** file your state return before you file your federal return.)

Initial Here

A. INCOME SOURCES

Yes	No	Please Answer All Questions	Amount
☐	☐	Did you receive any alimony during 2010?	$
☐	☐	Did you pay any alimony in 2010? To: SSN: – –	$
☐	☐	Did you receive any unemployment during 2010? If yes, please provide Form 1099 G.	$
☐	☐	Did you receive a K-1 from any entities–Corporation, Estate, Trust, Partnership, etc.? If yes, enclose.	$
☐	☐	Did you receive any Social Security during 2010? (Enclose SSA - 1099)	$

1099 Misc.—income should be reported in Small Business/Self Employment Section.

Yes	No	Please Answer All Questions	Amount
☐	☐	Did you receive any type of additional income during 2010? (jury duty pay, training stipends, duty free commissions, taxable prizes, trustee fees, etc.) If yes, please describe & provide amount. Provide 1099-MISC if applicable.	$
		Gambling losses may only be used to offset winnings. Losses greater than winnings are not deductible. You need to have documentation of your gambling losses. ***Note: Provide Forms W-2G reporting state where winnings were paid.***	
☐	☐	Did you have any gambling winnings in 2010?	$
☐	☐	Did you have any gambling losses in 2010?	$

B. FORM W-2: WAGE & TAX STATEMENT

Please list the 2010 employers for your and your spouse, and ***provide the original Forms W-2.***

Employer	Taxpayer or Spouse?	Employer	Taxpayer or Spouse?
	☐T/P ☐S		☐T/P ☐S
	☐T/P ☐S		☐T/P ☐S
	☐T/P ☐S		☐T/P ☐S

C. ESTIMATED TAX PAYMENTS

The quarterly payments made to the IRS and/or your state. These payments are usually for tax on self-employment income.

Federal Amount	Date of Payment	State Amount	Date of Payment	Local Amount	Date of Payment
$	/ /	$	/ /	$	/ /
$	/ /	$	/ /	$	/ /
$	/ /	$	/ /	$	/ /
$	/ /	$	/ /	$	/ /

D. FORM 1099-INT: INTEREST INCOME

Please list the institutions for which 2010 interest income was received for you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over $1900, it must be reported on your return or be taxed at your tax rate on their return. ***Please provide the original Forms 1099-INT or other statements reporting interest income.***

Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?
	☐T/P ☐S ☐D		☐T/P ☐S ☐D
	☐T/P ☐S ☐D		☐T/P ☐S ☐D
	☐T/P ☐S ☐D		☐T/P ☐S ☐D

E. FORM 1099-DIV: DIVIDENDS AND DISTRIBUTIONS

Please list the institutions for which 2010 dividends and capital gains distributions were received by you, your spouse, and any dependents under the age of 24. If your child files their own tax return and their interest and dividends are over $1900, it must be reported on your return or be taxed at your tax rate on their return. ***Please provide the original Forms 1099-DIV and all year-end summary statements.***

Institution	Taxpayer, Spouse or Dependent?	Institution	Taxpayer, Spouse or Dependent?
	☐T/P ☐S ☐D		☐T/P ☐S ☐D
	☐T/P ☐S ☐D		☐T/P ☐S ☐D
	☐T/P ☐S ☐D		☐T/P ☐S ☐D

F. FORM 1099-B: STOCKS AND BONDS SOLD*

The information below ***MUST*** *be provided.* ***Provide your complete year-end statement including Form 1099-B from your broker.*** *Purchase price (cost basis) must be provided.*

Description and Quantity	Purchase Date	Sale Date	Proceeds	Purchase Price Cost Basis
	/ /	/ /	$	$
	/ /	/ /	$	$
	/ /	/ /	$	$
	/ /	/ /	$	$

G. FORM 1099-R: DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT, PROFIT SHARING PLANS, IRAs, ETC.*

Please list the institutions and provide the following information for which 2010 distributions were received for you and your spouse. ***Please provide the original Forms 1099-R.***

Institution	Taxpayer or Spouse?	Date of Distribution	Reason for Distribution	Amount rolled over, if any
	☐T/P ☐S			$
	☐T/P ☐S			$
	☐T/P ☐S			$
	☐T/P ☐S			$

H. IRA & SELF EMPLOYED RETIREMENT CONTRIBUTIONS*

	Taxpayer	Spouse
Traditional IRA		
Do you want us to calculate the maximum amount you may contribute for 2010? *Not available if tax return is filed after 4/15/11. ($10 additional fee)*	☐Yes ☐No	☐Yes ☐No
Do you want to make this contribution even if it is non-deductible? *(Required form and fee)*	☐Yes ☐No	☐Yes ☐No
2010 contribution already made, if any. *(May qualify for tax credit.)*	$	$
Roth IRA		
Do you want us to calculate the maximum amount you may contribute for 2010? *Not available if tax return is filed after 4/15/11. ($10 additional fee)*	☐Yes ☐No	☐Yes ☐No
2010 Roth contribution already made, if any. *(May qualify for tax credit.)*	$	$
Traditional to Roth IRA Conversions in 2010		
Did you convert any portion of a Traditional IRA to a Roth IRA? *(Enclose 1099-R)*	☐Yes ☐No	☐Yes ☐No
Have you *ever* made non-deductible contributions to any Traditional IRA? *(If yes, we must have the amount of non-deductible contributions made.)*	☐Yes ☐No	☐Yes ☐No
Do you want to spread the taxable income from this conversion over two years?	☐Yes ☐No	☐Yes ☐No
Self Employment Retirement Plan		
Do you want us to calculate the maximum amount you may contribute for 2010? *($10 additional fee)*	☐Yes ☐No	☐Yes ☐No
2010 contribution already made, if any. *(May qualify for tax credit.)*	$	$

