

2001

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2001, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary.

YES NO

PERSONAL INFORMATION

- Did your marital status change during the year?
- Did your address change during the year?
- Could you be claimed as a dependent on another person's tax return for 2001?

DEPENDENTS

- Were there any changes in dependents?
- Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2001?
- Did you have any children under age 14 on January 1, 2002 with interest and dividend income in excess of \$750, or total investment income in excess of \$1500?

TAX REBATE/ADVANCE PAYMENT

- Did you receive a tax rebate/advance payment from the Internal Revenue Service?
If yes, specify the amount. \$ _____

INCOME

- Did you receive unreported tip income of \$20 or more in any month?
- Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
- Did you receive any disability income?
- Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

- Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
- Did you buy or sell any stocks, bonds or other investment property? Specify the sale of any collectibles (e.g., artwork, gems, stamps, coins) and any qualified small business stock.
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
- Did you have any debts cancelled or forgiven?
- Did anyone owe you money which had become uncollectible?

2001	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2001, please check the appropriate box and include all pertinent details. Attach additional schedules if necessary.

- | YES | NO | RETIREMENT PLANS |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a profit-sharing plan, retirement plan, or individual retirement arrangement (including Traditional IRA, Roth IRA, and Education Savings Account)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert from a Traditional IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a Traditional IRA , Roth IRA, or Education Savings Account? |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |

- | | | MISCELLANEOUS |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss this return with the preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur moving expenses due to a change of employment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur any adoption expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$10,000, or any gifts to a trust? |

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2001	1040	US	Client Information	1
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Financial Planning Services
 43849 Carentan Drive
 Temecula, CA 92592
 (909) 303-8750

Tax Return Appointment

Date:
 Time:

This tax organizer will assist you in gathering information necessary for the preparation of your 2001 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION (1)

Filing Status	Filing status (table) 1=married filing separate and lived with spouse Year spouse died, if qualifying widow(er) (1999 or 2000)		<p style="text-align:center;">Filing Status</p> 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Taxpayer	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Spouse	First name and initial Last name Title/suffix Social security number Occupation Date of birth (m/d/y) Date of death (m/d/y) 1=blind		
Address	Care of Addressee Street address Apartment number City State ZIP code		
Foreign Address	Region Postal code Country		
Taxpayer Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number Fax number E-mail address		
Spouse Contact Information	Home phone Work phone Work extension Daytime phone (table) Mobile phone Pager number Fax number E-mail address		

Daytime Phone

1 = Work
 2 = Home

2001	1040	US	Client Information (continued) & Dependents	1, 2
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Please add, change or delete information for 2001.

CLIENT INFORMATION (1)

Misc.	Preparer number		
	Designee number, if different		
	Staff preparer number		
	State return.....		

DEPENDENTS (2)

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child at home (default) 2 = Child not at home 3 = Dependent other than child 4 = HH only, not a dependent 5 = EIC only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled age 19 or older 4 = Force 5 = Suppress</p>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
	Dependent	Dependent	
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			

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Direct Deposit & Estimates (Form 1040 ES)

3, 6, 7.1

Please enter all pertinent 2001 information.

DIRECT DEPOSIT OF REFUND (3)

1=direct deposit of federal tax refund into bank account		
Name of bank		
Routing transit number (9 digit no. beginning with 01 thru 12 or 21 thru 32)		
Depositor account number (up to 17 characters)		
Type of account: 1=savings, 2=checking.....		

2001 ESTIMATED TAX (6)

	Federal			State		
	Amount Paid	Date Paid	TS	Amount Paid	Date Paid	TS
Overpayment applied from 2000						
1st quarter payment (due 4/16/01)						
2nd quarter payment (due 6/15/01)						
3rd quarter payment (due 9/17/01)						
4th quarter payment (due 1/15/02)						
Additional Estimated Tax Payments						

APPLICATION OF 2001 OVERPAYMENT (7.1)

If you have an overpayment of 2001 taxes, do you want the excess refunded? or applied to 2002 estimate?

