

INCOME TAX ORGANIZER FOR TAX YEAR 2010

We're providing this organizer to assist you in compiling your tax information for 2010. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.

IF YOU HAVE ANY QUESTIONS, PLEASE

IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- **NEW CLIENTS.** Please *BE SURE TO COMPLETE* the General Information and Dependent Information Sections of this organizer. Also, be sure to read carefully the following points. You can help us process your work more efficiently by understanding our procedures.
- **CURRENT CLIENTS.** Please *BE SURE TO REVIEW AND UPDATE* your personal and contact information, making any changes necessary.
- **RESPONSIBILITY.** First and foremost, ***remember that YOU are responsible*** for keeping necessary records of your income and deductions, and YOU have the final responsibility for the content of your tax returns. Our responsibility, as for all CPAs, lies in our skill to use your information to your best benefit.
- **APPOINTMENTS. WE CANNOT MEET WITHOUT SCHEDULING APPOINTMENTS.** We will make every effort to arrange a convenient time for you. HOURS: Monday through Friday, 9:00 AM to 12:15 PM and 1:45 PM to 6:00 PM (lunch 12:15 pm to 1:45 pm).
- **MAIL OR DELIVER YOUR ORGANIZER TO OUR OFFICES.** Many times, appointments are unnecessary if you complete and mail, email, or deliver your organizer to us. We will contact you with any questions. If you SCAN and email your organizer and documents, please scan only one document per page.
- **WE WILL NOT RETURN DOCUMENTS UNLESS YOU REQUEST US TO.** In an effort to hold down costs, we will not return the documents you provide unless you request us to. Please retain copies of all documents you send us.
- **ITEMIZED DEDUCTIONS.**
HEALTH INSURANCE PREMIUMS: "Pre-tax" amounts are not deductible.
If you have included payments for health insurance premiums, DO NOT list any "pre-tax" amounts.
AD VALOREM TAXES: DO NOT include the cost of tags.
PERSONAL PROPERTY TAXES: Remember to INCLUDE tax paid on a boat or plane.
- **RECEIPT TOTALS.** Please provide us with income and expense "**TOTALS.**"
Please DO NOT BRING US ENVELOPES OF LOOSE, UNTOTALED RECEIPTS.
- **RECEIPTS.** Save all receipts for tax purposes such as audits.
Examples: Sales tax on car; Medical payments; Home remodeling. Email us if you are unsure.
- **REQUESTS FOR ADDITIONAL INFORMATION.** We may request copies of information to document justification of positions in your favor. We will not audit nor otherwise verify data that you submit, but we may ask that you clarify some items to enable us to fully understand your tax position and to properly prepare your returns.
- **ERRORS.** In the rare instance in which our work contains an error, we reserve the right to amend or correct your return at no charge for our time. Please inform us immediately of any such errors.
- **AUDITS.** All tax returns are subject to review by the taxing authorities. Should your return be selected for audit, please advise us immediately so that we may discuss with you the best method under which to proceed.
- **CONTACTING US.** At times during tax season we are not available to answer your call. However, you may contact us in a variety of ways. If possible, we prefer you **E-MAIL** us at ***IRSGOAWAY@AOL.COM***. If not possible, FAX your message to 770-461-8535, or leave a message or question on our voice mail so we can be prepared when we return your call.

IMPORTANT INFORMATION. PLEASE READ AND SIGN YOUR TAX ORGANIZER FOLLOWING THIS SECTION.