I. EDUCATIONAL DEDUCTION* & STUDENT LOAN INTEREST

Did you pay any student loan interest in 2010? ***If so, provide Form 1098E.***	☐T/P ☐S ☐D	$

For the Tuition and Fees Deduction or the American Opportunity Tax Credit (formerly the Hope Credit) and Lifetime Learning Credit you may claim qualified expenses and fees for yourself, your spouse, and/or your dependent children. If you are married, you must file a joint return to receive the deduction or credits. The IRS defines qualified expenses as tuition and fees, books and other required materials an individual is **required** *to pay in order to be enrolled in an eligible institution. Expenses that* **may or may not be considered qualified** *are charges and fees associated with room, board, student activities, athletics, insurance, transportation, and similar personal, living, or family expenses. For the Lifetime Learning Credit, the student can be taking as little as one course, and can be taking it to improve or acquire job skills.* ***We will determine which benefits you most. Additional Form Fees Apply!***

Please provide Form 1098T	Student #1	Student #2	Student #3	Student #4
Name of Student				
Name of Institution				
Year in College	1ST 2ND 3RD 4TH Grad	1ST 2ND 3RD 4TH Grad	1ST 2ND 3RD 4TH Grad	1ST 2ND 3RD 4TH Grad
Was student at least halftime?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Amount of Tuition Paid	$	$	$	$
Amount of Room & Board Expense	$	$	$	$
Amount of 529 Plan Withdrawals	$	$	$	$

J. MOVING EXPENSES*

Only report job related relocations of primary residence below. See Professional Deductions for relocation of commuter pad.

Moved Primary Residence From:		Old Base:	Number of Vehicles driven:	#
Moved Primary Residence To:		New Base:	Miles driven for move:	#
Distance (Miles from old home to new workplace):	mi.	Lodging Expense (only while in transit):		$
Distance (Miles from old home to old workplace):	mi.	Moving Expense (material, rental, movers, & storage):		$
Date Moved:	/ /	Was this move for change of job for spouse?		☐ Yes ☐ No

K. CHILD CARE EXPENSES*

Qualifying expense for care which allows you to work, look for work, or go to school full time. Deduction only allowed for children under age 13.
NOTE: Provider Social Security Number or ID Number is required to receive credit! This information must be provided even if you have dependent care benefits through your employer.

Provider Name	Provider Address	Provider I.D.# or SS#	Child's Name	Amount
				$
				$
				$

L. SALES TAX

*For the **Sales Tax Deduction**—you have the option of taking the standard deduction plus major purchases (auto, boat, RV, aircraft) or providing a total amount of sales tax paid for all purchases during the year. The IRS requires you keep all receipts used for this deduction—provide total amount below. (Do not send receipts except for major purchases listed below.)*

Sales tax paid on the purchase of an automobile, boat, RV, or aircraft during 2010. *(Enclose copy of receipts.)*	$
Sales tax paid on all items purchased during 2010—IRS requires documentation for all items purchased.	$

M. HEALTH SAVINGS ACCOUNTS (HSA)

If you or your spouse has a Health Savings Account, please provide the following information. Please provide Forms 5498-SA and/or 1099-SA, as applicable.

What type of high deductible health plan do you have?	☐ Self Only ☐ Family	Number of months in the high deductible health plan in 2010	months	Was high deductible health plan in effect for the month of December 2010?	☐ Yes ☐ No

Total HSA contributions for 2010 made by your employer	$	Total HSA distributions for 2010	$
Total HSA contributions for 2010 made through payroll deduction	$	Total unreimbursed qualified medical expenses	$
Total HSA contributions for 2010 made by cash or check to your account.			$

N. FLEXIBLE SPENDING ARRANGEMENTS (FSA)

A Flexible Spending Arrangement (FSA) allows you to contribute pre-tax dollars through payroll deduction to an account used for reimbursement of medical expenses incurred in 2010. These reimbursed expenses cannot subsequently be used as medical expenses for the purpose of a deduction on your tax return.

Did you contribute to an FSA in 2010?	☐ Yes ☐ No	Amount contributed?	$

O. MEDICAL EXPENSES

Do not include amounts paid by insurance or with pre-tax dollars** (HSA's or FSA's). **Out-of-pocket** expenses must exceed 7.5% of your income. Your state may allow a medical deduction. Therefore, please complete this section to enable you to get the maximum federal and state medical deductions. **Do not include premiums for Accident or Disability insurance.