Other (please explain): _____

2002 ESTIMATED TAX INFORMATION

Do you expect your 2002 taxable income to be generally the same as 2001? Yes No

If "no" explain any differences in income, deductions, dependents, etc: _____

Do you expect your 2002 withholding to be generally the same as 2001? Yes No

If "no" explain any differences: _____

3, 6, 7.1

2001	1040	US	Wages & Pensions	10, 13
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**Please enter all pertinent 2001 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.**

WAGES, SALARIES, TIPS (10)

No.	Name of Employer	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld				2000 Wages	
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)		Local (Box 19)

PENSIONS, IRA DISTRIBUTIONS, W-2G (13)

No.	Name of Payer	1=IRA/SEP/SIMPLE (Box 7) 2=W-2G		1=rollover (Box 7) Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld			2000 Distribution	
		1=spouse				Federal (Box 4)	State (Box 10)	Local (Box 13)		

2001	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2001 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2000 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income			Tax-Exempt Interest		Foreign tax paid (Box 6)	2000 Dividends
			Ordinary Dividends (Box 1)	Capital Gain Distributions (Box 2a)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

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Miscellaneous Income

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Please enter all pertinent 2001 amounts and attach all 1099-G, 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
State tax refund if you itemized last year.....				
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
Tier 1 RR retirement benefits (RRB-1099, box 5).....				
1=lump-sum election for SS benefits				
Alimony received.....				
Unemployment compensation received				
Unemployment compensation repaid				
Taxable scholarships and fellowships.....				
Household employee income not on W-2				
Alaska permanent fund dividends				
Qualified state tuition program earnings:				
Federal				
State, if different (-1 if none)				
Income from rental of personal property				
Income subject to S/E tax:				

Other income:				

TAX WITHHELD (only from above sources)

Federal income tax withheld				
State income tax withheld				

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Business Income (Schedule C)

No.

16

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name	
Business address	
Business city, state, ZIP code	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower c/m, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
1=W-2 earnings as statutory employee [O].		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=investment		

INCOME

	2001 Amount	2000 Amount
Gross receipts or sales		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

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

Inventory at end of the year		

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Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

EXPENSES

2001 Amount

2000 Amount

Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses [A].....		
Commissions.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest [A].....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, and equipment [A].....		
Rent - other business property.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other [A].....		
Telephone.....		
Tools.....		
Travel.....		
Total meals and entertainment in full (50%).....		
Department of Transportation meals in full (60%).....		
Disallowed meals and entertainment [O].....		
Uniforms.....		
Utilities.....		
Wages.....		
Less: employment credits (enter as positive) [O].....		
Other expenses:		

NOTE: If you purchased or disposed of any business assets, please complete sheets 22 and 22 p2.

16 p2

2001	1040	US	Capital Gains & Losses (Schedule D)				17
If you sold any stocks, bonds, or other investment property in 2001, please list the pertinent information for each sale below. Be sure to attach all 1099-B forms and brokerage statements.							
No.	Description of Property	Date Acquired	Date Sold	Sales Price (gross or net)	Cost or Basis	Expenses of Sale (if gross sales price entered)	
						17	

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Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

2001 Amount

2000 Amount

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Prior years' payments		
	Ordinary income (-1 if none, triggers 4797)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Prior years' payments		
	Ordinary income (-1 if none, triggers 4797)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Prior years' payments		
	Ordinary income (-1 if none, triggers 4797)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Prior years' payments		
	Ordinary income (-1 if none, triggers 4797)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Prior years' payments		
	Ordinary income (-1 if none, triggers 4797)		

No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
	Prior years' payments		
	Ordinary income (-1 if none, triggers 4797)		

17 p2

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Sale of Home & Moving Expenses

No.

17, 27

If you sold your home or moved in 2001, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property, Date acquired (m/d/y), Date sold (m/d/y), Sales price, 1=sale of home, 1=owned and used property as main home for at least 2 of 5 years before sale, 1=sale due to change in health or employment, If excluding gain from another home after May 6, 1997 & within 2 years of current sale, enter date of sale (m/d/y)

Adjusted Basis

Original cost, Improvements, Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health or place of employment, you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

Days used as main home - taxpayer, Days used as main home - spouse, Days property owned - taxpayer, Days property owned - spouse

MOVING EXPENSES (27) (If you moved because of a change in the location of your job)

