

# Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2010	2009
1 Prescription medications .....		
2 Health insurance premiums (enter Medicare B on ORG10) .....		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums .....		
b Spouse's gross long-term care premiums .....		
c Dependent's gross long-term care premiums .....		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity .....		
5a Insurance reimbursement .....		
b Medical (MSA) or health (HSA) savings account distributions .....		
6 Doctors, dentists, etc .....		
7 Hospitals, clinics, etc .....		
8 Lab and X-ray fees .....		
9 Expenses for qualified long-term care .....		
10 Eyeglasses and contact lenses .....		
11 Medical equipment and supplies .....		
12 Miles driven for medical purposes .....		
13 Ambulance fees and other medical transportation costs .....		
14 Lodging .....		
15 Other medical and dental expenses:		
a _____ .....		
b _____ .....		
c _____ .....		
d _____ .....		
e _____ .....		
f _____ .....		
g _____ .....		
h _____ .....		
i _____ .....		
j _____ .....		
TAXES	2010	2009
Enter state and local income taxes on <b>ORG7, ORG8, ORG10, and ORG40.</b>		
16 Real estate taxes paid on principal residence .....		
17 Real estate taxes paid on additional homes or land .....		
18 Auto registration fees based on the value of the vehicle .....		
19 Other personal property taxes .....		
20 Other taxes:		
_____ .....		
_____ .....		

**Interest Paid and Cash Contributions**

ORG14

<b>HOME MORTGAGE INTEREST PAID</b>			
Lender's Name	Check if NOT on Form 1098	2010	2009
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

<b>POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME</b>		
Lender's Name	Check if NOT on Form 1098	2010
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

<b>SELLER FINANCED MORTGAGE</b>		
Individual's Name	Identifying Number	Address
		-----
		-----

<b>OTHER POINTS</b>					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2009 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

<b>INVESTMENT INTEREST</b>		
	2010	2009
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) .....		

Interest Paid and Cash Contributions (continued)

ORG14

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2010	2009
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven .....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A			
B			
C			
D			
E			
F			
G			
H			
I			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A		
B		
C		
D		
E		
F		
G		
H		
I		

* Method for Fair Market Value	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				

**\* Methods of determining FMV:**

- |               |                          |                   |
|---------------|--------------------------|-------------------|
| Appraisal     | Capitalization of income | Present value     |
| Average share | Comparative sales        | Replacement cost  |
| Catalog       | Consignment shop         | Reproduction cost |
|               |                          | Thrift shop       |

**\*\* Type of Donated Property**

- |                                 |                                   |  |
|---------------------------------|-----------------------------------|--|
| Household/clothing items        | Business equipment                | Intellectual property                  |
| Motor vehicle, boat or airplane | Business inventory                | Real property, conservation property   |
| Art, other than self-created    | Stock, publicly traded            | Real property, other than conservation |
| Art, self-created               | Stock, other than publicly traded | Other personal property                |
| Collectibles                    | Securities, other than stock      | Other intangible property              |

**\*\*\*How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

# Employee Business Expenses

**ORG17**

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed .....

Check box if a fee-basis state or local government official .....

Check box if subject to Department of Transportation (DOT) hours of service limits .....

Treat all MACRS assets for activity as qualified Indian reservation property? .....  Yes  No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property? .....  Regular  Extension  No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? .....  Yes  No

Was this activity located in a Qualified Disaster Area .....  Yes  No

EXPENSES	2010	2009
1 Parking fees, tolls, and local transportation .....		
2 Travel expenses while away from home (excluding meals/entertainment expenses) .....		
3 Meals and entertainment expenses .....		
4 Business gifts .....		
5 Education .....		
6 Home office expenses ( <b>Preparer Use Only</b> – complete ORG17A) .....		
7 Trade publications .....		
8 Depreciation expense other than vehicle ( <b>Preparer Use Only</b> ) .....		
9 Carryover of Section 179 expense from prior year .....		
10 Other: ..... ..... .....		

EMPLOYER REIMBURSEMENTS	2010	2009
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment .....		
12 Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2010	2009
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2010	2009
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any property or equipment other than a vehicle was acquired during 2010, please complete ORG51— Additional Assets. For vehicles, see page 2.

If any property or equipment other than a vehicle was disposed of during 2010, please complete the disposition information on ORG50 – Existing Assets. For vehicles, see page 2.