Prescriptions		$	Physician/Dentist/Chiropractor		$
Long-Term Care Insurance Premiums Paid	Taxpayer $	Spouse $	Long-Term Care Expenses *(not covered by insurance)*	Taxpayer $	Spouse $
Insurance Premiums—***Not Pre-Tax***	$	Contacts/Glasses	$	Lab Fees	$
COBRA Premiums	$	Psychotherapy/Counseling	$	Laser Eye Surgery/Lasik	$
Co-Pays	$	Hospital	$	Miles Driven for Medical	mi.

Health Care Tax Credit—*send us Form 8885 or Form 1099-H. You should receive either of these forms if you are eligible.*

P. VEHICLE CREDIT*

Electric Vehicles and Electric Drive Conversion Kits *A credit may be available for plug-in electric vehicles and plug-in electric drive conversion kits purchased in 2010.*

Did you purchase a new plug-in electric vehicle or a plug-in electric drive conversion kit in 2010? ☐ Yes ☐ No
If yes, you must provide a copy of the manufacturer's certificate and a copy of your sales receipt.

Questions? 800-224-8066

Q. CHARITABLE CONTRIBUTIONS*

IRS Requirements for 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 cancelled check, a bank copy of a cancelled 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.

Cash	Church	$	Official Charities	$	Airline Charity	$
	School/Education Contributions		$	Charitable Miles Driven		mi.

IRS Requirements for Vehicle Contributions: The IRS requires written acknowledgement (1098-C) received from the charitable organization be attached to the return if you are taking a deduction over $500. If your donation was valued at less than $500 please complete the following:

Vehicle	Name of Charitable Organization:			
	Date of Donation	/ /	Make and Model of Vehicle	
	Fair Market Value under $500	$	Original Purchase Date & Price / /	$
	Method to determine value:		How acquired?	

IRS Requirements for Non-Cash Contributions: The IRS requires an itemized list of all items donated and a receipt from the charitable organization. Name and address are required for any donation over $500. Please make sure your receipt has a dollar value on it.

Non-Cash	Charitable Organization receiving donated goods:			
	Address of this organization:			
	Do you have an itemized list and the corresponding receipt? ☐ Yes ☐ No			
	Date of Donation	/ /	Resale Value of Furniture	$
	Original Purchase Date:	/ /	Resale Value of Clothing	$
	How acquired? (purchase, inheritance, gift):		Resale Value of Appliances	$
	Original Purchase Price:	$	Resale Value of Household Items	$

Non-Cash	Charitable Organization receiving donated goods:			
	Address of this organization:			
	Do you have an itemized list and the corresponding receipt? ☐ Yes ☐ No			
	Date of Donation	/ /	Resale Value of Furniture	$
	Original Purchase Date:	/ /	Resale Value of Clothing	$
	How acquired? (purchase, inheritance, gift):		Resale Value of Appliances	$
	Original Purchase Price:	$	Resale Value of Household Items	$

R. HOMEOWNER INFORMATION (Principal Residence and 2nd Home within the U.S.)

Note: **If you own a Principal Residence or 2nd Home outside of the U.S., complete section U. Foreign Residence Information.**

Do not include rental property expenses*—see Section Z. Provide 1098 statement from mortgage company. If you purchased, sold, or refinanced, send a copy of the closing statement.*

Mortgage Interest on Principal Residence	$	Real Estate Taxes on Principal Residence	$
Home Equity Interest or 2nd Mortgage on your Principal Residence	$	All other Real Estate taxes paid on personal residences, including vacant land	$
Mortgage Interest on 2nd Home	$	Real Estate Taxes on 2nd Home	$

At any time in 2010, did the mortgage balances on your principal and/or second homes exceed $1,100,000?			☐ Yes ☐ No
Did you refinance your home in 2010?	☐ Yes ☐ No	If yes, please provide number of years you refinanced & closing statement.	
Did you sell your home in 2010?	☐ Yes ☐ No	If yes, provide purchase & sale closing statements.	
Was this property your primary residence for 2 of the past 5 years?	☐ Yes ☐ No	Number of years in home before sale:	
Was an office in home deduction ever taken?	☐ Yes ☐ No	If yes, please provide tax return from each year taken *(new clients)*.	
Was this home ever used as a rental property?	☐ Yes ☐ No	If yes, please provide tax return from each year rented *(new clients)*.	
Did you purchase your home in 2010?	☐ Yes ☐ No	If yes, ***a copy of your closing statement is required***.	
Did you take the First-Time Homebuyer credit on your 2009 or Amended 2009 tax return?			☐ Yes ☐ No
Did you enter into a binding contract before May 1, 2010 to close on a new home before July 1, 2010? ***If yes, a copy of your binding contract is required.***			☐ Yes ☐ No
Did you close on this home before Oct. 1, 2010?			☐ Yes ☐ No
Did you live in your previous home for any five-consecutive years during the eight-year period that ended on the date you purchased your new home?			☐ Yes ☐ No

Interest paid on a boat/RV will qualify as a deduction if it has a lavatory and a range.

HOA—Homeowner Association Fees are not deductible for primary residence.