1=spouse, 2=joint, 1=armed forces move due to permanent change of station, Miles from old home to new work place, Miles from old home to old work place, Expenses for transportation and storage of household goods and personal effects, Lodging and travel (excluding meals): Lodging and travel (excluding automobile), Parking fees and tolls, Gas and oil, Miles driven to new home, Reimbursements (not included in wages)

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

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Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

Kind of property

Location of property

Percentage of ownership if not 100% (.xxxx)	<input type="text"/>	
Percentage of tenant occupancy if not 100% (.xxxx)	<input type="text"/>	
1=spouse, 2=joint	<input type="text"/>	
1=nonpassive activity, 2=passive royalty	<input type="text"/>	
1=did not actively participate	<input type="text"/>	
1=real estate professional	<input type="text"/>	
1=rental other than real estate	<input type="text"/>	
1=investment	<input type="text"/>	

INCOME

	2001 Amount	2000 Amount
Rents received	<input type="text"/>	<input type="text"/>
Royalties received	<input type="text"/>	<input type="text"/>

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising	<input type="text"/>	<input type="text"/>
Association dues	<input type="text"/>	<input type="text"/>
Auto and travel [A]	<input type="text"/>	<input type="text"/>
Cleaning and maintenance	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>
Gardening	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Legal and professional fees	<input type="text"/>	<input type="text"/>
Licenses and permits	<input type="text"/>	<input type="text"/>
Management fees	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Mortgage interest (paid to banks, etc.)	<input type="text"/>	<input type="text"/>
Other interest [A]	<input type="text"/>	<input type="text"/>
Painting and decorating	<input type="text"/>	<input type="text"/>
Pest control	<input type="text"/>	<input type="text"/>
Plumbing and electrical	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Supplies	<input type="text"/>	<input type="text"/>
Taxes - real estate	<input type="text"/>	<input type="text"/>
Taxes - other [A]	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>
Utilities	<input type="text"/>	<input type="text"/>
Wages and salaries	<input type="text"/>	<input type="text"/>

Other:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you purchased or disposed of any business assets, please complete sheets 22 and 22 p2.

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2001	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No. <input style="width:30px;" type="text"/>	18 p2
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

OIL AND GAS

	2001 Amount	2000 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount [O]		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none) [O]		

VACATION HOME

Number of days rented at fair market value		
Number of days personal use		
Number of days owned (if optional method elected)		
Percentage of business use (.xxxx) [O]		
Disallowed vacation home expenses [O]		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel [A]		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Other interest [A]		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other [A]		
Telephone		
Utilities		
Wages and salaries		

Other:

2001	1040	US	Farm Income (Schedule F/Form 4835)	No. <input style="width:40px;" type="text"/>	19
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	<input style="width:95%; height:20px;" type="text"/>
Employer ID number	<input style="width:95%; height:20px;" type="text"/>

Agricultural activity code	<input style="width:95%; height:20px;" type="text"/>	
Accounting method: 1=cash, 2=accrual	<input style="width:95%; height:20px;" type="text"/>	
1=spouse, 2=joint	<input style="width:95%; height:20px;" type="text"/>	
1=farm rental (Form 4835)	<input style="width:95%; height:20px;" type="text"/>	
1=crop insurance proceeds election	<input style="width:95%; height:20px;" type="text"/>	
1=did not "materially participate" (Schedule F only)	<input style="width:95%; height:20px;" type="text"/>	
1=did not actively participate (Form 4835 only)	<input style="width:95%; height:20px;" type="text"/>	
1=real estate professional (Form 4835 only)	<input style="width:95%; height:20px;" type="text"/>	
% of ownership if not 100% (.xxxx) (Form 4835 only)	<input style="width:95%; height:20px;" type="text"/>	

FARM INCOME

	2001 Amount	2000 Amount
Cash method:		
Sales of livestock, etc. bought for resale	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Cost or basis of livestock, etc. bought for resale	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Sales of livestock, etc. you raised	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Accrual method:		
Sales of livestock, produce, grains, etc	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Inventory of livestock, etc. at beginning of year	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Cost of livestock, etc. purchased	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Inventory of livestock, etc. at end of year	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Other farm income:		
Total cooperative distributions	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable cooperative distributions	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total agricultural program payments	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable agricultural program payments	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Commodity credit loans reported under election	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total commodity credit loans forfeited or repaid	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable commodity credit loans forfeited or repaid	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total crop insurance proceeds received in 2001	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable crop insurance proceeds received in 2001	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable crop insurance proceeds deferred from 2000	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Custom hire (machine work) income	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Other income:		
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
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<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>