- ↪ **TURNAROUND.** Your tax return is customized for you. We take the time necessary to ensure that we have kept your income taxes to the absolute minimum. If you require quick turnaround, please advise us when you schedule your appointment or when you send us your completed tax checklist. "Final" information received from you after March 1 will most likely ensure completion will be after April 15. We will prepare an extension.
- ↪ **EXTENSIONS.** We will make every effort to have your tax return prepared before **April 15**. However, if we have not received all necessary information from you **BY MARCH 1**, we will prepare, and possibly file an extension for you. *An extension neither increases nor decreases your chance of an audit.* We will estimate how much tax payment, if any, is to be sent with your extension.
- ↪ **AFTER MARCH 1.** As a precaution we will prepare extensions for all tax returns, regardless of whether or not they will be used. Please make every effort to send us your work more than five weeks prior to the end of the season.
- ↪ **MORTGAGE FINANCING & REFINANCING / FASFA / HOPE SCHOLARSHIP.** If your mortgage company will need financial information or tax returns prepared by us, or if you need tax returns for FASFA or the Hope Scholarship, *Please provide at least seven days notice, and preferably longer, before the date the requested information is needed.*
- ↪ **SERVICES WE OFFER IN ADDITION TO TAX PREPARATION.** Throughout the year we are available for consultation regarding your questions on specific tax matters or assistance in tax and business planning. However, we will not offer recommendations as to investment quality of any specific stock, bond, limited partnership or similar investment.
- ↪ **FEE.** Fees for tax preparation and for all other related services are based on time spent at our hourly standard rates. Tax preparation: generally, \$95 per hour. Other: \$65 - \$125 per hour. Review of "client-prepared" tax return: minimum \$150. Estimated MINIMUM charge for the completion of both an individual's federal and state returns: \$190.00. Estimated AVERAGE charge for the completion of both an individual's federal and state returns: \$295.00. *Actual charges often vary from from these estimates, depending on the complexity of the returns.* Charge for additional copies of tax returns and support in divorce situations, for replacements, etc., is \$45 minimum. Either or both spouses or taxpayers may request. We accept MasterCard, Visa, American Express, and Discover Credit Cards for your convenience. At this time, WE DO NOT ACCEPT DEBIT CARDS.
- ↪ **TO KEEP YOUR COST OF TAX PREPARATION TO A MINIMUM:** PLEASE INCLUDE ALL PERTINENT TAX DATA WITH YOUR CHECKLIST or note that information will follow. We will charge to redo completed returns for data received late.
- ↪ **ALSO, WE WILL DELIVER YOUR TAX RETURN IN PDF FORMAT VIA EMAIL.** If you require a paper copy, please contact us.
- ↪ **INVOICING & PAYMENT.** In 2006, we began invoicing clients via e-mail as well as accepting payments on-line. We would appreciate your participation. Please make sure you check the appropriate response on the following page regarding invoice via e-mail.
- ↪ **BILLING OF COMPLETED WORK.** In general, a service charge of 1.5% per month will be added to all accounts not paid currently.
- ↪ **PRIVACY POLICY.** All non-public information about our clients is restricted to those members of our staff who need to know such information in order to provide the services you requested. We will not sell your name to any other firm. From time to time we may provide your name to firms we work with to inform you of financial information that could benefit you.

PLEASE SIGN YOUR TAX ORGANIZER BELOW

To the best of my (our) knowledge and belief, the information provided to Oddo Brothers CPAs in this tax organizer and accompanying supplement and / or notes, is true and correct.
 Also, I (we) have read and understand the preceding information regarding operating procedures of Oddo Brothers CPAs and agree to abide by them while having Oddo Brothers CPAs prepare our tax returns or other work.



TAXPAYER



SPOUSE

DATE

DATE

2010 TAX QUESTIONS

GENERAL QUESTIONS

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

Are your names, including your dependents' names, as printed in this Tax Organizer in the GENERAL INFORMATION section, spelled as they appear on your Social Security Card(s)? If not, please make the necessary corrections.

Is your address, as printed in this Tax Organizer in the GENERAL INFORMATION section, correct? If not, please make the necessary corrections next to your address.

SPECIAL NOTE REGARDING DECEASED SPOUSES: If a joint tax return was prepared last year under the names of the surviving and deceased spouses, this tax return will be filed under the name of the surviving spouse only. There is no need to correct your name.

Have COPIES of **ALL** pertinent 2010 tax information been enclosed with this Tax Organizer? If additional information follows, **amendments or changes made to your tax returns for incomplete data will be charged for.**

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

Are your phone number(s), e-mail address(es), and/or fax numbers, as printed in this Tax Organizer, correct? If not, please make corrections.

E-mail: We have found e-mail to be one of the best ways to contact our clients. It allows us to be more accessible, as well as more efficient in the use of our clients' time. We have installed security to guard your confidential information during transmissions. Our goal is to provide the best service possible, and e-mail is a great tool to help us achieve that end.

Invoicing: We will invoice you via email.

Telephone: If we need to call you, what are the best times to contact you via telephone? We do not want to call you too early or too late.