S. FIRST-TIME HOMEBUYER (FTHB) CREDIT RECAPTURE

Did you take a FTHB credit for a new home purchased in 2008?	☐ Yes ☐ No

If Advantage Tax Services did not prepare your 2008 return, you must provide a full copy of the 2008 return.

T. RESIDENTIAL ENERGY CREDITS*

If you made qualifying energy improvements to your home, you may be eligible for an energy credit. New clients must provide a copy of their 2009 return in order to claim this credit.

Did you install insulation, energy efficient windows, doors, skylights, heating and air conditioning systems, water heaters, or biomass stoves, or metal or asphalt roofs? **If yes, you must provide a copy of the manufacturer's certificate and a copy of your sales receipt.**	☐ Yes ☐ No
Did you install alternative energy equipment, such as solar hot water heaters, geothermal heat pumps, or wind turbines? **If yes, you must provide a copy of the manufacturer's certificate and a copy of your sales receipt.**	☐ Yes ☐ No

U. FOREIGN RESIDENCE INFORMATION (Principal and 2nd Home located outside the U.S.)

Provide information below for Mortgage Interest and/or property taxes you paid in a country other than the U.S. Please list all amounts in U.S. dollars.

Mortgage interest on principal residence	$	Real Estate taxes on principal residence	$
Mortgage interest on 2nd home	$	Real Estate taxes on 2nd home	$

Name of Lender	Lenders' Street Address	City	State	Zip

V. CASUALTY THEFT & LOSS

Only net amounts over 10% of your income are deductible. Please provide itemized insurance list or police report.

Type of Property	Reason for Damage	Date of Event	Date Acquired	Value Before Loss/Damage	Value After Loss/Damage	Insurance Reimbursement
		/ /	/ /	$	$	$

W. MISCELLANEOUS EXPENSES

Tax Prep Fees Paid in 2010	$	Margin or Investment Interest Paid	$
Tax Prep Mailing or Shipping Expenses	$	Investment Expense	$
Tax Prep Books/Software	$	IRA Fees *(not paid out of IRA account)*	$
Safe Deposit Box Rental	$	Personal Property/Vehicle Excise/Ad Valorem Tax	$

X. EMPLOYEE BUSINESS DEDUCTIONS—W-2 INCOME ONLY*

If you have a 2nd job, or your spouse has a job with non-reimbursed employee business expenses, please list them below. If you are a Policeman or Fireman, we have a detailed professional worksheet designed for your deductions. Call us or download one at www.1040advantage.com.

Name of Employer:		Uniform Items	$	Company Business Cards	$
Union Dues/Initiation Fee	$	Uniform Maint./Alterations	$	Pager *(if required for job)*	$
Professional Publications	$	Company Related Phone Calls	$	Cell Phone *(if required for job)*	$
Office Supplies	$	Licenses	$	Job Related Education Expense	$
Office Equip. *(Provide list)*	$	Travel	$	Meals/Entertainment	$
Were you reimbursed or paid for any of the above expenses?		☐ Yes ☐ No		If yes, what was the amount?	$

Vehicle Expense *Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!*

Type & Year of Vehicle:		Miles Driven for Business	mi.
Date First Used for Business	/ /	Miles Driven for Personal	mi.
Do you have another car for personal use?	☐ Yes ☐ No	Miles Driven for Commuting	mi.
Do you have evidence to support the deduction?	☐ Yes ☐ No	Were you reimbursed or paid for any of your vehicle expenses?	☐ Yes ☐ No
Is this evidence written?	☐ Yes ☐ No	If yes, what was the amount?	$

Home Office *Must be required by Employer!*

Square Footage of Home	sq./ft	Cost of Utilities during 2010	$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	$
Purchase Price of Home	$	Insurance—Homeowners/Renters	$
Months Office was in Home during 2010		Other —Specify	$

Educator Expenses *Classroom expenses for K thru 12 educators may qualify for a special above the line deduction up to $250.*

Total Classroom Expenses *(keep receipts)*	$	Grade level taught	

Questions? 800-224-8066

Y. SMALL BUSINESS—SELF EMPLOYED—1099-MISC. INCOME*

Includes acting & modeling income. Send last year's return if you had the business and we did not prepare the return for you.

Name of Business:	Type of Business:
Taxpayer Name:	Taxpayer SSN: – – EIN:

Note: If you are incorporated, please download the Corporate Organizer or submit your K-1.