2001	1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No. <input style="width:30px;" type="text"/>	19 p2
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

FARM EXPENSES

	2001 Amount	2000 Amount
Car and truck expenses [A]		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest [A]		
Labor hired		
Less: employment credits [O]		
Pension and profit sharing		
Rent - vehicles, machinery, and equipment [A]		
Rent - other		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes [A]		
Utilities		
Veterinary, breeding, and medicine		
Other expenses:		

PREPRODUCTIVE PERIOD EXPENSES (also enter above)

Capitalized preproductive period expenses		
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NOTE: If you purchased or disposed of any business assets, please complete sheets 22 and 22 p2.

2001	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2001 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number

2001	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2001 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
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2001	1040	US	Asset Disposition List	22
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**If you disposed of any business assets in 2001, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.**

No.	Description of Property	1=Special Circumstances *	Date Placed in Service	Date Sold	Sales Price	Cost or Basis	Expenses of Sale

* Special circumstances include installment sales, casualties and thefts, like-kind exchanges, related party dispositions, and the sale of multiple assets.

2001

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US

Asset Acquisition List

22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2001, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

2001

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US

Adjustments to Income

24

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

Were you an active participant in an employer/self-employed pension, profit sharing or stock bonus plan, or a tax sheltered annuity at any time during the year? (yes/no)

Taxpayer	Spouse

Would you like to contribute the maximum Traditional IRA amount that can be deducted? (yes/no)

Taxpayer	Spouse

Enter the amount contributed to your Traditional IRA.
(Date paid: _____)

Taxpayer	Spouse

If you received a distribution from a Traditional IRA, or converted a Traditional IRA to a Roth IRA; enter the total value of all Traditional IRAs at 12/31/01

Taxpayer	Spouse

ROTH IRA CONTRIBUTIONS

Would you like to contribute the maximum Roth IRA? (yes/no)

Taxpayer	Spouse

Enter the amount contributed to your Roth IRA.
(Date paid: _____)

Taxpayer	Spouse

Enter the amount of recharacterizations of contributions to or from Roth IRAs

Taxpayer	Spouse

EDUCATION SAVINGS ACCOUNT CONTRIBUTIONS (formerly Education IRA)

Would you like to contribute the maximum amount to an Education Savings Account? (yes/no)

Taxpayer	Spouse

Enter the amount contributed to an Education Savings Account.
(Date paid: _____) *

Taxpayer	Spouse

If you received a distribution from an Education Savings Account, enter any qualified higher education expenses *

Taxpayer	Spouse

If you received a distribution from an Education Savings Account, enter the total value of the account at 12/31/01 *

Taxpayer	Spouse

FOR PREPARER USE ONLY

TRADITIONAL IRA CONTRIBUTIONS

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions (1=maximum deduction)				
Contributions made (letter use only)				
Other earned income [A]				
1=covered by plan, 2=not covered [O]				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions (1=maximum deduction)				
Recharacterizations				
Contributions made (letter use only)				

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2001

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US

Adjustments to Income (continued)

24 p2

Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

ADJUSTMENTS TO INCOME

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (enclose Forms 1098-E) . . .				
Expenses from rental of personal property				
Other adjustments to income:				

	Taxpayer	Spouse
Alimony paid:		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid		
	2000 amt:	2000 amt:

SELF-EMPLOYED SEP, SIMPLE and QUALIFIED PLANS (KEOGH)

Would you like to contribute the maximum allowable amount? (yes/no)
 (Type of plan: _____; Plan contribution rate: _____)

Enter the amount contributed to your plan.
 (Date paid: _____)