Telephone No:

Best times to call:

2010 TAX QUESTIONS

GENERAL QUESTIONS

YES	NO	N/A

IRA CONTRIBUTION: Will you make a **TRADITIONAL** IRA Contribution by April 15, 2011?

IRA CONTRIBUTION: Will you make a **ROTH** IRA Contribution by April 15, 2011?

Taxpayer \$ _____ Taxpayer's Spouse \$ _____

TAX ESTIMATES: Do you wish us to calculate 2011 income tax estimates? (usually unnecessary if your withholding is adequate and consistently overpaid)

YES	NO	N/A

Did you make any contributions to a qualified higher education program / qualified higher education college savings account (**Section 529 Plan**)? Such payments may be deductible on your state income tax return.

YES	NO	N/A

TAXPAYER: Do you wish to contribute \$3 to the presidential campaign fund?

SPOUSE: Do you wish to contribute \$3 to the presidential campaign fund?

YES	NO	N/A

Did your employer reimburse any employee business expenses, including overnight travel? If yes, please see section EMPLOYEE BUSINESS EXPENSES found later in this organizer.

YES	NO	N/A

NON-CASH CONTRIBUTIONS of \$250 or more. **SPECIAL NOTE:** The IRS requires taxpayers to maintain written documentation indicating the name of the donee(s), the date(s) of the contribution(s), and the amount(s) of the contribution(s) for all cash **AND** non-cash charitable contributions. Without this support, the IRS may deny the deduction(s).

DATE	DONEE	DESCRIPTION	VALUE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2010 TAX QUESTIONS

AT ANY TIME DURING 2010:

YES	NO	N/A

Were any changes made to your prior year's tax return by you, the IRS, or the State? If yes, please provide details (e.g. change in refund received). If not, we will use the information shown on your prior year's tax return:

YES	NO	N/A

Did you prepare and file your own extension(s)? If yes, how much was paid with extension(s)?

Federal \$ _____ State \$ _____

Did you receive retirement plan distributions (e.g. IRA, 401-k, etc.)? If yes, please provide copies of your 1099Rs.

If yes, were they rolled over within 60 days?

If yes, were any funds used to pay for post secondary schooling or as a down payment on the purchase of a first home?

Did you pay SALES TAX on any major purchase(s)? (e.g. new car) \$ _____

YES	NO	N/A

Did you purchase and place in service a hybrid vehicle by December 31, 2010? If yes, please provide us with information on your purchase. Certain hybrid vehicles are still eligible for tax incentives.

DEPENDENT INFORMATION

NAME of Dependent
(do not include yourself or your spouse)

Last Name, if different

	YES		NO		YES		NO		YES		NO		YES		NO	
Dependent is married?																
... is a U.S. citizen?																
... is a full-time student 5 or more months?																
... if in college, in what year?																
... received more than 1/2 support from Taxpayer?																
Wages of Dependent	\$		\$		\$		\$		\$		\$		\$			
Investment income of Dependent	\$		\$		\$		\$		\$		\$		\$			

IN ADDITION TO THE DEPENDENT INFORMATION PROVIDED ABOVE, PLEASE VERIFY, AND CORRECT IF NECESSARY, THE DEPENDENT INFORMATION IN THE FOLLOWING SECTION ENTITLED "GENERAL INFORMATION."

GENERAL INFORMATION

2010
(MAIN INFO)

Taxpayer's First Name _____	M.I. _____	Spouse's First Name _____	Spouse's M.I. _____
Taxpayer's Last Name _____	Suffix _____	Spouse's Last Name (if different) _____	
Taxpayer's Social Security Number _____		Spouse's Social Security Number _____	
Present Home Address _____		City, State, Zip Code _____	
E-Mail Address _____			

Filing Status: Please Check One

Single
 Married Filing Joint
 Married Filing Separately
 Head of Household
 Qualifying Widow(er)

If you selected head of household and have no dependents, list the name _____ and Social Security number _____ of your qualified child who lives with you and qualifies you for this status.

Dependents/Nondependents Qualifying for Child Care and/or EIC

Note: If any children listed below are nondependents then mark an 'X' in the column listed "Non Dep."