Total Gross Income	$	1099 Income *(provide any 1099's)*	$	Additional Income not reported on 1099	$

Expenses

Advertising	$	Supplies	$	Postage & Shipping	$
Business Insurance *(not health)*	$	Taxes *(Not Estimated Payments)*	$	Telephone	$
Interest: Mortgage	$	Travel	$	Bank Charges	$
Other Interest	$	Entertainment	$	Self Employed Health Insurance	$
Legal & Professional Fees	$	Meals	$	Other *(specify)*	$
Rent *(outside of home)*	$	Utilities *(outside of home)*	$	Equipment Purchases *(complete information below)*	
Repairs & Maintenance	$	Dues & Publications	$	Date you started your business	/ /

List Equipment Purchased in 2010	Date Purchased	Placed in Service	Cost
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$

Inventory *If you purchase goods to have available for resale or you manufacture goods for resale in your business, you may carry an inventory. Beginning inventory should be the same as ending inventory for the previous tax year. Please include, in the cost of inventory purchased during the year, only the cost of materials and supplies which became a part of the product which you sell. All other materials and supplies related to your business should be listed separately in the categories above.*

Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	$
Inventory purchased during the year—less the cost of items withdrawn for personal use.	$
Inventory at the end of the year.	$

Vehicle Expense *Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!*

Type & Year of Vehicle:		Miles Driven for Business	mi.
Date First Used for Business	/ /	Miles Driven for Personal	mi.
Do you have another car for personal use?	☐ Yes ☐ No	Miles Driven for Commuting	mi.
Do you have evidence to support the deduction?	☐ Yes ☐ No	Were you reimbursed or paid for any of your vehicle expenses?	☐ Yes ☐ No
Is this evidence written?	☐ Yes ☐ No	If yes, what was the amount?	$

Home Office *Must be used exclusively and regularly for business.*

Square Footage of Home	sq./ft	Cost of Utilities during 2010	$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	$
Purchase Price of Home	$	Insurance—Homeowners/Renters	$
Months Office was in Home during 2010		Other —Specify	$

Small Business Comments and Other Expenses

Estimated Tax Payments should be included in Section C.

Z. RENTAL INCOME AND EXPENSE*

If you have more than three properties, download additional forms from www.1040advantage.com. Use yearly totals below! Send last year's tax return with this organizer if Advantage Tax Services did not prepare your return. If you own only a portion of the property or only a portion is rented out, please include only the amounts that apply.

	Property 1	Property 2	Property 3
Date First Used as a Rental	/ /	/ /	/ /
Purchase Price	$	$	$
Ownership %	%	%	%
Type of Property			
Street Address of Property			
City, State			
Total Rent Received in 2010	$	$	$

Annual Expenses	**Property 1**	**Property 2**	**Property 3**
Advertising	$	$	$
Travel / Hotel Expense	$	$	$
Cleaning / Maintenance	$	$	$
Commissions	$	$	$
Insurance	$	$	$
Legal / Professional Fees	$	$	$
Management Fees	$	$	$
Mortgage Interest	$	$	$
Real Estate Tax	$	$	$
Supplies	$	$	$
Repairs	$	$	$
Utilities	$	$	$
Telephone	$	$	$
Condo / HOA Fees	$	$	$
Lawn Care	$	$	$
Bank Fees	$	$	$
Personal Auto Miles Driven for Rental Activity	mi.	mi.	mi.
Other—Specify:	$	$	$

List Furniture & Equipment Purchased and Major Improvements Made in 2010 ***(not included above)***

Description of Purchase/Major Improvement *Do not include routine maintenance or minor repair items.*	**Property 1**		**Property 2**		**Property 3**	
	Cost	**Purchase/ Improvement Date**	**Cost**	**Purchase/ Improvement Date**	**Cost**	**Purchase/ Improvement Date**
	$	/ /	$	/ /	$	/ /
	$	/ /	$	/ /	$	/ /
	$	/ /	$	/ /	$	/ /
	$	/ /	$	/ /	$	/ /

Important Questions	**Property 1**	**Property 2**	**Property 3**
Enter the number of months that this property was rented this year.			
Enter the number of months that this property was available for rent this year.			
List the number of days each property was used for personal use.			
Did you pay anyone a fee to manage this property for you this year?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you actively participate in the management of this property?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, did you maintain a log of the number of hours that you personally worked on this property during this year?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the average rental period/lease for the property 7 days or less?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sale of Rental Property *New clients should send prior year tax returns where the property was claimed as a rental.*			
Date of Original Purchase *(Must provide copy of settlement/closing statement)*	/ /	/ /	/ /
Date of Sale *(Must provide copy of settlement/closing statement)*	/ /	/ /	/ /

Vehicle Expense *Must answer ALL questions and have written evidence as required by the IRS to qualify for this deduction.*

Type and Year of Vehicle:		Date First Used for Rental Activity	/ /
Total Miles Driven for Personal	mi.	Do you have evidence to support the deduction?	☐ Yes ☐ No
Total Miles Driven for Rental Activity—All Properties	mi.	Is the evidence written?	☐ Yes ☐ No
Rental Car Expenses (rental fee & gas), please total them here and do not include the mileage above!			$

Rental Comments and Other Expenses

LOCAL ISSUES

ATTENTION OHIO RESIDENTS: In the interest of accuracy and due to the diversity and complexity of Ohio city returns, Advantage Tax Services recommends that you visit the local tax office which governs your resident city to have your local tax return prepared, usually at no charge. ***We will continue to prepare your Ohio state and school district return,*** where appropriate. ***We will no longer prepare*** RITA, CCA, COL, CIN or any other municipality returns. Advantage Tax Services believes that this is in the best interest of our Ohio clients.