FOR PREPARER USE ONLY

SEP, SIMPLE, KEOGH

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (15%/1.15) (1=maximum)				
Money purchase (25%/1.25) (1=maximum)				
Defined benefit (no limitation applied)				
Self-employed SEP (15%/1.15) (1=maximum)				
Plan contribution rate (.xxxx) [O]				
SIMPLE contributions:				
Self-employed SIMPLE (1=maximum)				
Employer matching rate (.xxxx) [O]				
1=nonelective contributions (2%)				
Self-employed SIMPLE [O]				
Contributions made (letter use only)				
Net earnings [A]				

24 p2

2001

1040

US

Itemized Deductions

25

Please enter all pertinent 2001 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 p2 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums (excluding long-term care) [A], Long-term care premiums [A], Insurance reimbursement (enter as a positive number), Lodging and transportation: Out-of-pocket expenses, Number of medical miles, Other medical and dental expenses.

TAXES PAID (State and local withholding and 2001 estimates are automatic.)

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows include State and local income taxes - 1/01 payment on 2000 state estimate, State and local income taxes - paid with 2000 state extension, State and local income taxes - paid with 2000 state return, State and local income taxes - paid for prior years and/or to other state, Real estate taxes - principal residence, Real estate taxes - property held for investment, Personal property taxes (including automobile fees), Foreign income taxes, Other taxes.

INTEREST PAID

Home mortgage interest and points reported on Form 1098:

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form with fields for Payee's name, SSN or FEIN, street address, city, state, ZIP, and Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for points not reported on Form 1098.

Investment interest (interest on margin accounts):

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for investment interest.

Passive interest:

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for passive interest.

Certain home mortgage interest included above (6251):

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Row for certain home mortgage interest included above (6251).

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

25

2001

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

CASH CONTRIBUTIONS

50% Limitation (churches, schools, hospitals, and other charitable organizations):

Contributions by cash or check:

Horizontal lines for entering 2001 contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for 2001 and 2000 amounts.

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

Contributions by cash or check:

Horizontal lines for entering 2001 contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for 2001 and 2000 amounts.

Volunteer expenses (out-of-pocket)

Number of charitable miles

NONCASH CONTRIBUTIONS (Use Sheet 26 if total noncash contributions are over \$500)

50% limitation (see above):

Horizontal lines for entering 2001 noncash contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for 2001 and 2000 amounts.

30% limitation (see above):

Horizontal lines for entering 2001 noncash contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for 2001 and 2000 amounts.

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

Horizontal lines for entering 2001 noncash contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for 2001 and 2000 amounts.

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

Horizontal lines for entering 2001 noncash contribution amounts.

Table with 3 columns: 2001 Amount, TS, 2000 Amount. Rows for 2001 and 2000 amounts.

25 p2

2001

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

MISCELLANEOUS DEDUCTIONS (subject to 2% AGI limit)

2001 Amount TS 2000 Amount

Union and professional dues

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

Investment expense:

Tax return preparation fee

Safe deposit box rental

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

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses to extent of winnings

Estate tax, section 691(c)

Other miscellaneous deductions:

25 p3

2001	1040	US	Noncash Contributions (Form 8283)	26
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**If your total noncash contributions are in excess of \$500 in 2001,
please complete the information below for each donee.**

DONATED PROPERTY INFORMATION

No. <input style="width:40px; height:15px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	How acquired by donor (Table 1 or describe)		
	Method used to determine FMV (Table 2 or describe)		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	Donor's cost or basis		
	Fair market value		
	Contribution deduction (defaults to FMV) [O]		
	AGI limitation (Table 3)		

No. <input style="width:40px; height:15px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	How acquired by donor (Table 1 or describe)		
	Method used to determine FMV (Table 2 or describe)		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	Donor's cost or basis		
	Fair market value		
	Contribution deduction (defaults to FMV) [O]		
	AGI limitation (Table 3)		

No. <input style="width:40px; height:15px;" type="text"/>	Name of charitable organization (donee)		
	Street address		
	City, state, ZIP code		
	1=spouse, 2=joint		
	Property description		
	How acquired by donor (Table 1 or describe)		
	Method used to determine FMV (Table 2 or describe)		
	Date of contribution (m/d/y) *		
	Date acquired by donor (m/y) *		
	Donor's cost or basis		
	Fair market value		
	Contribution deduction (defaults to FMV) [O]		
	AGI limitation (Table 3)		