**Employee Business Expenses (continued)**

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1		Vehicle 2	
15	Description of vehicle .....				
16	Date placed in service .....				
17	Enter detail on lines 17a and 17b, or total on line 17c:				
a	Ending mileage reading .....				
b	Beginning mileage reading .....				
c	Total miles for the year (line 17a less line 17b) .....				
18	Business miles .....				
19	Total commuting miles .....				
20	Average daily commuting miles .....				
STANDARD MILEAGE RATE		Vehicle 1		Vehicle 2	
21	Do you qualify for standard mileage? (Preparer Use Only) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Is this a leased vehicle? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ACTUAL EXPENSES		Vehicle 1		Vehicle 2	
23	Gasoline, oil, repairs, insurance, etc .....				
24	Vehicle registration fee (excluding property tax) .....				
25	Vehicle lease or rental fee .....				
26	Inclusion amount (Preparer Use Only) .....				
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2) .....				
28	Depreciation (Preparer Use Only) .....				
VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1		Vehicle 2	
29	Cost or basis .....				
30	Is this an electric vehicle? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only) .....				
33	Section 179 expense (Preparer Use Only) .....				
34	Qualified Property for Economic Stimulus? (Preparer Use) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only) .....	<input type="checkbox"/> Reg	<input type="checkbox"/> Ext	<input type="checkbox"/> N/A	<input type="checkbox"/> Reg
38	Percentage for Special Depreciation Allowance? (Preparer Use) .....	<input type="checkbox"/> 50%	<input type="checkbox"/> 30%	<input type="checkbox"/> N/A	<input type="checkbox"/> 50%
39	Elect OUT of Special Depreciation Allowance? (Preparer Use) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41	Date sold .....				
42	Date acquired, if different from line 16 .....				
43	Sales price .....				
44	Expense of sale .....				
45	Gain/loss basis, if different (Preparer Use Only) .....				
46	AMT gain/loss basis, if different (Preparer Use Only) .....				
VEHICLE QUESTIONS					
47	Was your vehicle available for personal use during off-duty hours? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49	Do you have evidence to support the business use claimed? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50	If yes, is the evidence written? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Employee Home Office Expense

ORG17A

for:  
copy:

GENERAL INFORMATION	2010	2009
1 Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2 Area used only partly for day care (square footage) .....		
3 Total area of home (square footage) .....		
4 Daycare hours		
a Number of weeks used for daycare, if less than full year .....		
b Number of days used for day care each week .....		
c Number of days closed for holidays, vacations, etc .....		
d Number of hours used for daycare each day .....		
5 Total wages from this business .....		
6 Enter the percent of wages above that are from the business use of this home .....		
7 Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8 Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2010		2009	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest not on Form 1098 .....				
12 Points not of Form 1098 .....				
13 Real estate taxes .....				
14 Qualified mortgage insurance .....				
15 Other insurance .....				
16 Rent .....				
17 Repairs and maintenance .....				
18 Utilities .....				
19 Other expenses (e.g., rent) .....				
20 Carryover of operating expenses .....				
21 Excess casualty losses (Preparer Use Only) .....				
22 Depreciation of your home (Preparer Use Only) .....				
23 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
25	Enter the land value included in cost for residence .....			

## Car And Truck Expenses

(Employees use ORG17 – Employee Business Expenses)

ORG18

for:

GENERAL INFORMATION-	Vehicle 1	Vehicle 2	Vehicle 3
1 Description of vehicle .....			
2 Date placed in service .....			
3 Enter detail on lines 3a and 3b, or total on line 3c:			
<b>a</b> Ending mileage reading .....			
<b>b</b> Beginning mileage reading .....			
<b>c</b> Total miles for the year (line 3a less line 3b) .....			
4 Business miles .....			
5 Total commuting miles .....			
STANDARD MILEAGE RATE	Vehicle 1	Vehicle 2	Vehicle 3
6 Do you qualify for standard mileage? (Preparer Use) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES	Vehicle 1	Vehicle 2	Vehicle 3
8 Gasoline, oil, repairs, insurance, etc .....			
9 Vehicle registration fee (excluding property tax) .....			
10 Vehicle lease or rental fee .....			
11 Inclusion amount (Preparer Use Only) .....			
12 Depreciation (Preparer Use Only) .....			
13 Parking fees, tolls, and local transportation .....			
14 Portion of vehicle registration fee based on value .....			
15 Interest on vehicle .....			
DEPRECIATION/DISPOSITIONS	Vehicle 1	Vehicle 2	Vehicle 3
16 Cost or basis .....			
17 Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Is this qualified Indian reservation property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Type of vehicle (Preparer Use) .....			
20 Section 179 expense (Preparer Use) .....			
21 Qualified Property for Economic Stimulus? (Preparer Use) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22 Qualified Property for Qualified Disaster Area? (Preparer Use) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Kansas Disaster Zone? (Preparer Use) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Qualified GO Zone Property (Preparer Use) .....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25 Qualified Property for SDA? (Preparer Use) .....	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26 Elect OUT of SDA? (Preparer Use) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27 Elect 30% in place of 50% SDA (Preparer Use) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28 Date sold .....			
29 Date acquired, if different from line 2 .....			
30 Sales price .....			
31 Expense of sale .....			
32 Gain/loss basis, if different (Preparer Use) .....			
33 AMT gain/loss basis, if different (Preparer Use) .....			
VEHICLE QUESTIONS	Vehicle 1	Vehicle 2	Vehicle 3
34 Is another vehicle available for personal use? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Was vehicle available during off duty hours? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36 Was vehicle used primarily by a greater than 5% owner or related person? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37 Do you have evidence to support the business use claimed? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38 If <b>yes</b> , is the evidence written? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No