ATTENTION RESIDENTS OF CO, DE, MI, MO, and PA: Clients with local returns must be received by March 15th to guarantee the return. If you want Advantage Tax Services to prepare your city return, please complete the section below and provide the proper form or earnings statement required by the taxing location. Local tax paid with the filing of your return last year should be entered under Important Questions on page 2. **Please send Instructions with forms to be completed.** (No additional forms for NYC are required.)

Do you want Advantage Tax Services to prepare your local earnings or income tax return? *(If yes, provide tax form.)*	☐ Yes ☐ No
Name of Locality:	
Did you pay any estimated tax to your locality during 2010? *(Do not include amounts withheld on your W-2.)*	$

STATE FILING STATUS FOR CIVIL UNIONS / DOMESTIC PARTNERS

Are you in a legal union recognized by your state (e.g., same-sex marriage, registered domestic partnership)?	☐ Yes ☐ No
If yes: Partner Name:	Partner Soc. Sec. #:
State Filing Status: ☐ Married Filing Joint ☐ Married Filing Separate	*States require both partners use the same filing status on their state returns.*

STATE SPECIFIC ISSUES *(Residence State Only)*

Please provide information for your state of residence.

AK	Did you receive an AK Permanent Fund Dividend? ☐ Yes ☐ No	$
CA	Amount Spent on Solar Energy Equipment *(including installation)*.	$
CT	Residents—Need Date Paid and Amount Paid on Home and Auto Property Tax.	

Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid	Property	Date Paid	Amount Paid
Home	/ /	$	**Auto 1**	/ /	$	**Auto 2**	/ /	$

DC	Do you have a carryover of the DC First Time Home Buyers Credit from 2009?	☐ Yes ☐ No
DE	Clothing or other expenses incurred for the active volunteer firefighter.	$
GA	Amount spent on home care services for person(s) over 62 years old.	$
HI	Cost of child restraint seat purchased during 2010.	
ID	Cost of insulation installed in primary residence during 2010.	$
IL	Property owners provide PIN #.	

		Purchase Date	Install Date	Amount Paid	Age of House
IN	Insulation Installed *(include date of purchase and installation, and cost.)*	/ /	/ /	$	years

LA	Provide copy of homeowner's or property's insurance declaration page showing the separate line item charges for LA Citizens assessments.	$
MA	Please provide qualified commuter expenses *(public transportation only)*.	$
	Please provide Form 1099-HC. This form is required to claim health coverage exemption and avoid penalty.	
MI	Provide the property tax statement showing 2010 taxable value of your home.	$
MN	Send statement of property taxes **"payable in 2011"**. You should receive this statement in March of 2011.	
MT	Contributions to First Time Homebuyers Savings Account	$
NH	If you have interest/dividends in excess of $2400, do you want Advantage Tax Services to prepare your state return?	☐ Yes ☐ No
OH	Amount of job training expenses incurred after employment layoff.	$
TN	If you have interest/dividends in excess of $1250 (single) or $2500 (MFJ), do you want Advantage to prepare your state return?	☐ Yes ☐ No
VT	Provide the 2010/2011 property tax bill.	$

RENTER'S CREDIT

*If you paid rent at your TAX ADDRESS during year 2010, and it is in **IN, MA, MI, MN, NJ, WI, or CA** or a state with a renter's credit, complete the following section.*
MN residents send us your Certificate of Rent Paid (CRP).

Landlord's Name:		Landlord's Phone Number::	
Landlord's Address:			
Total Monthly Rent	$	# of Months Rented:	Your Portion of Monthly Rent $
Apartment Address:			
NJ Residents—Do you have a roommate? If yes, roommate's name:		Roommate's SSN: – –	
NJ Roommate's Number of Months Rented	mos.	**NJ** Roommate's Monthly Rent	$

Note: For NJ residents to qualify for the credit, all roommate information must be provided.

K–12 EDUCATION CREDITS FOR AZ, IL, IA, & MN

K–12 Education Credits for AZ, IL, IA, LA & MN *See state specific qualified expenses below. Keep all related receipts!*

Name of Student	Grade	Qualified Expenses	Name of School	Address	State	Zip
		$				
		$				
		$				
		$				
		$				

Arizona Only fees or donations to a public or charter school located in Arizona, for extracurricular activities or character education programs qualify. Expenses in excess of the $250 maximum credit may be carried forward.

Illinois Fees, book rental, band or lab equipment rental, or tuition paid directly to public, private or religious schools qualify *(must be over $250)*.

Iowa Fees for tuition and textbooks to an Iowa accredited not-for-profit school. Some extracurricular expenses qualify, such as activity/club fees or dues, fees to participate in school sports, etc.

Louisiana Expenses for required school uniforms, tuition, fees, textbooks, curricula, instructional materials and educational supplies.

Minnesota Tuition and fees paid to public or private schools. Other education supplies including up to $400 for the purchase of a home computer and educational software.

EDUCATION SAVINGS ACCOUNTS

You must provide the end of the year statement for all plans.

