CHILD AND DEPENDENT CARE EXPENSES (Enter expenses paid for each dependent in Dependent's section)

Care provider name	Address	SSN or EIN	Amount paid during 2010

HIGHER EDUCATION EXPENSES (Please enclose all copies of 2010 Form 1098-T)

Student name	Educational Institution	Fr	So	Jr	Sr	Oth	Tuition and Fees

FEDERAL AND STATE ESTIMATED TAX PAYMENTS

Federal estimated payments	Date paid	Amount paid
Applied from 2009 overpayment		
1st Quarter payment		
2nd Quarter payment		
3rd Quarter payment		
4th Quarter payment		

State estimated payments	Date paid	Amount paid	Date paid	Amount paid	Date paid	Amount paid
Applied from 2009 overpayment						
1st Quarter payment						
2nd Quarter payment						
3rd Quarter payment						
4th Quarter payment						