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months in home	Non Dep.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If you are claiming as a dependent a child who did not live with you, check the documents that substantiate this claim:

Pre-1985 divorce or separation agreement
 Signed Form 8332
 Post-1984 divorce or separation agreement WITHOUT CONDITIONS

Taxpayer's Birth Date _____	Spouse's Birth Date _____
Taxpayer's Occupation _____	Spouse's Occupation _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell/FAX Phone _____	Cell/FAX Phone _____

State of Residency:(2-Letter Abbreviation) _____ State of Part-year Residency _____ 2nd State of Part-year Residency _____

Please use the following space for any comments you wish to make to your preparer.

W-2 INCOME

2010
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

Name of employer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE

*** Please include a W-2 from each of your 2010 employers.**

W-2G INCOME

**2010
(W-2G)**

Listed below are payers shown on your last year's income tax return.

***Please include any W-2G from each of your 2010 payers.**

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

Name of payer _____
 Street address _____
 City, State, Zip Code _____
 Federal Identification Number _____
 TAXPAYER SPOUSE

ESTIMATED TAX PAID FOR THE 2010 TAX YEAR

(FED/ST TAX)

*** Please enter only the payments to be applied to the current year tax, including any payments made in January of 2010.**

Federal payments

State of _____ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2010: _____

State/local estimate payment for 2009, due January 15, 2010, paid on or after January 1, 2010: _____

PENSION AND RETIREMENT INCOME

**2010
(1099R)**

PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

Name of payer _____
Street address _____
City, State, Zip Code _____
Employer Identification Number _____

TAXPAYER SPOUSE IRA

* Please include any 1099's and other 2010 information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

SOCIAL SECURITY BENEFITS

(1040 WKT)

2010 AMOUNTS

Taxpayer Amount \$ _____

Spouse Amount \$ _____

2009 TOTAL AMOUNT

PARTNERSHIP AND S-CORPORATION INCOME

2010
(K-1 P/S)

Your 2009 K-1 information is shown below.

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

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Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

K-1 INFORMATION

Name of Partnership or S-Corporation _____
Federal ID Number _____
Enter "P" for partnership or "S" for S-Corp _____

* Please attach all K-1 schedules received for 2010.

ESTATE AND TRUST INCOME

2010
(K-1 E/T)

Your 2009 K-1 information is shown below.

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

K-1 INFORMATION

Name of Estate, Trust _____
Federal ID Number _____
If any rental real estate, are you an active participant? _____

* Please attach all K-1 schedules received for 2010.

OTHER INCOME AND ADJUSTMENTS

2010

OTHER INCOME

2010

2009

Seller Financed Mortgages

Payer	Principal	Interest	Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State and Local Income Tax Refunds Received in 2010

State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____
State or Local jurisdiction _____	Amount received _____

Unemployment (Please attach 1099G(s)).

2010

2009

Amount received: _____	_____
Amount repaid: _____	_____

Alimony amount received

Other Income

Type: _____ Amount: _____

ADJUSTMENTS

Taxpayer
2010

Taxpayer
2009

Spouse
2010

Spouse
2009

Educator expense	_____	_____	_____	_____
Self-employed retirement plans	_____	_____	_____	_____
Self-employed health insurance paid	_____	_____	_____	_____
IRA'S				
Traditional	_____	_____	_____	_____
Roth	_____	_____	_____	_____
Student loan interest	_____	_____	_____	_____
Alimony Paid				
To whom paid: _____		Amount: _____		
SSN: _____				
Tuition and Fees		Amount: _____		
Other Adjustments		Amount: _____		
Type: _____				

CHILD AND DEPENDENT CARE EXPENSES

2010
(2441)

Please list all care providers and the amounts paid to them in 2010. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2009 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2009 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2009 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2009 AMOUNT	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	2009 AMOUNT	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*You may change or delete any information that does not apply to the current year.