<p>1 <u>How Property was Acquired</u></p> <p>1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange</p>	<p>2 <u>Method Used to Determine FMV</u></p> <p>1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales</p> <p>For other methods, see IRS Pub. 561.</p>	<p>3 <u>AGI Limitation</u></p> <p>1 = 50% limitation (default) 2 = 30% limitation 3 = 50% capital gain property 4 = 20% capital gain property</p>
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2001	1040	US	Business Use of Home (Form 8829)	No. <input style="width:40px;" type="text"/>	29
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**Please enter 2001 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2001 Amount	2000 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760) [O].....		
Business percentage (.xxxx) [O].....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.
They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

2001	1040	US	Vehicle/Employee Bus. Exp. (Form 2106)	No. <input style="width:40px;" type="text"/>	30
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Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040		
Form		
Number of form (1=first Schedule C, 2=second, etc.)		
1=spouse		
1=performance artist, 2=handicapped, 3=fee-basis government official		

EMPLOYEE BUSINESS EXPENSES

	2001 Amount	2000 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (60% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

VEHICLE INFORMATION

1=your employer provided you with a vehicle		
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
Number of months your job required a vehicle (if not 12 months)		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage		
Business mileage		
Commuting mileage		
Average daily round-trip commute		
Parking fees and tolls (business portion only)		
1=force actual expenses, 2=force standard mileage rate		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2		

2001

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2001 amounts. Last year's amounts are provided for your reference.

VEHICLE 2

	2001 Amount	2000 Amount
Description of vehicle	<input type="text"/>	
Date placed in service (m/d/y)	<input type="text"/>	<input type="text"/>
Total mileage	<input type="text"/>	<input type="text"/>
Business mileage	<input type="text"/>	<input type="text"/>
Commuting mileage	<input type="text"/>	<input type="text"/>
Average daily round-trip commute	<input type="text"/>	<input type="text"/>
Parking fees and tolls (business portion only)	<input type="text"/>	<input type="text"/>
1=force actual expenses, 2=force standard mileage rate	<input type="text"/>	<input type="text"/>
Actual expenses:		
Gasoline, lube, oil	<input type="text"/>	<input type="text"/>
Repairs	<input type="text"/>	<input type="text"/>
Tires	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Miscellaneous	<input type="text"/>	<input type="text"/>
Auto license (other than personal property taxes)	<input type="text"/>	<input type="text"/>
Personal property taxes (based on car's value)	<input type="text"/>	<input type="text"/>
Interest (car loan)	<input type="text"/>	<input type="text"/>
Vehicle rent or lease payments	<input type="text"/>	<input type="text"/>
Inclusion amount (enter as positive)	<input type="text"/>	<input type="text"/>
Value of employer-provided vehicle on Form W-2	<input type="text"/>	<input type="text"/>

30 p2

2001	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:40px;" type="text"/>	31.1
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Please enter all pertinent 2001 information.

GENERAL INFORMATION

1=spouse.....	
Foreign address of taxpayer, if different from Form 1040.....	
Employer's name.....	
Employer's U.S. address.....	
Employer's foreign address.....	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	
Employer type, if other.....	
Enter last year (after '81) Form 2555 was filed.....	
1=revoked choice of earlier exclusion claimed.....	
Type of exclusion revoked.....	
Tax year revocation was effective (m/y).....	
Country of citizenship.....	
1=maintain separate residence due to adverse living conditions.....	
City and country of separate foreign residence.....	
Number of days during tax year at separate foreign address.....	
Tax home(s) during tax year.....	
Dates tax home(s) were established (m/d/y).....	
1=automatic two-month extension (taxpayer resides outside country).....	

BONA FIDE RESIDENCE TEST

Beginning date for bona fide residence (m/d/y).....	
Ending date for bona fide residence (m/d/y).....	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	
1=part of family lived abroad with taxpayer during year.....	
Names of family living abroad.....	
Period family lived abroad.....	
1=submitted statement to country of bona fide residence.....	
1=required to pay income tax to country of bona fide residence.....	
Contractual terms relating to length of employment abroad.....	
Type of visa you entered foreign country under.....	
1=visa limited length of stay or employment in country.....	
Explanation why visa limited stay in country.....	
1=maintained a home in U.S. while living abroad.....	
Address of home in U.S.....	
1=U.S. home rented.....	
Names of occupants in U.S. home.....	
Relationship of occupants in U.S. home.....	