Education Savings Plans *Only list contributions made on or before 12/31/10*		Account Number	Beneficiary/Student	Amount
Contributions to Coverdell Education Savings Plan				$
Contributions to Coverdell Education Savings Plan				$
Contributions to State College Savings 529 Plan	St. Plan Name:			$
Contributions to State Prepaid Tuition Program	St. Plan Name:			$

ADDITIONAL COMMENTS

Privacy Policy

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 example, providing information to our employees and those of our affiliates, Flightax, Pilot-Tax, Specialty Tax Services, Inc., River City Bank and to our tax return processing center for purposes of preparing and processing your tax return. In all situations we stress the confidential nature of information being shared. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with professional standards and the law.

—IMPORTANT—

Please Complete each Section Below!

Do you want your returns filed electronically?

No additional fee for this service!

☐ **Yes!** **Electronically file my federal and state returns.**

(Not available after October 15, 2011.)

What you need to do: *(yes…it's free)*

1. Check the above box.
2. Keep the yellow copy of Form 8879 with you.
3. We will contact you with the final numbers.
4. Fill in the final numbers on the form.
5. Select any 5 digit PIN and sign the form. See instructions on the back of form.
6. Fax it to us at 800-951-8879.

☐ **No!** **I do not want to electronically file my returns.**

What you need to do: *($20 additional fee)*

1. Check the above box.
2. When you receive your information back from us, sign the federal & state tax returns.
3. Mail them in the appropriate envelopes (they will be included with your returns).

Additional Fee of $20.00 for all Mail-In Returns

Do you want direct deposit of your refund?

No additional fee for this service!

☐ **Yes!** **Have my refund deposited!**

What you need to do: *(yes…it's free)*

1. Check the above box.
2. Send a voided check. Take an actual check of the account you want the deposit to go into and write VOID across it.

Note: *Direct Deposit is required for fee from refund.*

☐ **No!** **Do not deposit my refund into my account!**

What you need to do:

1. Check the above box.
2. The refund will be mailed to your **TAX ADDRESS**. Allow an extra 2–4 weeks to receive your refund.

How are you paying for your preparation fee?

All preparation and related fees must be paid prior to completion of return.

☐ **Check or Money Order** **Make payable to Advantage Tax Services. $25.00 charge for all returned checks.**

☐ **Credit/Debit Card** ☐ **Visa** ☐ **MasterCard** ☐ **Discover** (Will appear on your receipt as *Specialty Tax Services, Inc.*)

Card Number ____ ____ ____ ____ Exp. Date __ / __ Security Code ____

Cardholder Name | Signature of Cardholder | Billing Zip Code

☐ **Withhold my tax prep fee from my refund** **$30.00 fee for this service**

(Not available after October 15, 2011.)

Check the box above if you want Advantage Tax Services to withhold your tax prep fee from your refund, the balance of your refund will be deposited directly into your checking account. You agree to pay all amounts due Advantage Tax Services for tax prep and related collection costs. If you have a balance due, a credit card is required at the time of processing your return.

What you need to do:

1. Check the above box.
2. Complete the bank application included with your Organizer or download one from www.1040advantage.com
3. Send a voided check. Take an actual check of the account you want the deposit to go into and write VOID across it.

Note: *Direct Deposit is required for fee from refund.*

Your tax return available 24/7 on your personal online portal at www.1040advantage.com

☐ **Yes!** **I would like access to my tax return 24/7 via an online portal. I understand that I will not receive a paper copy of my return this year.* I will receive an email providing me with my username and password to access the PDF of my 2010 Income Tax Return.**

**All of your source documents and originals will be returned to you.*

PRICING INFORMATION

$30 processing fee for all Organizers postmarked after March 15th!

Processing fee also applies to returns postmarked after September 25th!
All returns must be received by March 25th for possible completion by April 15th.

Item	Form #	Price
Federal Long Form and Schedule A	**1040**	**$119**
State Return		**$30 each**
Additional State Return(s)		**$40 each**
State w/Filing Status Change		**$50 each**
Domestic Partner State		**$50**
Additional Forms		
Local Tax Return		$40 each
Joint Return		$10
W-2's in excess of 2 per Taxpayer		$3 each
1099 Retirement—Tax and Penalty	5329	$30
Fee from Refund	ERD	$30
Additional Child Tax Credit	8812	$10
Alternative Minimum Tax	6251	$20
Alternative Motor Vehicle Credit	8910	$30
Business Use of Home	8829	$30
Capital Gains & Losses *(see note below)*	Sch. D	$20*
Casualty Loss and/or Theft	4684	$30
Child Care Credit	2441	$30
Contract & Straddles	6781	$40
Depreciation Worksheet		$10 each
Earned Income Credit	Sch. EIC	$20
Education Credits or Deductions	8863/1040	$20
Employee Business Expense Form	2106	$30
Energy Credit	5695	$30
Extension of Time to File	4868	NC
Farm Income	Sch. F	$50
Farm Rental	4835	$50
Federal Estimated Payment Vouchers	1040 ES	$30