ITEMIZED DEDUCTIONS			2010 (SCH A)
	*T,S,J	2010	2009
MEDICAL AND DENTAL EXPENSES - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
TAXES PAID			
Real estate taxes	_____	_____	_____
Other _____	_____	_____	_____
INTEREST PAID			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Qualified Mortgage Insurance Premium	_____	_____	_____
Investment interest expense	_____	_____	_____
CONTRIBUTIONS - Receipts required for all contributions			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash			
Number of charity miles	_____	_____	_____
MISCELLANEOUS DEDUCTIONS			
Include union and professional dues, business publications, etc.			
_____	_____	_____	_____
_____	_____	_____	_____
Tax preparation fee			
Include below items, such as safe deposit box, investment expense.			
_____	_____	_____	_____
_____	_____	_____	_____
Gambling losses			
_____	_____	_____	_____

EMPLOYEE BUSINESS EXPENSES

2010
(2106/2106 EZ)

GENERAL INFORMATION

2010

2009

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____
Type _____ Amount _____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

EMPLOYEE BUSINESS EXPENSES

2010
(2106/2106 EZ)

GENERAL INFORMATION

2010

2009

Are these your spouse's business expenses? _____
Occupation in which expense incurred? _____
Were you a qualified performing artist? _____
Were you a fee basis state or local government official? _____
Were you a National Guard reserve member who traveled more than 100 miles from home to perform services as a National Guard or reserve member? _____

EXPENSES

Parking fees, tolls, and local transportation _____
Travel expenses while away from home overnight _____
Meals and entertainment expenses _____
Are you subject to the hours of service limitation of the Department of Transportation? _____
Other business expenses _____
Type _____ Amount _____

REIMBURSEMENTS

Meals and entertainment _____
Other _____

AUTOMOBILE INFORMATION

VEHICLE A

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

VEHICLE B

Date vehicle was placed in service _____
Total mileage vehicle was used during the year _____
Miles that vehicle was used for business _____
Miles that vehicle was used for commuting _____

ACTUAL EXPENSES

Gas, repairs, insurance, etc. _____
Vehicle rental _____
Cost or other basis of vehicle _____

Do you (or your spouse) have another vehicle available for personal use? _____
Was your vehicle available for personal use during off-duty hours? _____
Do you have evidence to support the deduction? _____
If "Yes," is the evidence written? _____

RENTAL REAL ESTATE AND ROYALTIES

2010
(SCH E)

KIND OF PROPERTY LOCATION OF PROPERTY	Property A		Property B		Property C	
	2010	2009	2010	2009	2010	2009
INCOME						
Rents received						
Royalties received						
EXPENSES						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
Miscellaneous Expenses						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Type of misc expense 5						
Amount item 5						
Enter loss carryover to 2010						
Did you actively participate in this venture?						
Did you use this property for personal use?						

Part-Year, Part-Rental, or Personal Use Unit

**2010
(Sch. E)**

KIND OF PROPERTY

LOCATION

Rental income

Percent
(of time, year, or property rented):

2010

2009

2010

2009

%

%

Rental and personal use

Rental only

Expenses:

2010

2009

2010

2009

Advertising

Auto and travel

Cleaning and maintenance

Commissions

Insurance

Legal and professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Real estate tax

Taxes other than real estate taxes

Utilities

Other expenses

Personal use unit ONLY:

Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.

BUSINESS INCOME AND EXPENSES

2010
(SCH C)

Your principal business or profession _____ Is this your spouse's Schedule C? _____

Business name _____ 2009 Business code _____

Business address _____ Employer ID _____
(Not SSN)

Accounting method: _____

Enter date if you disposed of or sold this business during the year _____

BUSINESS VEHICLE	2010	2009
Date placed in service _____		
Miles used for: Business _____		
Commuting _____		
Other _____		

PART I INCOME		
Gross receipts or sales _____		
Returns and allowances _____		
Other income _____		

PART II EXPENSES		
Advertising _____		
Car/Truck expenses _____		
Commissions _____		
Contract labor _____		
Depletion _____		
Employee benefit programs _____		
Insurance _____		
Interest - mortgage _____		
Interest - other _____		
Legal and professional services _____		
Office expense _____		
Pension and profit sharing _____		
Rent or lease - vehicles, machinery _____		
Rent - Other business property _____		
Repairs and maintenance _____		
Supplies _____		
Taxes and licenses _____		
Travel _____		
Meals and entertainment _____		
Utilities _____		
Wages _____		
Enter prior year unallowed loss (if any) _____		

OTHER EXPENSES		(SCH C PG 2)
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Inventory method: Cost Lower of Cost or Market Other

Inventory at beginning of year _____

Purchases less cost of personal items _____

Inventory at end of the year _____

OFFICE IN THE HOME DEDUCTION

2010
(8829)

2009

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2010

2009

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses _____

Deductible mortgage interest _____

Real estate taxes _____

Insurance _____

Rent _____

Repairs and maintenance _____

Utilities _____

Other expenses _____

Carryover of operating expenses from 2009 Form 8829 line 42 _____

Carryover of excess casualty losses and depreciation from 2009 Form 8829 line 43 _____

Enter the fair market value of your home _____

Enter the cost of your home _____

Enter the value of the land on which your home is placed _____



e-File!