PHYSICAL PRESENCE TEST

Physical presence test beginning date (m/d/y).....	
Physical presence test ending date (m/d/y).....	
Principal country of employment.....	

FOREIGN HOUSING EXPENSES

	2001 Amount	2000 Amount
Qualified housing expenses.....		

2001

1040

US

Foreign Income Exclusion (2555)

31.2,31.3

Please enter all pertinent 2001 information.

DAYS PRESENT IN U.S. OR U.S. POSSESSIONS DURING TAX YEAR (31.2)

Bona Fide Residence Travel

No.	1=spouse	Date Arrived in U.S. (m/d/y)	Date Left U.S. (m/d/y)	Number of Days in U.S. on Business

TRAVEL ABROAD FOR PHYSICAL PRESENCE TEST (31.3)

Physical Presence Test Travel

No.	Name of Country (including U.S.)	1=travel to U.S. 2=restricted country	Date Arrived (m/d/y)	Date Left (m/d/y)	Full Days Present in Country [O]	Number of Days in U.S. on Business
		1=spouse				

31.2,31.3

2001	1040	US	Foreign Income Exclusion (Form 2555)	No. <input style="width:30px;" type="text"/>	31.4
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Please enter all pertinent 2001 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2001 Amount	2000 Amount
1=spouse.....		
1=retirement plan.....		
1=income earned in a prior year.....		
Name of employer.....		
Wages, tips, other compensation.....		
Federal income tax withheld.....		
Social security tax withheld.....		
Medicare tax withheld.....		
State income tax withheld.....		
Local income tax withheld.....		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging).....		
Meals.....		
Car.....		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential.....		
Family.....		
Education.....		
Home leave.....		
Quarters.....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119).....		
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Other Foreign Earned Income

2001 Days Worked Allocation Information

Total number of days worked (if not 240).....		
Total days worked before and after foreign assignment.....		
Foreign days worked before and after foreign assignment.....		

	31.4
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Please enter all pertinent 2001 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2001 Amount		2000 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2001				
Other earned income [A]				
Employer-provided benefits received (W-2 box 10) [O]				
Employer-provided benefits forfeited in 2001				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2001		2000 amt:
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2001		2000 amt:
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	First name		
	Last name		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2001		2000 amt:
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2001		2000 amt:
	1=spouse, 2=joint		

No. <input style="width:40px;" type="text"/>	Name of provider		
	Street address		
	City, state, ZIP code		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2001		2000 amt:
	1=spouse, 2=joint		

2001	1040	US	Qualified Adoption Expenses (Form 8839)	37
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Please enter all pertinent information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2001 Amount	2000 Amount	
No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1983 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption of foreign child was not final in 2001			
	Amount of adoption expense/benefit limit [O]			
	Employer provided adoption benefits received in 2001 [A]			
	Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001		
		2000 and 2001 for adoption finalized in 2001		
		2001 for adoption finalized before 2001		
	1=spouse, 2=joint			

No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1983 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption of foreign child was not final in 2001			
	Amount of adoption expense/benefit limit [O]			
	Employer provided adoption benefits received in 2001 [A]			
	Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001		
		2000 and 2001 for adoption finalized in 2001		
		2001 for adoption finalized before 2001		
	1=spouse, 2=joint			

No. <input style="width: 40px;" type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 1983 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption of foreign child was not final in 2001			
	Amount of adoption expense/benefit limit [O]			
	Employer provided adoption benefits received in 2001 [A]			
	Qualified Adoption Expenses Paid in *	2000 for adoption not finalized by end of 2001		
		2000 and 2001 for adoption finalized in 2001		
		2001 for adoption finalized before 2001		
	1=spouse, 2=joint			

* Adoption expenses not paid or reimbursed by your employer.

2001	1040	US	Education Credits (Form 8863)	38
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Please complete the information below if you paid qualified education expenses in 2001 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.
Last year's amounts are provided for your reference.