Item	Form #	Price
First Time Home Buyers Credit	5405/8859	$30
Foreign Income Exclusion/Bona Fide Resident	2555	$50
Foreign Source Income Calculation		$50
Foreign Tax Credit	1116	$30
Health Insurance Credit	8885	$20
Injured Spouse/Innocent Spouse	8379/8857	$30
Installment Gain	6252	$50
Interest & Dividend Income over $1500	Sch. B	$30
Investment Interest Expense	4952	$20
Investment Tax—Children Under 18	8615	$30
Mortgage Interest Credit	8396	$20
Moving Expense	3903	$30
Net Operating Loss	1045	$100
Non Cash Contributions	8283	$30
Non Deductible IRA	8606	$30
Parents Reporting of Childs Income	8814	$30
Partnerships & S Corporations	K-1	$30
Passive Activity Loss	8582	$20
Prior Year Minimum Tax Credit	8801	$30
Rental Property *(price per property)*	Sch. E	$50
Retirement Savings Credit	8880	$10
Sale of Business Assets	4797	$80
Self Employment Tax	Sch. SE	$20
Small Business/Self Employment Income	Sch. CEZ	$30 each
Small Business/Self Employment Income	Sch. C	$50 each
Complex Small Bus./Self Employment Income	Sch. C	$80 each
Standard Return *(Non E-File)*		$20
Vehicle Credit	8936	$30

Note: *Sale of Stocks and Bonds are calculated at $20 for the first three transactions and $3.00 for each additional transaction.*

All Clients MUST Sign Below for Return to be Processed!

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal tax return. The forms listed in the Pricing Information section are the most common forms used. Additional forms not listed may result in per form fees. Administrative fees will apply for more complex returns. I will be responsible for any collection fees due to nonpayment. (If filing a joint return, both you and your spouse must sign.)

Signature	Signature of Spouse	Date

Final Checklist

- ☐ Originals of all W-2's
- ☐ Originals of Interest Statements 1099 INT
- ☐ Original Tuition Statement 1098T
- ☐ Original Dividend Statements 1099 DIV
- ☐ Copies of Sale of Stock/Bonds 1099B
- ☐ Copies of Brokerage Statements for All Sales
- ☐ Copies of Year-end Brokerage Statements
- ☐ Copies of Mortgage Statements 1098
- ☐ Copy of Closing Statement if Bought/Sold Home
- ☐ Copy of Receipt for Sales Tax on Car or Boat
- ☐ **Signed Application for Fee from Refund**
- ☐ Copy of Last Pay Stub of 2008
- ☐ Original Retirement Statements 1099R
- ☐ Original Voided Check for Direct Deposit
- ☐ Original Local Tax Forms with Instructions
- ☐ Copy of Last Year's Federal and State Tax Return if you are a New Client
- ☐ Copy of Any Statement of which you are unsure
- ☐ Copy of K-1's for Partnership, S-Corp, or Trusts
- ☐ Payment
- ☐ **Signed Back Page!**
- ☐ **Complete Organizer!**

Advantage Tax Services

www.1040Advantage.com

U.S. Postal Mailing Address:
P.O. Box 590
Cicero, IN 46034

Overnight Shipping ONLY:
220 West Jackson Street
Cicero, IN 46034

800-224-8066
LOCAL VOICE 317-984-1535

FAX 800-951-8879
LOCAL FAX 317-984-5841

Advantage Tax Services

Name: ______________________________

ELECTRONIC FILING INSTRUCTIONS

For your refund to be electronically filed by Advantage Tax Services, you must do the following:

- Check the yes box on page 11 of the Client Organizer, stating that you want to have your return electronically filed.
- Keep this copy of the 8879 Electronic Filing Authorization form with you.
- We will contact you once your return is calculated and provide you with the final numbers to complete this form.
- Fill in your name and Social Security number on the top of the form.
- Select a personal identification number (PIN) as your signature for your electronic income tax return. This 5 digit PIN can be any combination of numbers you choose. Most of our clients use their 5 digit zip code. You will not be required to remember this PIN for any future purpose.
- Under Part II, enter your PIN in the five boxes provided.
- Sign and date the form.
- Fax it to us at **800-951-8879!**
- Call us at 800-224-8066 to confirm receipt of your fax!

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

2010

Declaration Control Number (DCN) ▶

Taxpayer's name	**Social security number**
Spouse's name	**Spouse's social security number**

Part I **Tax Return Information—Tax Year Ending December 31, 2010** (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	
2	Total tax (Form 1040, line 60; Form 1040A, line 37; Form 1040EZ, line 11)	2	
3	Federal income tax withheld (Form 1040, line 61; Form 1040A, line 38; Form 1040EZ, line 7) . . .	3	
4	Refund (Form 1040, line 74a; Form 1040A, line 46a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	
5	Amount you owe (Form 1040, line 76; Form 1040A, line 48; Form 1040EZ, line 13)	5	

Part II **Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☑ I authorize ADVANTAGE TAX SERVICES (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ **Enter five numbers, but do not enter all zeros**

as my signature on my tax year 2010 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ______________________ Date ▶ ______________

Spouse's PIN: check one box only

☑ I authorize ADVANTAGE TAX SERVICES (**ERO firm name**) to enter or generate my PIN ☐☐☐☐☐ **Enter five numbers, but do not enter all zeros**

as my signature on my tax year 2010 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ______________________ Date ▶ ______________

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐☐☐☐☐☐☐☐☐☐☐ **do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So