ELECTRONIC FILING

Faster!
Safer!
Smarter!

ODDO Brothers CPAs will e-file **ALL 2010** tax returns unless a client specifically requests us not to. Currently the IRS prefers, and will soon require, e-filing. We highly recommend e-filing for accuracy and efficiency. Let us serve you better! The appropriate forms are attached. Please sign where we've indicated and return them with your checklist.

For Your Information

- ↪ Refunds or payments can be made electronically, with automatic deposits to, or withdrawals from, your bank account, *HOWEVER . . .*
- ↪ You are ***not required*** to provide a bank account number to the IRS or State if you prefer not to. You may e-file your tax returns and receive refunds or make payments by mail.

Please

SIGN both Forms 8879 and GA 8453 where we have highlighted in yellow.

Do NOT date them.

SELECT one Refund and one Payment option box below.

- Refund** e-File my (our) tax returns and have my (our) refund(s) mailed.
- Refund** e-File my (our) tax returns and have my (our) refund(s) automatically deposited to my (our) bank account. Check either Checking or Savings.
If Checking, **attach to this page** a voided copy of a check for the appropriate account.
If Savings, enter the Routing Number and Bank Account Number below.
- Payment** e-File my (our) tax returns and send the payment(s) separately.
- Payment** e-File my (our) tax returns and give my (our) permission for automatic withdrawal of tax due from my (our) bank account. Check either Checking or Savings.
If Checking, **attach to this page** a voided copy of a check for the appropriate account.
If Savings, enter the Routing Number and Bank Account Number below.

↪ **NOTE** ***Your tax returns cannot be e-Filed until we contact you and you approve the results. TO FACILITATE PROCESSING YOUR TAX RETURNS, PLEASE COMPLETE THE FOLLOWING WITH YOUR MOST ACCESSIBLE CONTACT INFORMATION.***

Best E-mail address _____

Best Telephone _____

Savings Account Routing # _____ Account # _____

Department of the Treasury
Internal Revenue Service

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

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 75; 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 acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) 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 _____ 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.
ERO firm name

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 _____ 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.
ERO firm name

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

For Paperwork Reduction Act Notice, see the instructions.

PLEASE DO NOT MAIL!

KEEP WITH YOUR RECORDS

IRS DCN OR SUBMISSION ID

00

11

**GA-8453
2010**




**GEORGIA INDIVIDUAL INCOME TAX DECLARATION
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER**

First Name and Initial	Last Name	Social Security Number
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's SSN
Home Address (number and street)	Apt No.	Daytime Telephone No.
City, Town or Post Office, State and Zip Code		

PART I	TAX RETURN INFORMATION	
1. Federal Adjusted Gross Income (Form 500, Line 8; Form 500EZ, Line 1)	1.	
2. Georgia Taxable Income (Form 500, Line 15; Form 500EZ, Line 3)	2.	
3. Net Georgia Tax (Form 500, Line 18; Form 500EZ, Line 4)	3.	
4. Refund (Form 500, Line 37; Form 500EZ, Line 20)	4.	
5. Balance Due (Form 500, Line 36; Form 500EZ, Line 19)	5.	

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2010 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/transmitter.

SIGN HERE   _____  _____

TAXPAYER'S SIGNATURE _____ **Date** _____ **SPOUSE'S SIGNATURE (if joint return, both must sign)** _____ **Date** _____

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only	ERO'S Signature _____	Date _____
	Firm's Name _____	Check if also paid preparer <input type="checkbox"/>
	Address _____	FEIN/PTIN _____
		SSN/TIN _____

IF PREPARED BY ANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE TAXPAYER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only	Paid Preparer's Signature _____	Date _____
	Firm's Name _____	FID/TIN _____
	Address _____	SSN/TIN _____

GA-8453 (REV 8/10)

PLEASE DO NOT MAIL!

KEEP WITH YOUR RECORDS