PERSONS AND EXPENSES QUALIFYING FOR HOPE AND LIFETIME LEARNING CREDITS

		2001 Amount	2000 Amount	
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit.....			
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit.....			
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit.....			
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit.....			
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit.....			
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)			
Amount of prior year refund or assistance*				
No. <input style="width:40px;" type="text"/>	Student Info.	1=taxpayer, 2=spouse.....		
		First name		
		Last name		
		Social security number		
	1=hope credit, 2=lifetime learning credit.....			
	Qualifying tuition and fees paid in 2001 (net of refund or assistance)			
Amount of prior year refund or assistance*				

*Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2001

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US

Household Employment Taxes (Schedule H)

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Please enter all pertinent 2001 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

If you paid any one household employee cash wages of \$1,300 or more in 2001; withheld federal income tax during 2001 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001 to household employees, please complete the following:

Employer identification number.....

1=spouse, 2=joint

Social security, Medicare and income taxes:	2001 Amount	2000 Amount
1=paid any one employee cash wages of \$1,300 or more.....	<input type="text"/>	<input type="text"/>
1=withheld federal income tax for household employee	<input type="text"/>	<input type="text"/>
Total cash wages subject to social security taxes	<input type="text"/>	<input type="text"/>
Total cash wages subject to Medicare taxes	<input type="text"/>	<input type="text"/>
Federal income tax withheld	<input type="text"/>	<input type="text"/>
Advance earned income credit payments	<input type="text"/>	<input type="text"/>

Federal unemployment tax:

1=paid total cash wages of \$1,000 or more in any calendar quarter of 2000 or 2001	<input type="text"/>	<input type="text"/>
Total cash wages subject to FUTA tax.....	<input type="text"/>	<input type="text"/>
1=paid unemployment contributions to only one state.....	<input type="text"/>	<input type="text"/>
1=paid all state unemployment contributions by 4/15/02	<input type="text"/>	<input type="text"/>
1=all wages taxable for FUTA were also taxable for state unemployment	<input type="text"/>	<input type="text"/>
Name of state	<input type="text"/>	<input type="text"/>
State reporting number	<input type="text"/>	<input type="text"/>
Contributions paid to state unemployment fund	<input type="text"/>	<input type="text"/>

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2001

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US

Parent's Election to Report Child's Inc.

No.

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Please enter all pertinent 2001 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	<input type="text"/>
Last name	<input type="text"/>
Social security number	<input type="text"/>
Date of birth (m/d/y)	<input type="text"/>
1=nontaxable to federal	<input type="text"/>
1=nontaxable to state	<input type="text"/>

INTEREST INCOME

	2001 Amount	2000 Amount
Banks, credit unions, etc.:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input type="text"/>	<input type="text"/>
In-state municipal bonds	<input type="text"/>	<input type="text"/>
Adjustments:		
Nominee distribution	<input type="text"/>	<input type="text"/>
Accrued interest	<input type="text"/>	<input type="text"/>
Tax-exempt interest (1099-INT in error)	<input type="text"/>	<input type="text"/>
OID adjustment	<input type="text"/>	<input type="text"/>
ABP adjustment	<input type="text"/>	<input type="text"/>
Foreign:		
1=interest in or authority over foreign account	<input type="text"/>	<input type="text"/>
Name of foreign country	<input type="text"/>	<input type="text"/>
1=grantor/transferor or received distribution from foreign trust	<input type="text"/>	<input type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251)	<input type="text"/>	<input type="text"/>

DIVIDEND INCOME

Ordinary dividends:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total capital gain distributions:		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
28% rate gain	<input type="text"/>	<input type="text"/>
Unrecaptured section 1250 gain	<input type="text"/>	<input type="text"/>
Section 1202 gain	<input type="text"/>	<input type="text"/>
Nontaxable distributions	<input type="text"/>	<input type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input type="text"/>	<input type="text"/>
In-state municipal bonds	<input type="text"/>	<input type="text"/>
Nominee distributions:		
Ordinary dividends	<input type="text"/>	<input type="text"/>
Capital gain distributions	<input type="text"/>	<input type="text"/>
Alaska permanent fund dividends included above	<input type="text"/>	<input type="text"/>

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